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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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 $ 498,631,475

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**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,958
6	Total number of volunteers (estimate if necessary)	**6**	680
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,894,223
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,821,779

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,656,742	19,419,411
9	Program service revenue (Part VIII, line 2g)	485,857,948	463,409,232
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,229,027	3,440,915
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,454,910	4,739,985
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	495,198,627	491,009,543
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	221,586,026	227,287,045
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,215,292		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	236,025,215	211,325,027
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	457,611,241	438,612,072
19	Revenue less expenses Subtract line 18 from line 12	37,587,386	52,397,471

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	475,861,907	798,097,565
21	Total liabilities (Part X, line 26)	340,662,907	637,083,779
22	Net assets or fund balances Subtract line 21 from line 20	135,199,000	161,013,786

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 — 2013-07-29 Date

▶ KEVIN GAGE CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 Indianapolis, IN 46204			EIN ▶ 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 352,075,615 including grants of $ 2,291,321) (Revenue $ 465,060,898)

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 9/30/2012 INCLUDE ADULT AND PEDIATRIC INPATIENTS CARED FOR AND DISCHARGED 14,294, BABIES BORN 1,968, TOTAL INPATIENT DAYS OF CARE PROVIDED 70,911 PATIENTS SEEKING CARE IN THE STAMFORD HOSPITAL EMERGENCY ROOM ADMITTED FOR INPATIENT TREATMENT 7,642, TREATED AND RELEASED 43,189, TREATED AT TULLY IMMEDIATE CARE CENTER 22,555 SURGERIES PERFORMED AT THE HOSPITAL AND TULLY CENTER 16,803 RADIATION THERAPY PROCEDURES PERFORMED 62,043

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** ▶ $ 352,075,615

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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**	320		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	13		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) Brian Grissler President and CEO	37 5	X		X				1,829,715	0	30,336
(2) Douglas Milne III Director	2 0	X						0	0	0
(3) Edwin Ford Chairman	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	108,264	21,000
(7) Andrew Merrill Director	2 0	X						0	0	0
(8) Charles Krause III Director	2 0	X						0	0	0
(9) David R Nissen Director	2 0	X						0	0	0
(10) Elliot S Jaffe Director	2 0	X						0	0	0
(11) Ernest N Abate Director	2 0	X						0	0	0
(12) Jay Higham Director	2 0	X						0	0	0
(13) Amy C Downer Director	2 0	X						0	0	0
(14) Suzanne B Peters Director	2 0	X						0	0	0
(15) Dr Rodrigo Acosta Physician	2 0	X						0	480,111	31,670
(16) Michael Fedele Director	2 0	X						0	0	0
(17) Darryl McCormick Assistant Secretary	37 5			X				461,456	0	73,495

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) David Smith Assistant Secretary	37 5			X				639,948	0	92,577
(19) Kathleen Silard Assistant Secretary	37 5			X				659,720	0	100,173
(20) 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 Michael Coady Chief Cardiac Surgeon	37 5					X		1,095,854	0	20,438
(23) Dr Lance Bruck Chair, Department of OB/GYN	37 5					X		566,685	0	42,586
(24) Dr Steven Horowitz Chief, Division of Cardiology	37 5					X		550,209	0	42,586
(25) Dr Timothy Hall TERM 63011 Chair, Department of Surgery	37 5					X		801,254	0	38,970
(26) Dr Andrew Snyder VP, Ambulatory Services	37 5					X		725,174	0	66,330
(27) Dr John Rodis Sr VP, Medical Services	0 0						X	443,589	0	130,132

