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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE STAMFORD HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 Shelburne Rd PO Box 9317

City or town, state or country, and ZIP + 4
Stamford, CT 06904

D Employer identification number
06-0646917

E Telephone number
(203) 276-1000

G Gross receipts $ 502,869,766

F Name and address of principal officer
Kevin Gage CFO
30 Shelburne Rd PO Box 9317
Stamford, CT 06902

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www stamhealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1893

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our Mission Together with our physicians we provide a broad range of high quality health and wellness services focused on the needs of our communities

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,958
6	Total number of volunteers (estimate if necessary)	**6**	604
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,770,901
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,369,698

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,441,131	5,656,742
9	Program service revenue (Part VIII, line 2g)	446,013,568	485,857,948
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,786,211	1,229,027
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,901,820	2,454,910
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,142,730	495,198,627
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,291,321	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	208,347,845	221,586,026
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,806,595		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	219,009,654	236,025,215
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	429,648,820	457,611,241
19	Revenue less expenses Subtract line 18 from line 12	24,493,910	37,587,386

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	425,031,425	475,861,907
21	Total liabilities (Part X, line 26)	315,448,765	340,662,907
22	Net assets or fund balances Subtract line 21 from line 20	109,582,660	135,199,000

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2012-08-14

KEVIN E GAGE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 2600 Indianapolis, IN 46204				Phone no ▶ (317) 681-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

Our Mission Together with our physicians we provide a broad range of high quality health and wellness services focused on the needs of our communities

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 396,115,902 including grants of $ 2,291,321) (Revenue $ 481,119,938)

In addition to a 305 Bed Hospital facility, The Stamford Hospital (TSH) operates a 225,000 square foot ambulatory Care center (Tully Center) also in Stamford, CT Key operating statistics for the year ended 9/30/2011 include Adult and pediatric inpatients cared for and discharged 14,940, Babies born 2,072, Total inpatient days of care provided 74,442 Patients seeking care in the Stamford Hospital emergency room Admitted for Inpatient treatment 8,175, treated and released 40,316, treated at Tully Immediate Care Center 21,232 Surgeries performed at the Hospital and Tully Center 11,727 (inpatient 2,392, outpatient 9,335) Radiation Therapy procedures performed 13,162

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 396,115,902

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	351		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,958		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEVIN GAGE CFO
30 SHELBURNE RD
Stamford, CT 06902
(203) 276-1000

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mr Brian Grissler President and CEO	37 5	X		X				1,829,716	0	30,336
(2) Mr Douglas Milne III Chairman	2 0	X						0	0	0
(3) Mr Edwin Ford Director	2 0	X						0	0	0
(4) Dr Arthur Klein Director	2 0	X						0	0	0
(5) Dr Charles Miner Director	2 0	X						0	0	0
(6) Dr Neil Dreyer Director	2 0	X						0	0	0
(7) Dr Dorothy A Levine Director	2 0	X						0	0	0
(8) Mr Andrew Merrill Director	2 0	X						0	0	0
(9) Mr Charles Krause III Director	2 0	X						0	0	0
(10) Mr David R Nissen Director	2 0	X						0	0	0
(11) Mr Elliot S Jaffe Director	2 0	X						0	0	0
(12) Mr Ernest N Abate Director	2 0	X						0	0	0
(13) Mr Jay Higham Director	2 0	X						0	0	0
(14) Dr Allen Troy Director	2 0	X						0	0	0
(15) Ms Amy C Downer Director	2 0	X						0	0	0
(16) Ms Suzanne B Peters Director	2 0	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Mr Darryl McCormick Assistant Secretary	37 5			X				461,456	0	73,495
(18) Mr David Smith Assistant Secretary	37 5			X				639,948	0	92,577
(19) Mrs Kathleen Silard Assistant Secretary	37 5			X				659,720	0	100,173
(20) Mr Kevin Gage Treasurer	37 5			X				649,788	0	94,596
(21) Dr Sharon Kiely Sr VP, Medical Services	37 5				X			610,663	0	84,305
(22) Dr John Rodis Sr VP, Medical Services	37 5				X			443,589	0	130,132
(23) Dr Michael Coady Chief Cardiac Surgeon	37 5					X		1,095,854	0	20,438
(24) Dr Lance Bruck Chair, Department of OB/GYN	37 5					X		566,685	0	42,586
(25) Dr Steven Horowitz Chief, Divion of Cardiology	37 5					X		550,210	0	42,586
(26) Dr Timothy Hall Chair, Department of Surgery	37 5					X		801,254	0	38,969
(27) Dr Andrew Snyder VP, Ambulatory Services	37 5					X		725,174	0	66,330
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								9,034,057	0	816,523

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 421

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HEMATOLOGY ONCOLOGY PC 34 SHELBURNE RD STAMFORD, CT 069023628	PHYSICIAN FEES	3,913,559
SPECIALIZED RECEIVABLES INC PO BOX 12414 NEWARK, NJ 071013514	COLLECTIONS	1,273,448
MEDGUEST LTD PO BOX 102467 ATLANTA, GA 30368	TRANSACTION SERVICES	1,083,758
PETRA CONSTRUCTION CORPORATION 98 REBESCHI DR NORTH HAVEN, CT 06473	CONSTRUCTION	1,619,688
ASHFORTH PROPERTIES CONSTRUCTION 707 SUMMER ST STAMFORD, CT 069011026	CIP VENDOR	1,382,727

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 54

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	1,505,857				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	629,488				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,521,397				
	g Noncash contributions included in lines 1a-1f $	55,726				
	h **Total.** Add lines 1a-1f . . . . . ▶		5,656,742			
Program Service Revenue		Business Code				
	2a PATIENT REVENUE	621400	334,453,063	334,453,063		
	b PHYSICIAN BILLING	621110	12,230,008	12,230,008		
	c WELLNESS AND TRAINING	621400	3,204,124	3,204,124		
	d MEDICARE/MEDICAID PAYMENTS	621400	129,270,567	129,270,567		
	e REF LAB INCOME	621500	6,700,186		6,700,186	
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		485,857,948			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,968,058	1,962,176	5,882	
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	2,689,655				
	b Less rental expenses	3,943,884				
	c Rental income or (loss)	-1,254,229				
	d Net rental income or (loss) . . . . . ▶		-1,254,229		64,833	-1,319,062
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,611,571	22,500			
	b Less cost or other basis and sales expenses	3,373,102	0			
	c Gain or (loss)	-761,531	22,500			
	d Net gain or (loss) . . . . . ▶		-739,031			-739,031
Other Revenue	8a Gross income from fundraising events (not including $ 1,505,857 of contributions reported on line 1c) See Part IV, line 18 . . . a	296,778				
	b Less direct expenses . . . b	354,153				
	c Net income or (loss) from fundraising events . . ▶		-57,375			-57,375
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MEDICAL RESIDENT FICA REFUND	900099	1,398,832			1,398,832
	b MANAGEMENT FEES	722210	596,521			596,521
	c CAFETERIA AND COFFEE SHOP	532000	1,451,225			1,451,225
	d All other revenue		319,936			319,936
	e **Total.** Add lines 11a–11d . . . . . ▶		3,766,514			
	12 **Total revenue.** See Instructions . . . ▶		495,198,627	481,119,938	6,770,901	1,651,046

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,045,351	582,313	3,463,038	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	168,501,388	149,046,217	18,664,967	790,204
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,882,254	16,374,254	2,421,526	86,474
9	Other employee benefits	18,662,910	16,184,044	2,393,396	85,470
10	Payroll taxes	11,494,123	9,967,571	1,473,918	52,634
a	Fees for services (non-employees) Management	950,636	922,447	28,189	
b	Legal	2,189,572	70,129	2,119,443	
c	Accounting	387,725		387,725	
d	Lobbying	106,770		106,770	
e	Professional fundraising services *See Part IV, line 17* . .	0			
f	Investment management fees	2,365,030	2,291,321	73,709	
g	Other	42,056,026	28,909,921	13,067,826	78,279
12	Advertising and promotion	3,140,992	2,037,813	67,482	1,035,697
13	Office expenses	63,839,062	61,317,606	2,399,668	121,788
14	Information technology	5,224,064	-16,278	5,240,342	
15	Royalties . .	0			
16	Occupancy	17,402,149	15,755,773	1,516,469	129,907
17	Travel	524,520	278,022	188,931	57,567
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	414,692	269,552	87,573	57,567
20	Interest	166,352	166,352		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,944,360	25,136,122	615,662	192,576
23	Insurance	9,870,200	9,870,200		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Provision for Bad Debts	47,360,053	47,360,053		
b	Taxes	1,781,393	184,071	1,597,322	
c	SUBSCRIPTIONS, DUES & MEMBER	1,755,396	634,285	1,116,151	4,960
d	Recruiting	1,392,675	34,897	1,357,778	
e	Service Contracts	7,705,385	7,677,664	16	27,705
f	All other expenses	1,448,163	1,061,553	300,843	85,767
25	**Total functional expenses.** Add lines 1 through 24f	457,611,241	396,115,902	58,688,744	2,806,595
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,888,803	1	151,382
	2	Savings and temporary cash investments		44,415,329	2	80,541,399
	3	Pledges and grants receivable, net		1,046,751	3	608,061
	4	Accounts receivable, net		50,691,447	4	58,871,844
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,741,479	8	5,243,405
	9	Prepaid expenses and deferred charges		4,093,933	9	3,608,897
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 555,714,444			
	b	Less accumulated depreciation	10b 313,200,599	239,320,942	10c	242,513,845
	11	Investments—publicly traded securities		19,407,006	11	15,674,580
	12	Investments—other securities See Part IV, line 11		19,982,207	12	18,094,444
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,443,528	15	50,554,050
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		425,031,425	16	475,861,907
Liabilities	17	Accounts payable and accrued expenses		59,522,392	17	71,075,513
	18	Grants payable			18	
	19	Deferred revenue		379,601	19	806,805
	20	Tax-exempt bond liabilities		133,964,425	20	129,662,012
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		562,033	24	5,380,916
	25	Other liabilities Complete Part X of Schedule D		121,020,314	25	133,737,661
	26	**Total liabilities.** Add lines 17 through 25		315,448,765	26	340,662,907
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		82,054,898	27	108,503,626
	28	Temporarily restricted net assets		19,494,388	28	18,662,000
	29	Permanently restricted net assets		8,033,374	29	8,033,374
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		109,582,660	33	135,199,000
	34	Total liabilities and net assets/fund balances		425,031,425	34	475,861,907

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	495,198,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	457,611,241
3	Revenue less expenses Subtract line 2 from line 1	3	37,587,386
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	109,582,660
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,971,046
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	135,199,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:	
Software Version:	
EIN:	06-0646917
Name:	THE STAMFORD HOSPITAL

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE STAMFORD HOSPITAL	06-0646917

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		106,770
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			106,770
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, SUPPLEMENTAL INFORMATION	SCHEDULE C PART II-B, LINE F	THE HOSPITAL CONTRACTS LOBBYING FIRMS WHO LOBBY LEGISLATIVE ACTION ON BEHALF OF THE HOSPITAL AND THE HEALTHCARE INDUSTRY ADDITIONALLY, THE HOSPITAL PAYS DUES TO ORGANIZATIONS THAT USE A PORTION OF THE DUES FOR HEALTHCARE LOBBYING EXPENSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	27,527,319	28,198,000	29,311,544		
b Contributions	3,087,737	2,154,945	2,687,150		
c Investment earnings or losses	-56,132	874,515	-864,244		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,863,702	3,700,141	2,936,450		
f Administrative expenses					
g End of year balance	26,695,222	27,527,319	28,198,000		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 30 090 %
- c Term endowment ▶ 69 910 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,662,000		42,662,000
b Buildings		175,779,044	86,576,450	89,202,594
c Leasehold improvements		6,702,752	3,187,238	3,515,514
d Equipment		303,362,668	220,765,167	82,597,501
e Other		27,207,980	2,671,744	24,536,236
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				242,513,845

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Miscellaneous Receivable	6,336,582
(2) Donor Restricted Funds	18,642,243
(3) Inv in Healthstar	11,898,063
(4) Due from Affiliates	11,607,661
(5) Debt Issuance Costs	2,020,479
(6) Deposits	49,023
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	50,554,050

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Charitable Gift Annuity Payable	152,481
Est Third Party Settlements	11,284,381
Pension Liability	88,274,020
Due to Affiliates	23,955,423
Est for Professional Liability	10,071,356
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	133,737,661

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WALK, RUN, RIDE (event type)	(b) Event #2 DREAM BALL (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	832,167	725,348	245,120	1,802,635
	2 Less Charitable contributions	696,267	675,040	134,550	1,505,857
	3 Gross income (line 1 minus line 2)	135,900	50,308	110,570	296,778
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	18,836	5,310	7,366	31,512
	6 Rent/facility costs		205,128	41,000	246,128
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,743		50,770	76,513
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				354,153
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-57,375

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		11,496	8,176,032	5,577,589	2,598,443	0 630 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			54,450,460	28,079,037	26,371,423	6 430 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			2,291,321	0	2,291,321	0 560 %
d **Total** Financial Assistance and Means-Tested Government Programs		11,496	64,917,813	33,656,626	31,261,187	7 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		14,671	4,582,406	22,347	4,560,059	1 110 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits		14,671	4,582,406	22,347	4,560,059	1 110 %
k **Total.** Add lines 7d and 7j		26,167	69,500,219	33,678,973	35,821,246	8 730 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	14,160,656		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	248,111		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	77,092,637
6	Enter Medicare allowable costs of care relating to payments on line 5	6	104,341,539
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-27,248,902
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	The Stamford Hospital 30 Shelburne Rd Stamford, CT 06902	X			X		X	X		

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H SUPPLEMENTAL INFORMATION	PART I, LINE 6A	A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE PREPARED FOR THE STATE OF CONNECTICUT, HOWE VER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC PART III, LINE 4 ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF AC COUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH O F ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL AC COUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PA YOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNT S FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVE RAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTF UL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLE CTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZ ATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH I NCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCE S DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPE RIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF T HEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FO R DOUBTFUL ACCOUNTS PART III, LINE 8 TO THE EXTENT THERE IS A MEDICARE "SHORTFALL", THE H OSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND THE COMMUNITY THE COSTING METHODOLOGY USED FO LLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT PART III, LINE 9B ALL COLLECTION EFFORT S CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE NEEDS ASSESSMENT THE STAMFORD HOSPITAL ("SH" OR "HOSPITAL") PARTNERS WITH A N UMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMU NITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS IN ADDITION, TOGETHER WITH OU R PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES ("STAMFORD HEALTH DEPT ") TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE SCREEN INGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION WITH THE STAMFORD HEALTH DEPARTMENT , SH SPONSORED A JOINT CITY OF STAMFORD ("STAMFORD")-WIDE FLU CAMPAIGN, TO REDUCE THE NUMB ER OF HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS THE CAMPAIGN INCLUDED A JOINT SEN IOR HEALTH FAIR/COMMUNITY PROJECTS, A COMMON ELECTRONIC DATABASE, SHARED VACCINE SUPPLIES AND REDISTRIBUTION TO LOCAL PROVIDERS, FLU HOTLINE, ARRANGEMENTS FOR VACCINATION OF HOMEBO UND INDIVIDUALS, AND VACCINATION CLINICS AT THE STAMFORD HEALTH DEPT AND HOSPITAL STAFFED WITH VOLUNTEERS AND CROSS-OVER STAFFING IN FY11, THE HOSPITAL'S OUTPATIENT COMPONENT OF THIS EFFORT TOTALED 10,786 VACCINATIONS SH COLLABORATES WITH THE STAMFORD HEALTH DEPARTME NT'S HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT ALSO, THIS COLLABORATION INCLUDES PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EDUCATIONAL OUTREACH EFFORTS, PROVIDES HIV UPDATES FOR AIDS SERVICE PROVI DERS IN THE COMMUNITY, PERFORMS CLIENT HOME VISITS, AND CONDUCTS MONTHLY HIV POSITIVE WOME N'S SUPPORT GROUP SH PARTNERS WITH OPTIMUMS HEALTH CENTER (FORMERLY BRIDGEPORT COMMUNITY HEALTH CENTER), A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUMS OF $2,291,321 IN FY11 TO ENSURE ITS CONTINUED VI ABILITY THE HOSPITAL COLLABORATES WITH THE FAIRFIELD COUNTY CHAPTER OF THE LINKS, INC (" LINKS"), WHICH IS PART OF AN INTERNATIONAL VOLUNTEER SERVICE ORGANIZATION OF OVER TEN THOU SAND (10,000) AFRICAN -AMERICAN WOMEN COMMITTED TO ENHANCING THE QUALITY OF LIFE IN THEIR COMMUNITIES THIS LOCAL PARTNERSHIP IDENTIFIES THE MOST EFFECTIVE WAYS TO DEVELOP AND IMPL EMENT INITIATIVES AIMED AT RAISING AWARENESS ABOUT THE UNIQUE HEALTH CONCERNS THAT DISPROP ORTIONATELY AFFECT AFRICAN- AMERICANS AND INDIVIDUALS OF COLOR COMMUNITY INPUT TO PREVENT CHILDHOOD OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY SH THIS EF FORT FOCUSES ON PREVENTION, ADVOCACY, TREATMENT, AND RESEARCH, AND IS A CITY-WIDE COLLABOR ATION THAT NOW INCLUDES STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT, EARLY CHI LDHOOD EDUCATORS, AND COMMUNITY PEDIATRICIANS AND

Identifier	ReturnReference	Explanation
SCHEDULE H SUPPLEMENTAL INFORMATION	PART I, LINE 6A	FAMILY MEDICINE PRACTITIONERS SH'S KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES) PROG RAM, PROMOTING PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION, IS A CORNERSTONE OF THIS CHILDHOOD OBESITY INITIATIVE KIDS' FANS RECEIVED THE 2010 CONNECTICUT'S HOSPITAL COMMUNIT Y SERVICE AWARD SPONSORED BY THE CONNECTICUT HOSPITAL ASSOCIATION AND THE CONNECTICUT DEP ARTMENT OF PUBLIC HEALTH, THE AWARD RECOGNIZED A HOSPITAL IN THE STATE THAT MADE AN OUTSTA NDING CONTRIBUTION TO ITS COMMUNITY, PARTICULARLY FOR A PROGRAM OR SERVICE TARGETED TOWARD A PARTICULAR SEGMENT OF ITS COMMUNITY SH WAS HONORED FOR TACKLING THE SERIOUS ISSUE OF C HILDHOOD OBESITY IN SOUTHWESTERN CT ANOTHER INITIATIVE REPRESENTATIVE OF THE COLLABORATIV E EFFORTS OF SH AND COMMUNITY ORGANIZATIONS IS "PAINT THE TOWN PINK," A COMMUNITY-WIDE BRE AST CANCER AWARENESS PROGRAM "PAINT THE TOWN PINK" HOLDS A MONTH-LONG SERIES OF EVENTS IN OCTOBER OF EACH YEAR PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE STAMFORD HOSPIT AL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS 1) SIGNS AND OR BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS * EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS * IMMEDIATE CARE CENTER WAITING ROOM * P ATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY CAMPUS * CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA OF THE PATIENT BUSINESS SERVICES DEPARTMENT * ANCILLARY DEPARTMENTS * BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH 2) THE HOSPITAL' S BILLING STATEMENTS INCLUDE AN INFORMATIONAL PAGE THAT IS PRINTED ON THE REVERSE SIDE OF THE STATEMENT OUTLINING THE FINANCIAL OPTIONS 3) THE "ARE YOU UNINSURED NOTICE" IN ENGLIS H AND SPANISH IS ATTACHED TO THE TRUE SELF PAY STATEMENTS 4) STAFFING * STAMFORD HOSPITA L HAS A FULL-TIME DSS ST OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS * SOCIAL SERVICES D EPARTMENT * CASE MANAGEMENT DEPARTMENT * PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR * PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE CO-COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS THE DSS OUTREACH WORKER AND A SH FINANCI AL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUMS CLINICS AND STAMFORD HOSPITAL ONCE PER WEEK HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE HOSPITAL AND THE COMMUNITY HEALTH CENTERS PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS, PAT IENT ASSISTANCE CO-COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE DSS LIAISON 5) N OTIFICATIONS PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSI STANCE PROGRAM IDENTIFICATION CARDS COMMUNITY INFORMATION SH PROVIDES A BROAD RANGE OF CO MMUNITY OUTREACH AND EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVIC E AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES IN SOUTHERN FAIR FIELD COUNTY, CT THE HOSPITAL'S SERVICE AREA WAS DEVELOPED THROUGH THE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD HEALTH SYSTEM, INC 'S STRATEGIC PLAN THE HOSPITAL'S C OMBINED PSA AND SSA INCLUDE AN ESTIMATED 135,511 HOUSEHOLDS WITH A TOTAL POPULATION OF 361 ,418 RESIDENTS THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN, AND ROWAYTON, WITH A N ESTIMATED 54,392 HOUSEHOLDS AND A TOTAL POPULATION OF 143,122 STAMFORD COMPRISES AN EST IMATED 46,195 HOUSEHOLDS WITH A TOTAL POPULATION OF 119,294 THE SSA INCLUDES THE COMMUNIT IES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON , AND WILTON, WITH AN ESTIMATED 81,119 HOUSEHOLDS AND A TOTAL POPULATION OF 218,296 FOR T HE PSA, 24% OF THE POPULATION IS ESTIMATED TO BE LESS THAN 18 YEARS OF AGE, 34 7% IS 18-44 , 27 8% IS 45-64, AND 13 5% IS 65 YEARS OF AGE AND OLDER THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 25 7% OF ITS POPULATION LESS THAN 18 YEARS OF AGE, 29 2% I S 18-44, 30 7% IS 45-64, AND 14 4% 65 YE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	CT,

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Mr Brian Grissler	(i)	935,335	338,223	556,157	0	30,336	1,860,052	0
	(ii)	0	0	0	0	0	0	0
(2) Mr Darryl McCormick	(i)	347,816	100,193	13,447	65,307	8,188	534,951	0
	(ii)	0	0	0	0	0	0	0
(3) Mr David Smith	(i)	397,837	110,201	131,910	59,741	32,836	732,525	0
	(ii)	0	0	0	0	0	0	0
(4) Mrs Kathleen Silard	(i)	485,287	138,500	35,933	67,337	32,836	759,893	0
	(ii)	0	0	0	0	0	0	0
(5) Mr Kevin Gage	(i)	477,405	132,241	40,142	70,042	24,554	744,384	0
	(ii)	0	0	0	0	0	0	0
(6) Dr Sharon Kiely	(i)	463,012	119,301	28,350	51,469	32,836	694,968	0
	(ii)	0	0	0	0	0	0	0
(7) Dr Michael Coady	(i)	720,192	285,879	89,783	12,250	8,188	1,116,292	0
	(ii)	0	0	0	0	0	0	0
(8) Dr Lance Bruck	(i)	493,375	60,000	13,310	12,250	30,336	609,271	0
	(ii)	0	0	0	0	0	0	0
(9) Dr Steven Horowitz	(i)	541,684	0	8,525	12,250	30,336	592,796	0
	(ii)	0	0	0	0	0	0	0
(10) Dr Timothy Hall	(i)	296,562	35,000	469,692	9,800	29,170	840,224	0
	(ii)	0	0	0	0	0	0	0
(11) Dr John Rodis	(i)	301,098	0	142,491	115,012	15,120	573,721	0
	(ii)	0	0	0	0	0	0	0
(12) Dr Andrew Snyder	(i)	332,431	72,231	320,512	46,106	20,224	791,504	0
	(ii)	0	0	0	0	0	0	0
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J, SUPPLEMENTAL INFORMATION		STAMFORD HOSPITAL PROVIDED BENEFITS, SUCH AS TAX INDEMNIFICATION GROSS-UP PAYMENTS AND HOUSING/RESIDENCE ALLOWANCE TO CERTAIN EMPLOYEES ALL BENEFITS WERE TREATED AS TAXABLE COMPENSATION WHEN REQUIRED SCHEDULE J, PART I, LINE 4A TIMOTHY HALL - FORMER CHAIR, DEPARTMENT OF SURGERY RECEIVED $308,784 SEVERANCE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SEE SCHEDULE O	06-0806186	20774U3P8	05-27-2010	133,992,115	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	133,995,069			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	2,057,323			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	24,835,260			
11	Other spent proceeds	105,745,505			
12	Other unspent proceeds	1,356,981			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHR 1 LLC	Business Relationship	459,473	Please see Sch L, PART V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L SUPPLEMENTAL INFORMATION	SCHEDULE L, PART IV, COLUMN D	SHR1, LLC LEASES SPACE TO THE HOSPITAL DOUGLAS MILNE, DIRECTOR IS A 50% OWNER OF SHR1, LLC