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	9,034,055	588,375	869,194

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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**	Yes	
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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HEMATOLOGY ONCOLOGY PC 34 SHELBURNE RD STAMFORD, CT 069023628	PHYS FEES/ONCOLOGY	4,016,119
ASHFORTH PROPERTIES CONSTRUCTION 707 SUMMER ST STAMFORD, CT 069011026	CIP VENDOR	2,095,100
SPECIALIZED RECEIVABLES INC DBA PO BOX 12414 NEWARK, NJ 071013514	COLLECTIONS	1,016,611
PATHOLOGY AND LABORATORY SERV LLC 11 RESEARCH DRIVE SUITE 4 WOODBRIDGE, CT 065252348	CYTOLOGY LABORATORY	897,276
MMODAL SERVICES LTD PO BOX 102467 ATLANTA, GA 30368	TRANSCRIPTION SVCS	855,793

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 52

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 1,424,597				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 747,880				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 17,246,934				
	g	Noncash contributions included in lines 1a-1f $ 41,879				
	h	**Total.** Add lines 1a-1f . . . . . ▶	19,419,411			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE	621400	293,844,863	293,844,863	
	b	PHYSICIAN BILLING	621110	11,170,423	11,170,423	
	c	WELLNESS AND TRAINING	621400	3,343,100	3,343,100	
	d	MEDICARE/MEDICAID PAYMENTS	621400	148,890,127	148,890,127	
	e	REF LAB INCOME	621500	6,160,719		6,160,719
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		463,409,232		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,536,929	1,535,666	1,263
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		
	5	Royalties . . . . . ▶		0		
		(i) Real / (ii) Personal				
	6a	Gross rents 2,811,317				
	b	Less rental expenses 4,351,775				
	c	Rental income or (loss) -1,540,458				
	d	Net rental income or (loss) . . . . . ▶	-1,540,458		-267,759	-1,272,699
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 4,893,643 / 5,830				
	b	Less cost or other basis and sales expenses 2,995,487				
	c	Gain or (loss) 1,898,156 / 5,830				
	d	Net gain or (loss) . . . . . ▶	1,903,986			1,903,986
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 278,394				
	b	Less direct expenses . . . b 274,670				
	c	Net income or (loss) from fundraising events . . ▶	3,724			3,724
	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	MANAGEMENT FEES 532000	649,876	649,876		
	b	CAFETERIA AND COFFEE SHOP 722210	1,488,056	1,488,056		
	c	Meaningful Use 621110	3,002,938	3,002,938		
	d	All other revenue	1,135,849	1,135,849		
	e	**Total.** Add lines 11a–11d . . . . . ▶	6,276,719			
	12	**Total revenue.** See Instructions . . . ▶	491,009,543	465,060,898	5,894,223	635,011

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)

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

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	172,985,775	148,030,319	24,109,714	845,742
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,935,090	16,734,945	3,104,908	95,237
9	Other employee benefits	18,761,040	15,749,364	2,922,048	89,628
10	Payroll taxes	11,559,789	9,704,117	1,800,447	55,225
11	Fees for services (non-employees)				
a	Management	767,967	767,932	35	
b	Legal	1,577,839	45,635	1,511,297	20,907
c	Accounting	368,933		368,933	
d	Lobbying	108,363		108,363	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	51,990		51,990	
g	Other	49,790,120	34,576,355	14,987,916	225,849
12	Advertising and promotion	3,113,091	87,500	1,874,737	1,150,854
13	Office expenses	74,001,544	70,305,175	3,608,496	87,873
14	Information technology	5,629,941	-59,660	5,689,601	
15	Royalties . .	0			
16	Occupancy	16,042,047	13,977,968	1,935,396	128,683
17	Travel	488,384	247,553	172,196	68,635
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	380,729	234,350	77,744	68,635
20	Interest	169,226	169,226		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24,874,427	24,099,520	590,272	184,635
23	Insurance	6,901,732	6,901,732		
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	TAXES	1,798,482	247,510	1,550,972	
b	SUBSCRIPTIONS, DUES & MEMBERSH	1,675,570	627,586	1,042,913	5,071
c	Loss on Lease Obligation	12,724,857		12,724,857	
d	SERVICE CONTRACTS	8,264,383	8,231,576	-37,844	70,651
e					
f	All other expenses	2,595,402	814,599	1,663,136	117,667
25	**Total functional expenses.** Add lines 1 through 24f	438,612,072	352,075,615	83,321,165	3,215,292
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		151,382	1	281,828
	2	Savings and temporary cash investments		80,541,399	2	67,845,792
	3	Pledges and grants receivable, net		608,061	3	14,776,102
	4	Accounts receivable, net		58,871,844	4	64,792,290
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,243,405	8	5,408,238
	9	Prepaid expenses and deferred charges		3,608,897	9	5,037,968
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 594,041,910			
	b	Less accumulated depreciation	10b 338,761,998	242,513,845	10c	255,279,912
	11	Investments—publicly traded securities		15,674,580	11	292,893,922
	12	Investments—other securities See Part IV, line 11		18,094,444	12	16,718,907
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		50,554,050	15	75,062,606
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		475,861,907	16	798,097,565
Liabilities	17	Accounts payable and accrued expenses		71,075,513	17	88,929,508
	18	Grants payable		0	18	0
	19	Deferred revenue		806,805	19	637,796
	20	Tax-exempt bond liabilities		129,662,012	20	379,572,228
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		5,380,916	24	5,024,265
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		133,737,661	25	162,919,982
	26	**Total liabilities.** Add lines 17 through 25		340,662,907	26	637,083,779
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		108,503,626	27	120,894,359
	28	Temporarily restricted net assets		18,662,000	28	32,086,053
	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		135,199,000	33	161,013,786
	34	Total liabilities and net assets/fund balances		475,861,907	34	798,097,565