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	55,726	cost/selling price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Identifier	Return Reference	Explanation
Form 990, Supplemental Information		PART VI, QUESTION 11 THE STAMFORD HOSPITAL HAS A COMPREHENSIVE REVIEW PROCESS IN PLACE RELATING TO THE REVIEW OF FORM 990 PRIOR TO FINALIZATION OF THE 990, MANAGEMENT PRESENTS THE DRAFT BOARD OF DIRECTORS FOR FINAL REVIEW AND DISCUSSION THE HOSPITAL'S EXTERNAL TAX ACCOUNTANTS ATTEND THIS MEETING WITH MANAGEMENT TO ADDRESS ANY SPECIFIC CONCERNS OR QUESTIONS THIS REVIEW PROCEDURE HELPS TO ASSURE SOUND REPORTING AND COMPLIANCE WITH TAX LAW PART VI, QUESTION 12C IT IS THE POLICY OF STAMFORD HOSPITAL TO PROHIBIT ITS EMPLOYEES AND OTHER ASSOCIATES FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH CONFLICTS WITH, OR APPEARS TO CONFLICT WITH, THE INTERESTS OF THE HOSPITAL, OR ITS PATIENTS EMPLOYEES ARE EXPECTED TO CONDUCT THE BUSINESS OF THE HOSPITAL TO THE BEST OF THEIR ABILITY AND FOR THE BENEFIT OF THE HOSPITAL AND ITS PATIENTS THE POLICY ALSO REQUIRES BOARD MEMBERS, OFFICERS, SENIOR LEADERS, MEDICAL STAFF LEADERS, COMMITTEE MEMBERS AND OTHER INDIVIDUALS AS APPROPRIATE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THEY OR THEIR IMMEDIATE FAMILY MAY HAVE ON AN ANNUAL BASIS SURVEYS ARE DISTRIBUTED ANNUALLY AND TIMELY RECEIPT IS MONITORED BY THE HOSPITAL'S COMPLIANCE DEPARTMENT PART VI, QUESTION 15A AND 15B IT IS THE POLICY OF THE STAMFORD HOSPITAL TO PAY EMPLOYEES FAIR AND COMPETITIVE WAGES THE HOSPITAL HAS ADOPTED A WAGE AND SALARY PROGRAM TO ENSURE THAT ALL EMPLOYEES ARE PAID IN RELATION TO THE VALUE OF THE WORK THEY PERFORM THIS PROGRAM IS REVIEWED ANNUALLY EXECUTIVE COMPENSATION IS SUBJECT TO A MORE COMPREHENSIVE REVIEW, INCLUDING AN ANNUAL BENCHMARKING ANALYSIS AND BOARD-LEVEL APPROVAL PROCESS FORM 990, PART VI, QUESTION 19 THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST PART XI, LINE 5 RECONCILIATION OF NET ASSETS PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST - (13,080,163) EQUITY TRANSFER FROM SHS - 1,340,000 OTHER - (230,883) TOTAL - (11,971,046) SCHEDULE K SUPPLEMENTAL INFORMATION SCHEDULE K, PART I, LINE A (A) ISSUER NAME STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY (D) BONDS WERE ISSUED 5/27/10 TO 1) REFUND THE 11/13/96, 03/24/99, 6/03/08 AND 05/28/09 BOND ISSUES, 2) FINANCE ROUTINE RENOVATIONS AND OTHER CAPITAL EXPENDITURES, AND 3) FINANCE DEVELOPMENT AND CONSTRUCTION OF NEW FACILITY

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Brian Grissler TITLE President and CEO HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Douglas Milne, III TITLE Chairman HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Edwin Ford TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Arthur Klein TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Charles Miner TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Neil Dreyer TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Andrew Merrill TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Charles Krause, III TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Elliot S Jaffe TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Ernest N Abate TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Jay Higham TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Ms Suzanne B Peters TITLE Director HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Darryl McCormick TITLE Assistant Secretary HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr David Smith TITLE Assistant Secretary HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mrs Kathleen Silard TITLE Assistant Secretary HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mr Kevin Gage TITLE Treasurer HOURS 7

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE STAMFORD HOSPITAL

Employer identification number
06-0646917

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 36 Grove Street New Canaan LLC 30 Shelburne Rd Stamford, CT 06904 27-4941529	MED RENTALS	CT	341,275	0	TSH
(2) 24 Grove Street New Canaan LLC 30 Shelburne Rd Stamford, CT 06904 27-4941167	MED RENTALS	CT	28,159	0	TSH

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Stamford Health System 30 Shelburne Rd Stamford, CT 06904 22-2476636	Hosp Parent	CT	501(c)(3)	11, TYPE I	NA		
(2) The Stamford Hospital Foundation 30 Shelburne Rd Stamford, CT 06904 22-2478748	Fundraising	CT	501(c)(3)	9	SHS		
(3) Stamford Health Intergrated Practices 30 Shelburne Rd Stamford, CT 06904 27-1648289	Medical Svcs	CT	501(c)(3)	9	TSH		
(4) Cont Care Retirement Comm of Gr Stamford 30 Shelburne Rd Stamford, CT 06904 06-1402215	Retiremt Ctr	CT	501(c)(3)	9	SHS		

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Miller Hall Medical Suites 166 W Broad Street Stamford, CT06904 06-1619978	PROF OFFICE BLDG	CT	SHS	C corp	0	0	0 %
(2) Stamford ObGyn Associates 30 Shelburne Rd Stamford, CT06904 06-1330879	Obstetrical Care	CT	SHS	C corp	0	0	0 %
(3) Fairfield County Surgical Specialists 30 Shelburne Rd Stamford, CT06904 20-5234062	Surgical Services	CT	SHS	C corp	0	0	0 %
(4) Premier Medical Group 230 Weschester Ave Harrison, NY10604 26-3467761	ORTHO/REHAB CARE	NY	SHIP	S corp	0	0	0 %
(5) Fairfield County Primary Care 30 Shelburne Rd Stamford, CT06904 26-2903051	PRIM URGENT CARE	CT	SHS	C corp	0	0	0 %
(6) Healthstar Indemnity Co Limited FB PERRY BUILDING 40 CHURCH ST HAMILTON, BERMUDA BD	Self-Insurance	BD	TSH	C corp	3,552,000	57,453,000	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 06-0646917
Name: THE STAMFORD HOSPITAL

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Fairfield County Surgical Specialist	a	39,061	
(2)	Fairfield County Surgical Specialist	P	577,908	
(3)	Fairfield County Surgical Specialist	C	277,850	
(4)	Healthstar	O	10,012,500	
(5)	Healthstar	P	437,829	
(6)	Premier Medical Group	H	200,000	
(7)	Premier Medical Group	p	309,907	
(8)	Stamford Health Integrated Services	B	1,167,796	
(9)	Stamford Health Integrated Services	H	196,457	
(10)	Stamford Health Integrated Services	p	971,339	
(11)	Stamford Health System	J	448,595	
(12)	Stamford Health System	q	5,630,000	

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Amount
Net Premiums Earned	7,742,500

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Amount
Accrued Insurance Reserves	3,740,730

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TY 2010 Itemized Other Current Assets Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		ACCRUED INVESTMENT INCOME	69,542	48,708
		PREMIUMS RECEIVABLE	0	242,501
		REINSURANCE BALANCE RECOVERABLE	3,383,090	1,766,434
		RECOVERABLE OSLR RESERVES	105,884	212,233
		PREPAID EXPENSES	2,966	2,966

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TY 2010 Other Deductions Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Losses paid		661,592
Change IN OSLR		1,414,881
Change in Case Development Reserves		1,664,257
Audit Fees		37,000
Consulting Fees		96,340
Corporate Secretarial Fees		5,850
Government and Insurance Fees		5,041
Administrative Expenses		278
Travel Expenses		22,031
Bank charges		286
Custody Fees		18,354
Investment Fees		49,197
Management Fees		67,250
Risk Management Support		321,321

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TY 2010 Itemized Other Liabilities Schedule

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSS PAYABLE	1,432,388	46,042
		DUE TO PARENT	55,000	46,230
		OUTSTANDING LOSS RESERVES	7,441,673	8,962,903
		RESERVE FOR MALPRACTICE INSURANCE	16,735,641	16,739,857

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TY 2010 Other Income Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Foreign Amount	Amount
UNREALIZED LOSS ON INVESTMENTS		-1,661,417
REALIZED GAIN/(LOSS)		876,999

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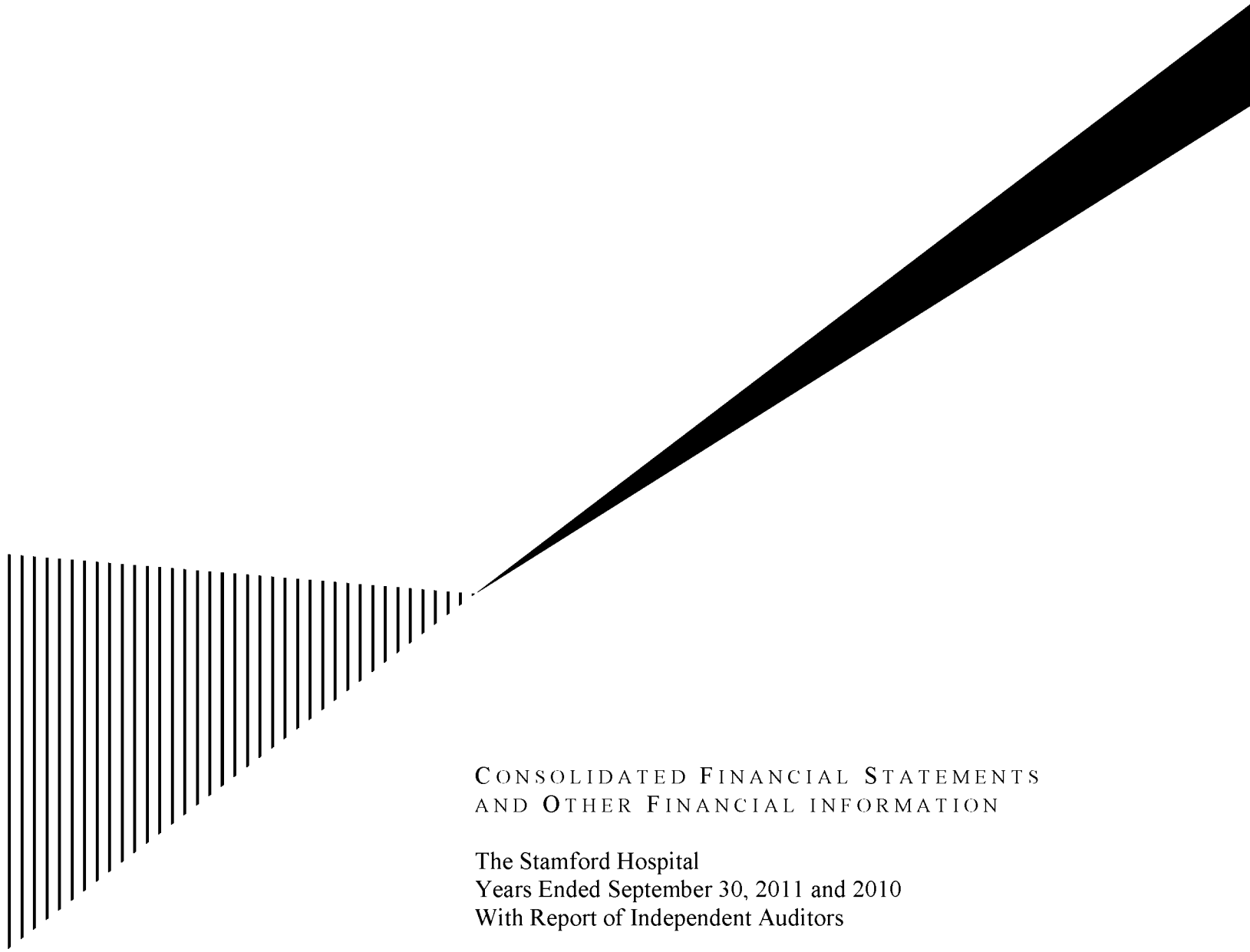
TY 2010 Paid-In or Capital Surplus Reconciliation Statement

Name: THE STAMFORD HOSPITAL

EIN: 06-0646917

Description	Beginning Amount	Ending Amount
CONTRIBUTED SURPLUS	11,788,063	11,788,063



CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

The Stamford Hospital
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

The Stamford Hospital

Consolidated Financial Statements
and Other Financial Information

Years Ended September 30, 2011 and 2010

Contents

Ernst & Young LLP
5 Times Square
New York, NY 10036-6530
Tel +1 212 773 3000
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www ey com

Report of Independent Auditors

The Board of Directors
The Stamford Hospital

We have audited the accompanying consolidated balance sheets of The Stamford Hospital (the "Hospital") as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Hospital's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Stamford Hospital at September 30, 2011 and 2010, and the consolidated results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The accompanying consolidating information and schedules of net patient service revenue are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

Ernst + Young LLP

January 27, 2012

The Stamford Hospital

Consolidated Balance Sheets

	September 30 2011	2010
	(In thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 82,011**	$ 49,254
Assets limited as to use	**159**	176
Short-term investments	**276**	188
Patient accounts receivable (less allowance for uncollectible accounts of $18,140 and $15,100, respectively)	**62,118**	51,552
Other receivables	**5,763**	736
Due from third parties, current portion	**2,592**	3,941
Other current assets	**8,910**	9,808
Total current assets	**161,829**	115,655
Assets limited as to use		
Held by captive insurance company	**25,977**	24,341
Long-term investments – endowments	**8,033**	8,033
Due from Parent – donor-restricted	**18,642**	18,642
Held by trustee – construction fund	**1,357**	6,895
	54,009	57,911
Long-term investments	**55,225**	52,063
Property, plant and equipment, net	**244,127**	239,321
Due from Parent and affiliates	**4,251**	759
Other assets	**2,561**	2,207
Total assets	**$ 522,002**	$ 467,916

	September 30	
	2011	**2010**
	(In thousands)	
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 5,018**	$ 4,413
Accounts payable and accrued expenses	**48,242**	34,231
Salaries, wages and fees payable	**10,173**	10,547
Accrued vacation liability	**16,031**	15,476
Estimated third-party payor settlements, current	**5,424**	2,813
Estimated professional liabilities, current	**4,830**	6,414
Total current liabilities	**89,718**	73,894
Pension liability	**91,954**	80,178
Estimated third-party payor settlements, net of current portion	**5,860**	9,152
Long-term debt, net of current portion	**130,025**	130,114
Due to Parent – board designated	**20,014**	19,913
Due to Parent and affiliates	**6,717**	2,836
Estimated professional liabilities, net of current portion	**28,965**	24,157
Total liabilities	**373,253**	340,244
Commitments and contingencies		
Net assets		
Unrestricted	**122,054**	100,144
Temporarily restricted	**18,662**	19,495
Permanently restricted	**8,033**	8,033
Total net assets	**148,749**	127,672
Total liabilities and net assets	**$ 522,002**	$ 467,916

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Operations

	Year Ended September 30	
	2011	**2010**
	(In thousands)	
Unrestricted revenue, gains and other support		
Net patient service revenue	**$ 484,060**	$ 436,167
Provision for bad debts	**(47,360)**	(43,115)
Net patient service revenue less provision for bad debts	**436,700**	393,052
Other revenue	**21,567**	19,366
Net assets released from restrictions for operations	**2,397**	2,980
Total unrestricted revenue, gains and other support	**460,664**	415,398
Expenses		
Salaries	**182,162**	163,585
Employee benefits	**50,466**	44,482
Supplies and other expenses	**161,661**	146,807
Depreciation and amortization	**28,352**	27,392
Interest expense	**5,545**	4,877
Total expenses	**428,186**	387,143
Income from operations	**32,478**	28,255
Nonoperating gains and losses		
Loss on advanced refunding	**–**	(1,347)
Investment returns	**(1,100)**	3,139
Change in net unrealized gains and losses	**538**	(211)
Change in fair value of derivative instrument	**–**	(251)
Total nonoperating gains and losses	**(562)**	1,330
Excess of revenue over expenses	**31,916**	29,585
Net assets released from restrictions used for purchases of property and equipment	**1,466**	720
Equity transfer from Stamford Health System	**1,608**	29,904
Pension-related changes other than net periodic pension cost	**(13,080)**	(16,571)
Increase in unrestricted net assets	**$ 21,910**	$ 43,638

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
		(In Thousands)		
Balance at September 30, 2009	$ 56,506	$ 20,215	$ 7,983	$ 84,704
Excess of revenue over expenses	29,585	–	–	29,585
Pension-related changes other than net periodic pension cost	(16,571)	–	–	(16,571)
Change in net unrealized gains and losses	–	(1)	–	(1)
Contributions	–	2,105	50	2,155
Equity transfer from Stamford Health System	29,904	–	–	29,904
Investment returns	–	876	–	876
Net assets released from restrictions for operations	–	(2,980)	–	(2,980)
Net assets released from restrictions used for purchases of property and equipment	720	(720)	–	–
Increase (decrease) in net assets	43,638	(720)	50	42,968
Balance at September 30, 2010	100,144	19,495	8,033	127,672
Excess of revenue over expenses	**31,916**	–	–	**31,916**
Pension-related changes other than net periodic pension cost	**(13,080)**	–	–	**(13,080)**
Change in net unrealized gains and losses	–	**(227)**	–	**(227)**
Contributions	–	**3,087**	–	**3,087**
Equity transfer from Stamford Health System	**1,608**	–	–	**1,608**
Investment returns	–	**170**	–	**170**
Net assets released from restrictions for operations	–	**(2,397)**	–	**(2,397)**
Net assets released from restrictions used for purchases of property and equipment	**1,466**	**(1,466)**	–	–
Increase (decrease) in net assets	**21,910**	**(833)**	–	**21,077**
Balance at September 30, 2011	**$ 122,054**	**$ 18,662**	**$ 8,033**	**$ 148,749**

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Cash Flows

	Year Ended September 30 2011	2010
	(In Thousands)	
Cash flows from operating activities		
Change in net assets	**$ 21,077**	$ 42,968
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Equity transfer from Stamford Health System	**(1,608)**	(29,904)
Pension-related changes other than net periodic pension cost	**13,080**	16,571
Net realized gains and losses and change in net unrealized gains and losses	**1,018**	(2,612)
Loss on advanced refunding	**–**	1,347
Restricted contributions	**(3,087)**	(2,155)
Change in fair value of derivative instrument	**–**	251
Restricted investment returns	**57**	(875)
Depreciation and amortization	**28,352**	27,392
Amortization of deferred financing fees	**220**	258
Amortization of bond premium	**(82)**	(28)
Provision for bad debts	**47,360**	43,115
Changes in operating assets and liabilities		
Patient accounts receivable	**(57,926)**	(43,359)
Due to from Parent and affiliates	**490**	(6,840)
Accounts payable and accrued expenses	**14,011**	4,214
Estimated third-party payor settlements	**668**	563
Estimated professional liabilities	**3,224**	(1,897)
Net change in all other operating assets and liabilities	**(6,375)**	3,882
Net cash provided by operating activities	**60,479**	52,891
Cash flows from investing activities		
Capital expenditures, net	**(29,879)**	(21,182)
Net cash invested in assets limited as to use and investments	**(349)**	(9,879)
Net cash used in investing activities	**(30,228)**	(31,061)
Cash flows from financing activities		
Restricted contributions	**3,087**	2,155
Restricted investment returns	**(57)**	875
Principal payments on long-term debt	**(4,576)**	(117,047)
Cash paid for deferred financing fees	**(48)**	(2,219)
Proceeds from long-term debt	**4,100**	133,992
Net cash provided by financing activities	**2,506**	17,756
Net increase in cash and cash equivalents	**32,757**	39,586
Cash and cash equivalents, beginning of year	**49,254**	9,668
Cash and cash equivalents, end of year	**$ 82,011**	$ 49,254
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (exclusive of amounts capitalized)	**$ 6,455**	$ 4,461
Supplemental disclosure of noncash investing and financing activities		
Capital leases incurred	**$ 1,074**	$ 592

See accompanying notes

The Stamford Hospital

Notes to Consolidated Financial Statements
(In Thousands)

September 30, 2011

1. Organization and Summary of Significant Accounting Policies

Organization

The Stamford Hospital (the "Hospital" or "TSH") is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services on its main campus and outpatient urgent care, imaging and rehabilitation services on an off-campus site (the "Tully Center") Stamford Health System ("SHS"), a tax-exempt corporation, is the sole member of the Hospital

On November 29, 2002, the Hospital formed a wholly owned captive insurance company, Healthstar Indemnity Company, Ltd ("Healthstar"), located in Bermuda Healthstar was registered as a Class 1 Insurer, as defined under The Bermuda Insurance Act of 1978, effective October 9, 2003

Stamford Health Integrated Practices, Inc ("SHIP") is a not-for profit corporation formed by SHS in fiscal year 2010 to provide a comprehensive network of physician practices and related management services In May 2011, SHIP was transferred from SHS to the Hospital Also during fiscal year 2011, SHS transferred certain of its medical practices to SHIP including, Fairfield County Surgical Specialists, a professional captive providing surgical services, Fairfield County Obstetrics and Gynecology, LLC, a professional captive providing obstetrical care, Fairfield County Primary Care, P C , a professional captive providing primary urgent care and corporate occupational health services and the Connecticut medical practice of Premier Medical Group, P C , a professional captive providing orthopedic and rehabilitation care

Consolidated Financial Statements

The accompanying consolidated financial statements are prepared in conformity with accounting principles generally accepted in the United States The consolidated financial statements include the accounts of the Hospital, Healthstar and SHIP All significant intercompany transactions and accounts have been eliminated in consolidation

1. Organization and Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectible accounts receivable for services to patients, and liabilities, including estimated payables to third-party payors and professional liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased The Hospital routinely invests its surplus operating funds in money market funds These funds generally invest in highly liquid U S government and agency obligations Such amounts exclude cash and cash equivalents included in assets limited as to use and investments

Inventories

Inventories are recorded at the lower of cost (first-in, first-out method) or market

Marketable Securities and Alternative Investments

Investments represent a share of a pooled investment fund maintained by SHS Alternative investments are defined as nontraditional, not readily marketable asset classes, some of which are structured such that the Hospital holds limited partnership interests Realized and unrealized gains and losses are included in determining the excess of revenue over expenses For the years ended September 30, 2011 and 2010, the Hospital recorded (losses) gains on unrestricted alternative investments of ($2,028) and $2,292, respectively, which are included in investment returns in the accompanying consolidated statements of operations The alternative investments are recorded using the equity method of accounting Individual investment holdings of such limited partnerships which hold the alternative investments may, in turn, include investments in both marketable and nonmarketable securities Marketable securities which are not considered

1. Organization and Summary of Significant Accounting Policies (continued)

alternative investments, such as equity and debt securities, and the holdings of private mutual funds are recorded at fair value as quoted by the public markets Marketable securities are classified as trading securities

Ordinary income and net realized gains of $928 and $847 for the years ended September 30, 2011 and 2010, respectively, are included in investment returns in the accompanying consolidated statements of operations The change in net unrealized gains and losses of $538 and ($211) for the years ended September 30, 2011 and 2010, respectively, is recorded in the excess of revenue over expenses in the accompanying consolidated statements of operations

Valuations of investments not readily marketable may be determined by the investment manager or general partner "Fund of funds" investments are primarily based on financial data supplied by the underlying investee funds Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment The investment value reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses The investments may indirectly expose TSH to securities lending, short sales of securities, and trading in futures and forwards contracts, options and other derivative products While these financial instruments may contain varying degrees of risk, the risk of TSH with respect to such transactions is limited to its capital balance in each investment Certain amounts are subject to notification to allow for divestiture, while other amounts have divestiture provisions based only on termination of the fund The financial statements of the investees are audited annually by independent auditors At September 30, 2011 and 2010, SHS, for the account of the Hospital, has future commitments of $371 and $592, respectively, to invest in alternative investments

Investment Returns

Unrestricted investment returns (including realized and unrealized gains and losses on marketable securities, interest and dividends and realized and unrealized gains and losses on alternative investments) are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law

(In Thousands)

1. Organization and Summary of Significant Accounting Policies (continued)

Assets Limited as to Use

Assets limited as to use include amounts for professional liabilities, endowments, assets limited by donor restriction and assets held by trustee for construction Amounts to be used to fund current liabilities are reported as current assets

Due from Parent

Donor-restricted balances are held by SHS on behalf of the Hospital These assets include marketable securities, corporate bonds, government obligations, alternative investments and cash

Property, Plant and Equipment

Property, plant and equipment are recorded at cost or, in the case of gifts, at fair value at the date of the gift, less accumulated depreciation and amortization Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Equipment under capital lease obligations and leasehold improvements are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment or leasehold improvement Interest cost incurred on borrowed funds, net of interest earned on such funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Estimated useful lives by classification are as follows

Land improvements	3 to 20 years
Buildings and improvements	5 to 40 years
Fixed equipment	5 to 25 years
Movable equipment	3 to 20 years
Leasehold improvements	3 to 15 years

Deferred Financing Costs

Costs incurred in connection with the issuance of bonds are amortized over the lives of the bonds using the effective interest method At September 30, 2011 and 2010, the accumulated amortization for deferred financing costs was $245 and $61, respectively In 2010, TSH issued

1. Organization and Summary of Significant Accounting Policies (continued)

State of Connecticut Health and Educational Facilities Authority ("CHEFA") Revenue Bonds, Series I Bonds (see Note 7) The CHEFA Revenue Bonds, Series F and G, were defeased and fully refunded in May 2010 and the applicable remaining bond costs of $727 were written off during the year ended September 30, 2010 Amortization is included in interest expense in the accompanying consolidated statements of operations