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	491,009,543
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,612,072
3	Revenue less expenses Subtract line 2 from line 1	3	52,397,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	135,199,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,582,685
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	161,013,786

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		108,363
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			108,363
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 1F 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	26,695,222	27,527,319	28,198,000	29,311,544	
b Contributions	16,783,195	3,087,737	2,154,945	2,687,150	
c Investment earnings or losses	1,162,352	-56,132	874,515	-864,244	
d Grants or scholarships					
e Other expenditures for facilities and programs	4,521,786	3,863,702	3,700,141	2,936,450	
f Administrative expenses					
g End of year balance	40,118,983	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 ▶ 20 140 %
- c Term endowment ▶ 79 860 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	43,483,477		43,483,477
b Buildings	0	177,407,242	93,980,547	83,426,695
c Leasehold improvements	0	6,712,752	3,813,566	2,899,186
d Equipment	0	313,065,865	238,131,317	74,934,548
e Other	0	53,372,574	2,836,568	50,536,006
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				255,279,912

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	9,237,113
(2) DONOR RESTRICTED FUNDS	18,042,243
(3) INVESTMENT IN HEALTHSTAR	11,898,063
(4) DUE FROM AFFILIATES	29,856,617
(5) DEBT ISSUANCE COSTS	4,819,880
(6) DEPOSITS	49,023
(7) ORGANIZATION COSTS	1,159,667
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	75,062,606

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
EST THIRD PART SETTLEMENTS	11,221,213
PENSION LIABILITY	109,173,605
DUE TO AFFILIATES	22,852,637
EST FOR PROFESSIONAL LIABILITY	10,204,924
LOSS ON LEASE OBLIGATION	9,322,690
CHARITY GIFT ANNUITY PAYABLE	144,913
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	162,919,982

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

2011

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?		**(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
		Yes	**No**			
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	806,214	629,697	215,160	1,651,071
	2 Less Charitable contributions	658,294	606,393	159,910	1,424,597
	3 Gross income (line 1 minus line 2)	147,920	23,304	55,250	226,474
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,797	723	7,366	11,886
	6 Rent/facility costs		108,230	52,600	160,830
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,260	5,376	61,705	99,341
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(272,057)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-45,583

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

2011

Open to Public Inspection

Name of the organization
The Stamford Hospital

Employer identification number
06-0646917

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? 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	Did the organization use FPG to determine eligibility for providing *discounted* care? 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 did 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 policy provide 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 charity care 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	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheet 1)			26,367,737	22,747,614	3,620,123	0 830 %
b Medicaid (from Worksheet 3, column a)			56,658,124	36,819,909	19,838,215	4 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,291,321	0	2,291,321	0 520 %
d **Total** Charity Care and Means-Tested Government Programs			85,317,182	59,567,523	25,749,659	5 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	16	23,257	1,319,435	171,161	1,148,274	0 260 %
f Health professions education (from Worksheet 5)	1	0	51,600	0	51,600	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	160	991,757	0	991,757	0 230 %
j **Total** Other Benefits	20	23,417	2,362,792	171,161	2,191,631	0 500 %
k **Total.** Add lines 7d and 7j	20	23,417	87,679,974	59,738,684	27,941,290	6 370 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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	2	260	578,443		578,443	0 130 %
10	**Total**	2	260	578,443		578,443	0 130 %

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 Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	14,102,613		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	298,975		
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	81,921,723
6	Enter Medicare allowable costs of care relating to payments on line 5	6	104,838,090
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-22,916,367

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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(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 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		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: The Stamford Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size 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		
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 EXPLANATION A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT, HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC PART III, LINE 4 EXPLANATION ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY 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 PART III, LINE 8 EXPLANATION TO THE EXTENT THERE IS A MEDICARE "SHORTFALL", THE HOSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND ARGUABLY (DIRECTLY AND INDIRECTLY) THE COMMUNITY IN WHICH THEY LIVE THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT PART III, LINE 9B EXPLANATION ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE PART V, LINE 19D MAXIMUM AMOUNTS CHARGED ARE BASED INDIVIDUALS INCOME LEVELS AND/OR ASSETS AND HOLDINGS COMPLETE CHARITY CARE IS PROVIDED FOR INDIVIDUALS WITH INCOME THAT IS BELOW FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT		THE STAMFORD HOSPITAL ("SH" OR "HOSPITAL") PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AN D WELL-BEING OF THEIR CLIENTS IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WOR KS CLOSELY WITH THE STAMFORD HEALTH DEPARTMENT (SHD) TO IDENTIFY NEEDS AND DEVELOP PROGRAM S, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION WITH THE SHD, SH S PONSORED A JOINT CITY-WIDE IMMUNIZATION CAMPAIGN TO REDUCE THE NUMBER OF FLU-RELATED HOSPI TALIZATIONS AND EMERGENCY DEPARTMENT VISITS THE CAMPAIGN INCLUDED A JOINT SENIOR HEALTH FAIR/COMMUNITY PROJECTS, A COMMON ELECTRONIC DATABASE, SHARED VACCINE SUPPLIES AND REDISTR IBUTION TO LOCAL PROVIDERS, FLU HOTLINE, ARRANGEMENTS FOR VACCINATION OF HOMEBOUND INDIVID UALS, AND VACCINATION CLINICS AT BOTH THE STAMFORD HEALTH DEPT, AND HOSPITAL