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions

Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity

Consolidated Statements of Operations

For the purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services, are reported as unrestricted revenue, gains and other support and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses and consist primarily of investment returns

The consolidated statements of operations include the excess of revenue over expenses as the performance indicator Consistent with industry practice, permanent transfers of assets and liabilities to and from affiliates for other than goods and services, pension-related changes other than net periodic pension cost, and contributions of long-lived assets (including assets acquired using contributions which by donor restrictions were to be used for the purposes of acquiring such assets) are excluded from the Hospital's performance indicator

Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable result from the health care services provided by the Hospital Additions to the allowance for doubtful accounts result from the provision for bad debts Accounts written off as uncollectible are deducted from the allowance for doubtful accounts The

1. Organization and Summary of Significant Accounting Policies (continued)

amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators

Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are provided and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than its established rates Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

Contributions

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received Conditional promises to give, and indications of intentions to give, are reported at fair value at the date the gift becomes unconditional Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Temporarily restricted net assets are available for certain health care services as defined in the donor agreements Income earned from these funds that is unrestricted is included in investment returns in the accompanying consolidated statements of operations Income earned from these funds that are restricted by donor or law is included as a component of temporarily restricted net assets in the accompanying consolidated statements of changes in net assets

1. Organization and Summary of Significant Accounting Policies (continued)

Estimated Professional Liabilities

Insurance reserves represent estimated unpaid losses and loss adjustment expenses Such amounts are established using management's estimates on the basis of claims records and an independent actuarial review and include an amount for the adverse development of reported claims Adjustments to the estimate of the liability for losses are reflected in earnings in the period in which the adjustment is determined The insurance reserves are necessarily based on estimates and, while management believes that the amount is adequate, the ultimate liabilities may vary significantly from the amount provided

Income Taxes

The Hospital and SHIP are not-for-profit corporations and have been recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code and their related income is not subject to federal or state income taxes

Pension Plan

The policy of the Hospital is to fund amounts as necessary on an actuarial basis to provide assets sufficient to meet the benefits to be paid to plan members in accordance with the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA")

Recent Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-23, *Measuring Charity Care for Disclosure* ASU 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided ASU 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASU 2010-23 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 TSH is evaluating the impact of ASU 2010-23 on its consolidated financial statements

1. Organization and Summary of Significant Accounting Policies (continued)

In August 2010, the FASB also issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* ("ASU 2010-24") Under ASU 2010-24, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities will be presented separately on the balance sheet The guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 TSH is evaluating the impact of ASU 2010-24 on its consolidated financial statements

In July 2011, the FASB also issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* ("ASU 2011-07") Under ASU 2011-07, certain health care entities will be required to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts The guidance is effective for fiscal years, and interim periods, ending after December 15, 2012, with early adoption permitted TSH elected to early adopt ASU 2011-07 and has applied its provisions to the consolidated financial statements

Reclassifications

Certain reclassifications have been made to the prior year consolidated financial statements to conform to the current year presentation

2. Community Benefit and Charity Care

The Hospital is committed to providing health care services to the community During fiscal year 2011, the Hospital initiated a formal community health needs assessment of its service areas in partnership with the Stamford Health Department This process includes the analysis of qualitative and quantitative data and involves interviews with social service and other community organizations to elicit their input as to community needs and opportunities for collaborative partnerships

(In Thousands)

2. Community Benefit and Charity Care (continued)

The Hospital provides a variety of programs that benefit the community including health screenings, immunization programs, social services and support counseling for patients and families, crisis intervention, community health education, and the donation of space for use by community groups Health education programs provided by the Hospital include smoking cessation, weight loss, stress management, and programs focused on such specific health factors or disease entities as heart disease, breast cancer, sleep disorders, arthritis, high cholesterol, cancer prevention, nutrition, stress management, circulatory problems, digestive disorders, pain management, sports injuries, and children's nutrition

In collaboration with the Stamford Health Department, the Hospital sponsored a joint City of Stamford-wide flu campaign to reduce the number of hospitalizations and emergency department visits The Hospital's mobile mammography program served community centers, places of employment and churches, providing on-site mammograms including free screenings for those without insurance Kid's Fitness and Nutrition Services (KidsFANS) is a Hospital led community collaborative designed to promote smart eating, physical activity and healthy weight among our children Over the past year, the Hospital has provided thousands of free health screenings at health fairs and events throughout the community The Hospital's physicians and other health professionals offer services and speak to various community groups and organizations on health related topics, ranging from stress and pain management to heart disease and joint replacement

The Hospital maintains records to identify and monitor the level of charity care it provides Charges foregone for these services, based on its established rates pursuant to the requirements of the State of Connecticut, were approximately $27,000 and $23,000 for the years ended September 30, 2011 and 2010, respectively

The State of Connecticut distributes funds from its Uncompensated Care Pool, based on a formula that includes both the provision for bad debts, net of recoveries, and free care, also described as charity care The following table sets forth the total of bad debt expense and charity care for the years ended September 30, 2011 and 2010

	2011	2010
Provision for bad debts – net of recoveries	**$ 47,360**	$ 43,115
Charity care	**27,345**	23,197
Total uncompensated care	**$ 74,705**	$ 66,312

2. Community Benefit and Charity Care (continued)

For distributions from the Uncompensated Care Pool, the Hospital recognized grant-disproportionate share income of $5,578 and $5,064 for the years ended September 30, 2011 and 2010, respectively, which is included in other revenue in the accompanying consolidated statements of operations

3. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary The classification of patients of the Hospital under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital The Medicare cost reports of the Hospital have been audited and finalized by the Medicare fiscal intermediary through the year ended September 30, 2006

Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary The Medicaid cost reports of the Hospital for 2008 and prior have been tentatively settled All Medicaid cost reports are subject to audit and finalization by the State of Connecticut

The Hospital also has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge or day of hospitalization and discounts from established charges

3. Net Patient Service Revenue (continued)

Gross patient charges for services at established rates before the effect of the contractual arrangements described above were $1,459,333 and $1,288,626 for the years ended September 30, 2011 and 2010, respectively

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided

(In Thousands)

3. Net Patient Service Revenue (continued)

Patient service revenue for the year ended September 30, 2011, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows

	Third-Party Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 450,179	$ 33,881	$ 484,060

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior year payment rates, based on industry-wide and hospital-specific data Such amounts are included in the accompanying consolidated balance sheets Additionally, certain payors' payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years might be realized

There are various proposals at the Federal and state levels that could, among other things, change payment rates The ultimate outcome of these proposals and other market changes cannot be presently determined

During the years ended September 30, 2011 and 2010, approximately $1,137 and $548, respectively, of previously recorded estimated third-party payor settlement liabilities were no longer considered necessary and were included as increases in net patient service revenue

The percentages of net patient service revenue received from various third-party payors and patients were as follows for the years ended September 30, 2011 and 2010

	2011	2010
Medicare	**19%**	21%
Medicaid	**6**	5
Managed care organizations	**42**	41
Other third-party payors	**26**	27
Self-pay	**7**	6
	100%	100%

(In Thousands)

3. Net Patient Service Revenue (continued)

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Additionally, noncompliance with such laws and regulations could result in fines, penalties, and/or exclusion from the Medicare and Medicaid programs The Hospital believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material effect on the accompanying consolidated financial statements

4. Assets Limited as to Use and Investments

Assets limited as to use and investments are stated at fair value, except for alternative investments which are recorded using the equity method of accounting as described in Note 1

Assets Limited as to Use

The composition of assets limited as to use (exclusive of amounts held by SHS, see Note 1) at September 30, 2011 and 2010, is as follows

	2011	2010
Current portion		
Cash and cash equivalents	**$ 159**	$ 176
Held by captive insurance company		
Cash and cash equivalents	**$ 15,651**	$ 11,013
Mutual funds	**2,699**	5,661
Alternative investments – hedge funds	**7,627**	7,667
	$ 25,977	$ 24,341
Long-term investments – endowments		
Cash and cash equivalents	**$ 720**	$ 536
Mutual funds	**2,733**	2,475
Alternative investments – hedge funds	**3,042**	3,159
Alternative investments – limited partnerships	**1,285**	1,346
Private mutual funds	**253**	517
	$ 8,033	$ 8,033

(In Thousands)

4. Assets Limited as to Use and Investments (continued)

	2011	2010
Held by trustee – construction fund		
Cash and cash equivalents	**$ 1,357**	$ 6,895

The composition of investments at September 30, 2011 and 2010, is as follows

	2011	2010
Short-term investments		
Mutual funds	**$ 276**	$ 188
Long-term investments		
Cash and cash equivalents	**$ 2,133**	$ 1,452
Mutual funds	**39,578**	35,652
Alternative investments – hedge funds	**8,977**	9,408
Alternative investments – limited partnerships	**3,790**	4,010
Private mutual funds	**747**	1,541
	$ 55,225	$ 52,063

Total returns on investments for the years ended September 30, 2011 and 2010, consist of the following

	2011			2010		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Ordinary income (interest and dividends)	**$ 456**	**$ 219**	**$ 675**	$ 316	$ 208	$ 524
Net realized gains and losses	**472**	**121**	**593**	531	304	835
Gains and losses from alternative investments	**(2,028)**	**(170)**	**(2,198)**	2,292	364	2,656
Investment returns	**(1,100)**	**170**	**(930)**	3,139	876	4,015
Change in net unrealized gains and losses	**538**	**(227)**	**311**	(211)	(1)	(212)
	$ (562)	**$ (57)**	**$ (619)**	$ 2,928	$ 875	$ 3,803

(In Thousands)

5. Property, Plant and Equipment

Property, plant and equipment, at cost, and accumulated depreciation and amortization at September 30, 2011 and 2010, are summarized as follows

	2011	2010
Land	**$ 42,662**	$ 38,587
Land improvements	**4,118**	3,889
Buildings and improvements	**175,779**	166,091
Fixed equipment	**118,935**	117,284
Movable equipment	**185,702**	172,523
Leasehold improvements	**7,306**	6,295
	534,502	504,669
Less accumulated depreciation and amortization	**313,648**	285,332
	220,854	219,337
Construction in progress	**23,273**	19,984
	$ 244,127	$ 239,321

Included in property, plant and equipment are assets under capital leases of approximately $1,666 and $592 at September 30, 2011 and 2010, respectively, ($1,405 for 2011 and $525 for 2010, net of accumulated amortization)

Depreciation and amortization expense for the years ended September 30, 2011 and 2010, was $28,352 and $27,392, respectively Included in depreciation and amortization expense are amounts related to assets under capital leases of approximately $194 and $67, respectively, for the years ended September 30, 2011 and 2010 Included in property, plant and equipment at September 30, 2011 and 2010, is $936 and $383, respectively, of interest capitalized on construction in progress

In May 2009, SHS submitted an application for a certificate of need with the State of Connecticut for the Master Facility Plan for the Hospital which includes the construction of a new six-level addition and central utility plant, modernization of the emergency department and other infrastructure improvements Properties surrounding the Hospital campus were acquired in an effort to expand the area of the Hospital and to provide property for new parking facilities In 2011 and 2010, the Board of Directors of SHS approved the transfer of certain properties related to the Master Facility Plan to TSH The deeds were legally transferred from SHS to TSH and

(In Thousands)

5. Property, Plant and Equipment (continued)

equity transfers of $1,340 and $34,871, respectively, were recorded in 2011 and 2010

Construction in progress as of September 30, 2011 and 2010, includes approximately $16,200 and $13,800, respectively, spent mainly for architectural fees and other soft construction costs incurred during the planning phase of the Master Facility Plan

In September 2010, SHS and TSH entered into an Exchange Agreement ("EA") with the Housing Authority of City of Stamford ("HACS") The EA provided for the exchange of certain properties between the parties The EA was entered into as part of the TSH Master Facility Plan The property exchange resulted in TSH recording as land value approximately $5,322 for the properties transferred to HACS in exchange for their property This transaction resulted in no gain or loss being recorded

6. Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2011 and 2010

	2011	2010
Health care services		
Purchase of equipment	**$ 1,645**	$ 898
Patient care	**15,886**	17,659
Health education	**1,131**	938
	$ 18,662	$ 19,495

Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable to support health care services

The Hospital follows the requirements of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as they relate to its endowments The Hospital's endowments consist of numerous individual funds established for a variety of purposes and consist solely of donor-restricted endowment funds As required by U S generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Hospital to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

6. Net Assets (continued)

The Hospital has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted funds

- The duration and preservation of the fund
- The purposes of the Hospital and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Hospital
- The investment policies of the Hospital

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity Under these policies, the endowment and manager performance are evaluated against market indices and peer groups which provide meaningful benchmarks for monitoring the investment performance

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

(In Thousands)

6. Net Assets (continued)

The following tables set forth the changes to assets as they relate to the Hospital's endowments for the years ended September 30, 2011 and 2010

	2011		
	Temporarily Restricted	**Permanently Restricted**	**Total**
Endowment assets, September 30, 2010	**$ 1,423**	**$ 8,033**	**$ 9,456**
Investment return (realized and unrealized)	**(41)**	**–**	**(41)**
Appropriation of endowment assets for expenditure	**(517)**	**–**	**(517)**
Endowment assets, September 30, 2011	**$ 865**	**$ 8,033**	**$ 8,898**

	2010		
	Temporarily Restricted	**Permanently Restricted**	**Total**
Endowment assets, September 30, 2009	$ 1,378	$ 7,983	$ 9,361
Investment return (realized and unrealized)	820	–	820
Contributions	–	50	50
Appropriation of endowment assets for expenditure	(775)	–	(775)
Endowment assets, September 30, 2010	$ 1,423	$ 8,033	$ 9,456

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Hospital to retain as a fund of perpetual duration There were no significant deficiencies of this nature that are reported in unrestricted net assets as of September 30, 2011 and 2010

(In Thousands)

7. Long-Term Debt

Long-term debt at September 30, 2011 and 2010, consists of the following

	September 30 2011	2010
State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series I, payable in varying annual amounts with fixed interest rates varying from 3 00% to 5 00%, with the final payment due in 2030	**$ 129,661**	$ 133,965
Term promissory notes bearing interest at LIBOR plus 2 00%, maturing June 1, 2021	**4,045**	–
Capital lease obligations	**1,312**	525
City of Stamford, sewer connection fee loan, payable in annual installments through 2013 (noninterest bearing)	**25**	37
Total long-term debt	**135,043**	134,527
Less current portion	**5,018**	4,413
Long-term debt, excluding current portion	**$ 130,025**	$ 130,114

The State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series I (the "Series I Bonds") were issued on May 12, 2010, in the amount of $132,990 for a term of 20 years, at a premium of $1,002 As of September 30, 2011 and 2010, accumulated amortization related to the bond premium was $110 and $28, respectively The Series I Bonds were used for the refunding of revenue bonds and loans outstanding as of September 30, 2009 The proceeds will also be used for financing architectural, engineering, site permitting, legal and planning costs relating to the Master Facility Plan In addition, the proceeds will finance routine capital expenditures including, but not limited to, land acquisitions, renovations, planning activities and equipment purchases The proceeds will also reimburse TSH for certain capital expenditures and certain costs of issuance of the Series I Bonds The advanced refunding resulted in a loss on debt extinguishment of $1,347 at September 30, 2010

In May 2011, the Hospital entered into a mortgage note agreement with Stamford First Bank for $4,100, bearing interest at LIBOR plus 2 00% The mortgage note is payable in monthly installments and matures on June 1, 2021

(In Thousands)

7. Long-Term Debt (continued)

At September 30, 2011 and 2010, the Hospital has a line of credit available with Wells Fargo Bank, N A totaling $30,000 and $15,000, respectively There were no amounts outstanding on the line of credit at September 30, 2011 and 2010 Under this line of credit, the bank issued a maximum letter of credit to the Hospital for $4,000

SHS is the guarantor of all obligations of the Hospital with respect to the Series I Bonds, the Stamford First Bank mortgage note payable and the Wells Fargo Bank, N A line of credit

SHS, as guarantor, must maintain certain financial ratios with respect to the Series I Bonds, the Stamford First Bank mortgage note payable and the Wells Fargo Bank, N A line of credit As of September 30, 2011, SHS was in compliance with such debt covenants

The Hospital entered into a capital lease obligation in 2011 for medical equipment The asset value for the lease approximated $1,074

The Hospital entered into two capital lease obligations in 2010 for medical equipment and information technology storage devices The asset value for the two leases approximated $592

Scheduled principal payments on long-term debt are as follows

	Loans Payable	Capital Leases	Total
Fiscal year			
2012	$ 4,646	$ 372	$ 5,018
2013	4,817	401	5,218
2014	5,032	432	5,464
2015	5,259	107	5,366
2016	5,496	–	5,496
Thereafter	108,481	–	108,481
Total minimum payments	133,731	1,312	135,043
Less current portion of long-term debt	4,646	372	5,018
Long-term debt, net of current portion	$ 129,085	$ 940	$ 130,025

(In Thousands)

8. Retirement Benefits

Defined Benefit Pension Plan

The Hospital participates in two of SHS' defined benefit pension plans (the "Plans") The first plan (the "Plan") covers employees and eligible employees of its affiliates who were employed as of August 1, 2002, and elected to continue earning future benefits after December 31, 2002, in the Plan Benefits are based on age at retirement, years of credited service and average compensation for a specified period prior to retirement The second is a Supplementary Executive Retirement Program (the "SERP") covering certain employees which provides benefits to participants without regard to statutory limitations on the maximum amount of compensation which may be taken into account by, nor the maximum benefits which may be paid from, such plan The SERP is unfunded

Information in the accompanying consolidated financial statements relates to the portion of the retirement plans of the Hospital The measurement date is September 30

The Hospital recognizes in its consolidated balance sheet an asset, for a defined benefit postretirement plan's overfunded status, or a liability, for a plan's underfunded status, measures a defined benefit postretirement plan's assets and obligations that determine funded status as of the end of the employer's fiscal year, and recognizes the periodic change in the funded status of a defined benefit postretirement plan as a component of changes in unrestricted net assets in the year in which the change occurs

Included in other changes in unrestricted net assets at September 30, 2011 and 2010, are the following amounts that have not yet been recognized in net periodic pension and postretirement cost

	2011		
	Plan	**SERP**	**Total**
Unrecognized prior service cost	**$ (10)**	**$ –**	**$ (10)**
Unrecognized actuarial (loss) gain	**(109,506)**	**39**	**(109,467)**
	$ (109,516)	**$ 39**	**$ (109,477)**

	2010		
	Plan	**SERP**	**Total**
Unrecognized prior service cost	$ (16)	$ –	$ (16)
Unrecognized actuarial (loss) gain	(96,445)	64	(96,381)
	$ (96,461)	$ 64	$ (96,397)

(In Thousands)

8. Retirement Benefits (continued)

The prior service cost and actuarial loss included in changes in unrestricted net assets at September 30, 2011, and expected to be recognized in net periodic pension cost during the year ending September 30, 2012, are as follows

	Plan	SERP
Prior service cost	$ (6)	$ –
Net loss	(10,029)	–

The reconciliation of the beginning and ending balances of the benefit obligation and the fair value of the Plans' assets for the years ended September 30, 2011 and 2010, are as follows

	Plan		SERP		Total	
	2011	**2010**	**2011**	**2010**	**2011**	**2010**
Benefit obligation						
Benefit obligation, beginning of year	**$ 218,720**	$ 186,735	**$ 857**	$ 778	**$ 219,577**	$ 187,513
Service cost	**3,604**	3,184	**–**	–	**3,604**	3,184
Interest cost	**11,326**	11,042	**44**	46	**11,370**	11,088
Actuarial losses	**10,695**	23,626	**26**	48	**10,721**	23,674
Benefits paid	**(6,390)**	(5,867)	**(16)**	(15)	**(6,406)**	(5,882)
Benefit obligation, end of year	**237,955**	218,720	**911**	857	**238,866**	219,577
Plan assets						
Fair value of plan assets, beginning of year	**139,373**	123,765	**–**	–	**139,373**	123,765
Actual return on plan assets	**(1,100)**	8,775	**–**	–	**(1,100)**	8,775
Employer contributions	**15,000**	12,700	**16**	15	**15,016**	12,715
Benefits paid	**(6,390)**	(5,867)	**(16)**	(15)	**(6,406)**	(5,882)
Fair value of plan assets, end of year	**146,883**	139,373	**–**	–	**146,883**	139,373
Funded status	**(91,072)**	(79,347)	**(911)**	(857)	**(91,983)**	(80,204)
Current portion of obligation	**–**	–	**(29)**	(26)	**(29)**	(26)
Noncurrent portion of obligation	**(91,072)**	(79,347)	**(882)**	(831)	**(91,954)**	(80,178)
Total	**$ (91,072)**	$ (79,347)	**$ (911)**	$ (857)	**$ (91,983)**	$ (80,204)

(In Thousands)

8. Retirement Benefits (continued)

The current portion of accrued retirement benefits related to the Plans is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets

The weighted-average assumptions used in determining the pension and postretirement benefit obligations at September 30, 2011 and 2010, were as follows

	Plan		SERP	
	2011	**2010**	**2011**	**2010**
Discount rate	**5.25%**	5 25%	**4.79% to 5.25%**	5 25%
Rate of compensation increase	**3.50**	3 50	–	–

Net periodic pension cost and postretirement cost for the years ended September 30, 2011 and 2010, consist of the following components

	Plan		SERP		Total	
	2011	**2010**	**2011**	**2010**	**2011**	**2010**
Service cost	**$ 3,604**	$ 3,184	**$ –**	$ –	**$ 3,604**	$ 3,184
Interest cost	**11,326**	11,042	**44**	46	**11,370**	11,088
Expected return on plan assets	**(10,427)**	(9,190)	–	–	**(10,427)**	(9,190)
Amortization of prior service cost	7	7	–	–	7	7
Amortization of actuarial loss	**9,161**	7,518	–	(7)	**9,161**	7,511
Net periodic pension cost	**$ 13,671**	$ 12,561	**$ 44**	$ 39	**$ 13,715**	$ 12,600

Weighted-average assumptions used in determining the net periodic pension and postretirement benefit costs for the years ended September 30, 2011 and 2010, were as follows

	Plan		SERP	
	2011	**2010**	**2011**	**2010**
Discount rate	**5.25%**	6 00%	**5.25%**	6 00%
Expected long-term rate of return on plan assets	**7.25**	7 25	–	–
Rate of compensation increase	**3.50**	3 50	–	–

(In Thousands)

8. Retirement Benefits (continued)

The expected long-term rate of return on plan assets assumption was based on expected real rates of return, plus inflation and less anticipated expenses paid from the trust The expected rate of return selected was consistent with the range of historical returns and target percentages for various asset classes and with the Plan's desired investment return objectives

The Plan's weighted-average asset allocation at September 30, 2011 and 2010, is as follows

	2011	2010
Equity securities	**17%**	23%
Fixed income securities	**27**	29
Alternative investments – limited partnerships	**14**	12
Alternative investments – hedge funds	**29**	28
Cash and cash equivalents	**13**	8
	100%	100%

The Plan's asset allocation provides the following asset allocation ranges

	Target Allocation	Allocation Range
Equity securities	25%	15 – 35%
Fixed income securities	40	20 – 60
Alternative investments – limited partnerships	5	0 – 10
Alternative investments – hedge funds	30	20 – 40

Ordinarily, cash flows are used to maintain allocation percentages that are close to the target allocation percentages If cash flows are not sufficient to maintain allocation percentages within the above ranges, the trustee and/or the Investment Subcommittee of the Finance Committee of the Board of Directors will adjust the allocations as soon as practicable

(In Thousands)

8. Retirement Benefits (continued)

Investment Strategy

SHS invests pension fund assets with standards of prudence and care established under ERISA solely for the purposes of meeting plan participants' future benefit payments as due The fund is diversified among asset classes, investment management organizations and styles of management in order to improve performance and lessen investment risk Liquidity needs of the fund are reviewed at least monthly

Cash Flows

TSH expects to contribute approximately $29,680 to the Plans during fiscal year 2012

Future benefit payments by the Plans, reflective of expected future service, are expected to be paid as follows

	Plan	SERP	Total
Fiscal year ending September 30			
2012	$ 7,167	$ 30	$ 7,197
2013	7,845	36	7,881
2014	8,713	40	8,753
2015	9,802	55	9,857
2016	10,750	56	10,806
2017 through 2021	68,997	372	69,369

Defined Contribution Plan

On January 1, 2003, SHS established a defined contribution plan (the "DC Plan") Existing SHS employees and employees of its affiliates were given the option of foregoing future benefits under the Plan to earn future benefits in the DC Plan beginning on January 1, 2003, or continuing to earn future benefits under the Plan The effect of the establishment of the DC Plan resulted in a curtailment for those participants that chose to forgo future benefits under the Plan Included in employee benefit expenses in the accompanying consolidated statements of operations for the years ended September 30, 2011 and 2010, are $5,286 and $4,963, respectively, in pension contributions to the DC Plan