STAFFED WITH VOLUNTEERS AND CROSS-OVERSTAFFING IN FY12, THE HOSPITAL'S OUTPATIENT COMPONENT OF THIS EF FORT TOTALED 2,109 VACCINATIONS SH COLLABORATES WITH THE STAMFORD HEALTH DEPARTMENT'S HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDE HIV MEDIC AL CASE MANAGEMENT ALSO, THIS COLLABORATION INCLUDES PARTICIPATION IN COMMUNITY HEALTH FA IRS AND EDUCATIONAL OUTREACH EFFORTS, PROVIDES HIV UPDATES FOR AIDS SERVICE PROVIDERS IN T HE COMMUNITY, PERFORMS CLIENT HOME VISITS, AND CONDUCTS A MONTHLY HIV- POSITIVE WOMEN SUPP ORT GROUP SH PARTNERS WITH OPTIMUS HEALTH CARE (FORMERLY BRIDGEPORT COMMUNITY HEALTH CENT ER), A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE DELIVE RY NETWORK FOR THE MEDICALLY UNDERSERVED IN STAMFORD THE HOSPITAL PROVIDED SUPPLEMENTAL S UPPORT TO OPTIMUS OF $2,291,321 IN FY12 TO ENSURE ITS CONTINUED VIABILITY COMMUNITY INPUT TO PREVENT CHILDHOOD OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY SH THIS EFFORT FOCUSES ON PREVENTION, ADVOCACY, TREATMENT, AND RESEARCH, AND IS A CITY-WI DE COLLABORATION THAT INCLUDES THE STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT , EARLY CHILDHOOD AND AFTER-SCHOOL PROVIDERS AND EDUCATORS, AS WELL AS COMMUNITY PEDIATRIC IANS AND FAMILY MEDICINE PRACTITIONERS SH'S KIDS FANS PROGRAM (KIDS' FITNESS AND NUTRITIO N SERVICES) PROMOTES PHYSICAL ACTIVITY AND HEALTH-CONSCIOUS NUTRITION, A CORNERSTONE OF TH IS CHILDHOOD OBESITY INITIATIVE KIDS FANS RECEIVED THE 2010 CONNECTICUT HOSPITAL ASSOCIAT ION/ CONNECTICUT DEPARTMENT OF PUBLIC HEALTH COMMUNITY SERVICE AWARD WHICH RECOGNIZES HOSP ITALS THAT MAKE AN OUTSTANDING CONTRIBUTION TO ITS COMMUNITY SH WAS HONORED FOR TACKLING THE SERIOUS ISSUE OF CHILDHOOD OBESITY IN SOUTHWESTERN CT SH'S DOMESTIC VIOLENCE MEDICAL ADVOCACY PROGRAM ENCOMPASSES A COMPREHENSIVE APPROACH THE MEDICAL ADVOCACY PROGRAM MEETS ONCE A MONTH, THE COMMITTEE IS COMPRISED OF PHYSICIANS, NURSES, SOCIAL WORKERS, CASE MANAG ERS, SECURITY PERSONNEL, HUMAN RESOURCES STAFF OF THE DOMESTIC VIOLENCE CRISIS CENTER, THE STAMFORD POLICE DEPARTMENT SPECIAL VICTIMS UNIT AND STAMFORD EMERGENCY MEDICAL SERVICES ACCOMPLISHMENTS INCLUDE EDUCATIONAL PROGRAMS AND OUTREACH, OVER 995 SH EMPLOYEES COMPLETE D TRAINING IN THE IDENTIFICATION AND MANAGEMENT OF VICTIMS OF ABUSE TRAINING MODULE, ADMIS SIONS DATA BASES FOR INPATIENTS AND EMERGENCY ROOM PATIENTS WERE UPGRADED TO INCLUDE QUEST IONS FOR ASSESSING ALL PATIENTS 13 YEARS AND OLDER FOR EXPOSURE TO INTIMATE PARTNER VIOLEN CE, AND A SCORE CARD WAS DEVELOPED TO TRACK THE NUMBER OF PATIENTS REFERRED FOR SERVICES A S WELL AS THE NUMBER OF POLICE CALLS RELATED TO DOMESTIC VIOLENCE OUR CENTER FOR INTEGRAT ED MEDICINE AND WELLNESS AT THE TULLY HEALTH CENTER WORKS CLOSELY WITH THE SH BREAST CENTE R AND OPTIMUS FAMILY MEDICINE CENTER (AN FQHC), IN FY2012 THE CENTER TREATED 50 PATIENTS W HO WERE UNINSURED, THE PROGRAM SERVED THOSE PATIENTS WHO WERE APPROVED TO RECEIVE A STAMFO RD HOSPITAL FINANCIAL ASSISTANCE PROGRAM CARD SH ALSO PROVIDES SUPPORT FOR THE PARENT LEA DERSHIP TRAINING INSTITUTE (PLTI), A 20-WEEK PROGRAM FOR PARENTS AND THEIR CHILDREN PAREN TS LEARN HOW TO BECOME ADVOCATES FOR THEIR CHILDREN IN THE SCHOOLS, THE VALUE OF CIVIC ENG AGEMENT AND PARENTING SKILLS FOCUSED ON HEALTHY DEVELOPMENT SH ACTIVELY SUPPORTS THE WEST SIDE NEIGHBORHOOD REVITALIZATION ZONE, A COMMUNITY-LED EFFORT TO IMPROVE THE HEALTH, SAFE TY, INFRASTRUCTURE, AND QUALITY OF LIFE IN THE NEIGHBORHOOD, WHICH HAS EXPERIENCED CRIME A ND ECONOMIC DECLINE SH PROVIDED FUNDING AND STAFF EXPERTISE TO THIS GRASSROOTS ORGANIZATI ON WHERE NEIGHBORS WORK SIDE-BY-SIDE WITH LOCAL BUSINESSES, LAW ENFORCEMENT, THE HOSPITAL' S HOUSING PARTNER, CHARTER OAK COMMUNITIES, INC (COC, FORMERLY THE STAMFORD HOUSING AUTHOR ITY), AND LOCAL ELECTED AND APPOINTED OFFICIALS THE HOSPITAL AND COC ARE WORKING IN PARTN ERSHIP TO ACHIEVE COMMON GOALS FOR THE REVITALIZATION OF THE WEST SIDE NEIGHBORHOOD THE I NITIATIVE, KNOWN AS VITA, HAS ALREADY ESTABLISHED THE NEIGHBORHOOD AS A HEALTH & WELLNESS DISTRICT, RECENT ACCOMPLISHMENTS INCLUDE FAIRGATE