9. Professional Liability Insurance

The Hospital self-insured a portion of its professional liability insurance coverage through September 30, 2002 An excess coverage policy was retained through a third-party insurer for coverage in excess of the self-insured limits This third-party insurer provides coverage limits to $35,000 per occurrence and $35,000 in the aggregate

For the period from October 1, 1985 to October 1, 2002, the Hospital retained its self-insured portion of professional liability insurance risk internally and established an irrevocable trust (the "Trust") to manage the assets needed to cover the tail liability for claims and administrative costs The tail liability results from events that have occurred, but have not yet been reported under the claims-made coverage The deductible limits for the years covered under this Trust range from $1,000 per occurrence and $3,000 in the aggregate annually to $3,000 per occurrence and $9,000 in the aggregate

Under the Trust agreement, Trust assets can only be used for payment of malpractice losses, related expenses and the cost of administering the Trust Assets of and contributions to the Trust, which are invested in cash and short-term investments, are included in the noncurrent portion of assets limited as to use in the accompanying consolidated balance sheets

The Hospital expensed ($188) and $342 for professional liabilities self-insurance for the years ended September 30, 2011 and 2010, respectively There were no claims or expenses payable from the Trust at September 30, 2011 and 2010, respectively The undiscounted actuarially determined tail liability of $10,071 and $9,883 is included in the estimated professional liabilities in the accompanying consolidated balance sheets at September 30, 2011 and 2010, respectively

Healthstar is responsible for the professional liability insurance claims of the Hospital beginning October 1, 2002, and is fully funded by the Hospital Healthstar retains $5,000 per occurrence Healthstar underwrites Hospital professional liability for $5,000 per occurrence ($18,500 aggregate), commercial liability for $2,000 per occurrence ($4,000 aggregate), and other commercial general liability and employee benefit and terrorism liability risks at varying levels Effective October 1, 2005, Healthstar wrote an excess of loss policy with the limit of $35,000 in excess of the retained limits This coverage is fully reinsured with third-party reinsurers and was renewed on October 1, 2011 until September 30, 2012

9. Professional Liability Insurance (continued)

For the year ended September 30, 2011, the Hospital paid insurance premiums of $10,013 to Healthstar, $7,300 of which relates to the coverage under Healthstar and $2,678 of which relates to the coverage reinsured with third-party reinsurers Of the $10,013 insurance premium payments, $788 was paid by the Hospital on behalf of its affiliates

For the year ended September 30, 2010, the Hospital paid insurance premiums of $9,078 to Healthstar, $6,400 of which relates to the coverage under Healthstar and $2,678 of which relates to the coverage reinsured with third-party reinsurers Of the $9,078 insurance premium payments, $662 was paid by the Hospital on behalf of its affiliates

Healthstar employs the services of an actuary to estimate professional and general liabilities As of September 30, 2011 and 2010, Healthstar's undiscounted estimated professional and general liabilities for claims and expenses are approximately $23,724 and $20,688, respectively For the years ended September 30, 2011 and 2010, claims covered and expensed by Healthstar amounted to $3,741 and $4,392, respectively

10. Related-Party Transactions

Amounts due to Parent and affiliates represent amounts due to related entities for expenses paid on the Hospital's behalf and are currently payable without interest At September 30, 2011 and 2010, amounts due to affiliates totaled $6,717 and $2,836, respectively

The Hospital leases certain real property from affiliates Rent expense to affiliates for the years ended September 30, 2011 and 2010, is $1,414 and $946, respectively

The Hospital provides professional services to its affiliates at varying amounts Other revenues in the accompanying consolidated statements of operations include $597 and $869 earned from professional services provided to affiliates for the years ended September 30, 2011 and 2010, respectively Amounts receivable from affiliates for professional services described above and other services were $4,251 and $759 at September 30, 2011 and 2010, respectively During 2010, the Hospital recorded equity transfers of $4,967 which represent amounts transferred to SHS to support ongoing operations of affiliates

10. Related-Party Transactions (continued)

In 2011 and 2010, the Board of Directors of SHS approved the transfer of certain properties related to the Master Facility Plan to TSH The deeds were legally transferred from SHS to TSH and equity transfers of $1,340 and $34,871, respectively, were recorded in 2011 and 2010, respectively

Donor-restricted contributions are maintained in a pooled investment account at SHS Amounts due from SHS for donor-restricted contributions was $18,642 at September 30, 2011 and 2010

Amounts due to SHS of $20,014 and $19,913 at September 30, 2011 and 2010, respectively, represent board designated items related to cash transfers made in the years ended September 30, 2001 through September 30, 2004, and certain investments held by the Hospital for SHS

11. Commitments and Contingencies

Litigation

Various investigations, lawsuits and claims arising out of the normal course of operations are pending or on appeal against the Hospital While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the consolidated financial position or results of operations of the Hospital

Legal Settlement

The Connecticut Attorney General ("AG") had been conducting an informal investigation relating to the endowment fund and other charitable gifts (collectively, the "Charitable Assets") donated to The Rehabilitation Center of Southwestern Connecticut, Inc ("TRC") and its predecessor companies TRC was an affiliated corporation of SHS through which SHS provided various physical medicine and rehabilitation ("PM&R") programs, as well as other services In 2004, the TRC corporate entity was merged into TSH, with TSH continuing to provide the PM&R programs

In accordance with the resulting settlement agreement, SHS has agreed to spend $13,100, an amount which approximated the fair value of the real property and building on Palmers Hill Road that was also donated to TRC and included in the Charitable Assets, to support various

(In Thousands)

11. Commitments and Contingencies (continued)

medical rehabilitation services that correspond to the charitable purposes of TRC This money will be expended by SHS over a ten-year period and will be spent for the benefit of SHS patients In exchange, the AG has agreed that SHS may maintain or dispose of the Palmers Hill real property and any improvements thereon in any lawful manner it deems fit SHS met this spending requirement for 2011 and 2010

12. Concentration of Credit Risk

The Hospital is located in Stamford, Connecticut The Hospital grants credit without collateral to its patients, many of whom are local residents and are insured under third-party payor agreements The proportion of net patient accounts receivable from various third-party payors and patients was as follows for the years ended September 30, 2011 and 2010

	2011	2010
Managed care organizations	**32%**	31%
Medicare	**14**	15
Medicaid	**7**	5
All other insurers	**16**	20
Self-pay patients	**31**	29
	100%	100%

At September 30, 2011, all of the cash and cash equivalents of the Hospital were held in custodial accounts at three financial institutions Management believes that credit risk related to these deposits is minimal

(In Thousands)

13. Functional Expenses

The Hospital provides general health care services to residents within its geographic area Expenses related to provision of these services for the years ended September 30, 2011 and 2010, are as follows

	2011	2010
Health care	**$ 381,452**	$ 339,291
General and administrative	**46,734**	47,852
	$ 428,186	$ 387,143

14. Fair Value of Financial Instruments

For assets and liabilities required to be measured at fair value, the Hospital measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date In order to increase consistency and comparability in fair value measurements, the Hospital follows a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities The fair value hierarchy gives the highest priority to Level 1 inputs

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

Level 3: Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as considers nonperformance risk in its assessment of fair value

(In Thousands)

14. Fair Value of Financial Instruments (continued)

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

Financial assets, including the defined benefit plan assets, carried at fair value as of September 30, 2011 and 2010, are classified in the tables below in one of the three categories described previously

	2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 102,031**	**$ –**	**$ –**	**$ 102,031**
Mutual funds-Fixed Income	**39,372**	**–**	**–**	**39,372**
Mutual funds-Multi Industry	**5,914**	**–**	**–**	**5,914**
Private mutual funds [a]	**–**	**1,000**	**–**	**1,000**
Defined benefit plan assets				
Cash and cash equivalents	**19,772**	**–**	**–**	**19,772**
Mutual funds-Fixed Income	**40,730**	**–**	**–**	**40,730**
Mutual funds- Multi Industry	**24,585**	**–**	**–**	**24,585**
Private mutual funds [a]	**4,155**	**–**	**–**	**4,155**
Partnerships[b]	**–**	**7,364**	**8,623**	**15,987**
Hedge funds[c]	**–**	**41,654**	**–**	**41,654**
	$ 236,559	**$ 50,018**	**$ 8,623**	**$ 295,200**

	2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 69,326	$ –	$ –	$ 69,326
Mutual funds	43,976	–	–	43,976
Private mutual funds[a]	–	2,058	–	2,058
Defined benefit plan assets				
Cash and cash equivalents	10,915	–	–	10,915
Mutual funds	60,469	–	–	60,469
Private mutual funds[a]	8,871	–	–	8,871
Partnerships[b]	–	7,438	9,196	16,634
Hedge funds[c]	–	39,292	3,192	42,484
	$ 193,557	$ 48,788	$ 12,388	$ 254,733

14. Fair Value of Financial Instruments (continued)

(a) Private mutual funds pursue exposure to investment securities and provide the benefit of a diversified and active investment management strategy The holdings can include domestic and international equity securities, fixed income securities, convertible debt, and distressed debt The Hospital can normally redeem these investments on a monthly basis

(b) Partnerships are private equity investments that seek to generate acceptable returns in private companies over a given investment period At September 30, 2011 and 2010, respectively, $7,364 and $7,438 of this investment has been classified in Level 2 of the fair value hierarchy as TSH determined this amount is redeemable in the near-term given its ability to redeem the investment monthly or quarterly The Hospital considers redemptions that could occur within 120 days of its measurement date to be near-term At September 30, 2011 and 2010, respectively, $8,623 and $9,196 of the investment is classified in Level 3 of the fair value hierarchy due to redemption restrictions in place given the future funding commitments of $1,016 and $1,448 at September 30, 2011 and 2010, respectively

(c) Hedge funds and funds of hedge funds pursue a variety of investment strategies The Hospital holds multiple hedge funds and funds of hedge funds in an attempt to diversify exposures to multiple investment strategies and their respective risks, while attempting to reduce volatility The underlying investments can include domestic and international equity securities, fixed income securities, convertible debt, distressed debt, merger arbitrage, real estate, private investments, and hedge funds (in the case of funds of funds) The redemption terms vary among funds but in most cases the Hospital can normally redeem monthly or quarterly with 30 to 120 days' notice

The transfers out of Level 3 are due to the relief of redemption restrictions as of September 30, 2010 At September 30, 2011, the Hospital expects to be able to redeem defined benefit plan investments in hedge funds in the near-term

The Hospital's investments in alternative investments, excluding those within the defined benefit plan, are recorded using the equity method of accounting and are not subject to the fair value hierarchy described previously

(In Thousands)

14. Fair Value of Financial Instruments (continued)

The following table sets forth a summary of changes in the fair value of the Hospital's Level 3 assets for the years ended September 30, 2011 and 2010

	2011	2010
Fair value at September 30, 2010	**$ 12,388**	$ 8,604
Investment income, net of fees	**(57)**	(23)
Net realized losses	**(792)**	(639)
Unrealized gains relating to instruments held at reporting date	**740**	1,292
Purchases, sales, issuances and settlements, net	**(464)**	3,154
Transfers out of Level 3	**(3,192)**	–
Fair value at September 30, 2011	**$ 8,623**	$ 12,388

The carrying values and fair values of the Hospital's financial instruments that are not required to be carried at fair value at September 30, 2011 and 2010, are as follows

	2011		2010	
	Fair Value	Carrying Value	Fair Value	Carrying Value
Long-term debt	**$ 144,664**	**$ 135,043**	$ 139,860	$ 134,527

15. Operating Leases

The Hospital has entered into various agreements under noncancelable operating leases Future minimum payments under noncancelable operating leases with initial or recurring terms of one year or more are as follows

2012	$ 6,526
2013	6,668
2014	6,749
2015	6,697
2016	6,969
Thereafter	32,843
Total minimum operating lease payments	$ 66,452

(In Thousands)

15. Operating Leases (continued)

Total nonaffiliate rental expense charged to operations for the years ended September 30, 2011 and 2010, aggregated approximately $5,645 and $5,279, respectively

Certain of the leases contain escalation clauses and free rental periods which are recorded as deferred rent within accounts payable in the consolidated balance sheets and amortized in rental expense over the life of the lease

The Hospital additionally entered into various agreements under noncancelable operating leases with various tenants Future minimum receipts under noncancelable leases with initial or recurring terms of one year or more are as follows

2012	$ 2,840
2013	2,691
2014	2,371
2015	2,228
2016	1,697
Thereafter	8,707
Total minimum operating lease income	$ 20,534

Total nonaffiliate rental income recorded in operations for the years ended September 30, 2011 and 2010, aggregated approximately $2,439 and $2,554, respectively

16. Subsequent Events

Subsequent events have been evaluated through January 27, 2012, the date the consolidated financial statements were available to be issued No subsequent events have occurred that require disclosure in, or adjustment to, the consolidated financial statements

Other Financial Information

The Stamford Hospital

Consolidating Balance Sheet

September 30, 2011
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 80,693	$ –	$ 1,318	$ –	$ 82,011
Assets limited as to use	159	–	–	–	159
Short-term investments	276	–	–	–	276
Patient accounts receivable, net	59,828	–	2,290	–	62,118
Other receivables	5,510	191	62	–	5,763
Due to third parties, current portion	2,592	–	–	–	2,592
Other current assets	8,851	3	56	–	8,910
Total current assets	157,909	194	3,726	–	161,829
Assets limited as to use					
Held by captive insurance company	–	25,977	–	–	25,977
Long-term investments – endowments	8,033	–	–	–	8,033
Due from Parent – donor-restricted	18,642	–	–	–	18,642
Held by trustee – construction fund	1,357	–	–	–	1,357
	28,032	25,977	–	–	54,009
Long-term investments	35,851	31,282	–	(11,908)	55,225
Property, plant and equipment, net	242,513	–	1,614	–	244,127
Due from Parent and affiliates	11,608	–	1,119	(8,476)	4,251
Other assets	2,548	–	13	–	2,561
Total assets	$ 478,461	$ 57,453	$ 6,472	$ (20,384)	$ 522,002

The Stamford Hospital

Consolidating Balance Sheet (continued)

September 30, 2011
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 5,018	$ –	$ –	$ –	$ 5,018
Accounts payable and accrued expenses	47,334	130	778	–	48,242
Salaries, wages and fees payable	9,025	–	1,148	–	10,173
Accrued vacation liability	15,683	–	348	–	16,031
Estimated third-party payor settlements, current	5,424	–	–	–	5,424
Estimated professional liabilities, current	–	4,830	–	–	4,830
Total current liabilities	82,484	4,960	2,274	–	89,718
Pension liability	91,954	–	–	–	91,954
Estimated third-party payor settlements, net of current portion	5,860	–	–	–	5,860
Long-term debt, net of current portion	130,025	–	–	–	130,025
Due to Parent – board designated	20,014	–	–	–	20,014
Due to Parent and affiliates	2,854	50	12,289	(8,476)	6,717
Estimated professional liabilities, net of current portion	10,071	18,894	–	–	28,965
Total liabilities	343,262	23,904	14,563	(8,476)	373,253
Net assets					
Unrestricted	108,504	33,549	(8,091)	(11,908)	122,054
Temporarily restricted	18,662	–	–	–	18,662
Permanently restricted	8,033	–	–	–	8,033
Total net assets	135,199	33,549	(8,091)	(11,908)	148,749
Total liabilities and net assets	$ 478,461	$ 57,453	$ 6,472	$ (20,384)	$ 522,002

The Stamford Hospital

Consolidating Balance Sheet

September 30, 2010
(In Thousands)

	TSH	Healthstar	Eliminations	TSH Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 49,254	$ –	$ –	$ 49,254
Assets limited as to use	176	–	–	176
Short-term investments	188	–	–	188
Patient accounts receivable, net	51,552	–	–	51,552
Other receivables	667	69	–	736
Due to third parties, current portion	3,941	–	–	3,941
Other current assets	9,805	3	–	9,808
Total current assets	115,583	72	–	115,655
Assets limited as to use				
Held by captive insurance company	–	24,341	–	24,341
Long-term investments – endowments	8,033	–	–	8,033
Due from Parent – donor-restricted	18,642	–	–	18,642
Held by trustee – construction fund	6,895	–	–	6,895
	33,570	24,341	–	57,911
Long-term investments	36,046	27,925	(11,908)	52,063
Property, plant and equipment, net	239,321	–	–	239,321
Due from Parent and affiliates	2,246	–	(1,487)	759
Other assets	2,207	–	–	2,207
Total assets	$ 428,973	$ 52,338	$ (13,395)	$ 467,916

The Stamford Hospital

Consolidating Balance Sheet (continued)

September 30, 2010
(In Thousands)

	TSH	Healthstar	Eliminations	TSH Consolidated
Liabilities and net assets				
Current liabilities				
Current portion of long-term debt	$ 4,413	$ –	$ –	$ 4,413
Accounts payable and accrued expenses	34,065	166	–	34,231
Salaries, wages and fees payable	10,547	–	–	10,547
Accrued vacation liability	15,476	–	–	15,476
Estimated third-party payor settlements, current	2,813	–	–	2,813
Estimated professional liabilities, current	–	6,414	–	6,414
Total current liabilities	67,314	6,580	–	73,894
Pension liability	80,178	–	–	80,178
Estimated third-party payor settlements, net of current portion	9,152	–	–	9,152
Long-term debt, net of current portion	130,114	–	–	130,114
Due to Parent – board designated	19,913	–	–	19,913
Due to Parent and affiliates	2,836	1,487	(1,487)	2,836
Estimated professional liabilities, net of current portion	9,883	14,274	–	24,157
Total liabilities	319,390	22,341	(1,487)	340,244
Net assets				
Unrestricted	82,055	29,997	(11,908)	100,144
Temporarily restricted	19,495	–	–	19,495
Permanently restricted	8,033	–	–	8,033
Total net assets	109,583	29,997	(11,908)	127,672
Total liabilities and net assets	$ 428,973	$ 52,338	$ (13,395)	$ 467,916

The Stamford Hospital

Consolidating Statement of Operations

Year Ended September 30, 2011
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Unrestricted revenue, gains and other support					
Net patient service revenue	$ 475,259	$ –	$ 8,801	$ –	$ 484,060
Provision for bad debts	(47,360)	–	–	–	(47,360)
Net patient service revenue less provision for bad debts	427,899	–	8,801	–	436,700
Other revenue	20,326	8,707	33	(7,499)	21,567
Net assets released from restrictions for operations	2,397	–	–	–	2,397
Total unrestricted revenue, gains and other support	450,622	8,707	8,834	(7,499)	460,664
Expenses					
Salaries	172,458	–	9,464	240	182,162
Employee benefits	49,038	–	1,428	–	50,466
Supplies and other expenses	159,765	4,371	5,264	(7,739)	161,661
Depreciation and amortization	27,315	–	1,037	–	28,352
Interest expense	5,545	–	–	–	5,545
Total expenses	414,121	4,371	17,193	(7,499)	428,186
Income (loss) from operations	36,501	4,336	(8,359)	–	32,478
Nonoperating gains and losses					
Investment returns	(316)	(784)	–	–	(1,100)
Change in net unrealized gains and losses	538	–	–	–	538
Total nonoperating gains and losses	222	(784)	–	–	(562)
Excess (deficiency) of revenue over expenses	36,723	3,552	(8,359)	–	31,916
Net assets released from restrictions used for purchases of property and equipment	1,466	–	–	–	1,466
Equity transfer from Stamford Health System	1,340	–	268	–	1,608
Pension-related changes other than net periodic pension cost	(13,080)	–	–		(13,080)
Increase (decrease) in unrestricted net assets	$ 26,449	$ 3,552	$ (8,091)	$ –	$ 21,910

The Stamford Hospital

Consolidating Statement of Operations

Year Ended September 30, 2010
(In Thousands)

	TSH	Healthstar	Eliminations	TSH Consolidated
Unrestricted revenue, gains and other support				
Net patient service revenue	$ 436,167	$ –	$ –	$ 436,167
Provision for bad debts	(43,115)	–	–	(43,115)
Net patient service revenue less provision for bad debts	393,052	–	–	393,052
Other revenue	18,088	7,678	(6,400)	19,366
Net assets released from restrictions for operations	2,980	–	–	2,980
Total unrestricted revenue, gains and other support	414,120	7,678	(6,400)	415,398
Expenses				
Salaries	163,365	–	220	163,585
Employee benefits	44,482	–	–	44,482
Supplies and other expenses	148,450	4,977	(6,620)	146,807
Depreciation and amortization	27,392	–	–	27,392
Interest expense	4,877	–	–	4,877
Total expenses	388,566	4,977	(6,400)	387,143
Income from operations	25,554	2,701	–	28,255
Nonoperating gains and losses				
Loss on advance refunding	(1,347)	–	–	(1,347)
Investment returns	1,642	1,497	–	3,139
Change in net unrealized gains and losses	(211)	–	–	(211)
Change in fair value of derivative instrument	(251)	–	–	(251)
Total nonoperating gains and losses	(167)	1,497	–	1,330
Excess of revenue over expenses	25,387	4,198	–	29,585
Net assets released from restrictions used for purchases of property and equipment	720	–	–	720
Equity transfer from Stamford Health System	29,904	–	–	29,904
Pension-related changes other than net periodic pension cost	(16,571)	–	–	(16,571)
Increase in unrestricted net assets	$ 39,440	$ 4,198	$ –	$ 43,638

The Stamford Hospital

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2011
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Excess (deficiency) of revenue over expenses	$ 36,723	$ 3,552	$ (8,359)	$ –	$ 31,916
Pension-related changes other than net periodic pension cost	(13,080)	–	–	–	(13,080)
Equity transfer from Stamford Health System	1,340	–	268	–	1,608
Net assets released from restrictions used for purchases of property and equipment	1,466	–	–	–	1,466
Increase (decrease) in unrestricted net assets	26,449	3,552	(8,091)	–	21,910
Temporarily restricted net assets					
Change in net unrealized gains and losses	(227)	–	–	–	(227)
Contributions	3,087	–	–	–	3,087
Investment returns	170	–	–	–	170
Net assets released from restrictions for operations	(2,397)	–	–	–	(2,397)
Net assets released from restrictions used for purchases of property and equipment	(1,466)	–	–	–	(1,466)
Decrease in temporarily restricted net assets	(833)	–	–	–	(833)
Increase (decrease) in net assets	25,616	3,552	(8,091)	–	21,077
Net assets, beginning of year	109,583	29,997	–	(11,908)	127,672
Net assets, end of year	$ 135,199	$ 33,549	$ (8,091)	$ (11,908)	$ 148,749

The Stamford Hospital

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2010
(In Thousands)

	TSH	Healthstar	Eliminations	TSH Consolidated
Excess of revenue over expenses	$ 25,387	$ 4,198	$ –	$ 29,585
Pension-related changes other than net periodic pension cost	(16,571)	–	–	(16,571)
Equity transfer from Stamford Health System	29,904	–	–	29,904
Net assets released from restrictions used for purchases of property and equipment	720	–	–	720
Increase in unrestricted net assets	39,440	4,198	–	43,638
Temporarily restricted net assets				
Change in net unrealized gains and losses	(1)	–	–	(1)
Contributions	2,105	–	–	2,105
Investment returns	876	–	–	876
Net assets released from restrictions for operations	(2,980)	–	–	(2,980)
Net assets released from restrictions used for purchases of property and equipment	(720)	–	–	(720)
Decrease in temporarily restricted net assets	(720)	–	–	(720)
Permanently restricted net assets				
Contributions	50	–	–	50
Increase in permanently restricted net assets	50	–	–	50
Increase in net assets	38,770	4,198	–	42,968
Net assets, beginning of year	70,813	25,799	(11,908)	84,704
Net assets, end of year	$ 109,583	$ 29,997	$ (11,908)	$ 127,672

The Stamford Hospital

Schedule of Net Patient Service Revenue

Year Ended September 30, 2011
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations Debit	Eliminations Credit	TSH Consolidated
Gross revenue from patients	$ 1,459,333	$ –	$ –	$ –	$ –	$ 1,459,333
Deductions						
Contractual allowances	967,143	–	–	–	–	967,143
Charity care	27,344	–	–	–	–	27,344
Total deductions	994,487	–	–	–	–	994,487
Net physician revenue	10,413	–	8,801	–	–	19,214
Net patient service revenue	475,259	–	8,801	–	–	484,060
Provision for bad debts	(47,360)	–	–	–	–	(47,360)
Net patient service revenue less provision for bad debts	$ 427,899	$ –	$ 8,801	$ –	$ –	$ 436,700

The Stamford Hospital

Schedule of Net Patient Service Revenue

Year Ended September 30, 2010
(In Thousands)

	TSH	Healthstar	Eliminations Debit	Eliminations Credit	TSH Consolidated
Gross revenue from patients	$ 1,288,626	$ –	$ –	$ –	$ 1,288,626
Deductions					
Contractual allowances	835,675	–	–	–	835,675
Charity care	23,197	–	–	–	23,197
Total deductions	858,872	–	–	–	858,872
Net physician revenue	6,413	–	–	–	6,413
Net patient service revenue	436,167	–	–	–	436,167
Provision for bad debts	(43,115)	–	–	–	(43,115)
Net patient service revenue less provision for bad debts	$ 393,052	$ –	$ –	$ –	$ 393,052

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