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT		FARM, WHICH ENJOYED A SUCCESSFUL SECOND YEAR WITH PRODUCTIVITY MORE THAN TRIPLING OUTPUT I N 2012 THE FARM PROVIDES OPPORTUNITIES FOR YOUTH AND ADULTS TO LEARN ABOUT PLANTING, HARV ESTING AND NUTRITION AND HEALTHY COOKING PARTICIPANTS INCLUDE VOLUNTEERS FROM THE BOYS & GIRLS CLUB AND YMCA AS WELL AS LOCAL RESIDENTS AND BUSINESSES THE VITA HEALTH & WELLNESS DISTRICT ALSO HOSTS THE FAIRGATE HEALTH CENTER, A PARTNERSHIP WITH OPTIMUS HEALTH CARE AND COC SH PARTNERED WITH NORWALK COMMUNITY COLLEGE, OPTIMUS AND CT APPLESEED ON AN INITIATI VE TO IMPROVE CARE TEAMS AND LEVERAGE TECHNOLOGY TO INCREASE ACCESS AND QUALITY OF CARE FO R SAFETY NET POPULATIONS THE CT TELEHEALTH AND WORKFORCE PARTNERSHIP COMPLETED A TELEHEAL TH STUDY WITH OPTIMUS PATIENTS WHICH HAS INCREASED PATIENTS' ABILITY TO SELF-MANAGE CHRONI C DISEASE AND BETTER TRACK, COORDINATE AND MANAGE CARE THE INITIATIVE ALSO UPGRADED THE F RONTLINE WORKERS THROUGH TRAINING AND DEVELOPMENT OF EMERGING CARE TEAM MODELS DRIVEN IN P ART BY THE AFFORDABLE CARE ACT THE RESULTS HAVE BEEN PROMISING AND PLANS ARE IN DEVELOPME NT TO SEEK FUNDING TO EXPAND THE PROGRAM

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		THE STAMFORD HOSPITAL 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 * PATIENT 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 ENGLISH AND SPANISH IS ATTACHED TO THE TRUE SELF PAY STATEMENTS 4) STAFFING * STAMFORD HOSPITAL HAS A FULL-TIME DSS ST OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS * SOCIAL SERVICES DEPARTMENT * CASE MANAGEMENT DEPARTMENT * PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR * PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS *THE DSS OUTREACH WORKER AND A SH FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK *HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS *PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS, *PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE DSS LIAISON 5) NOTIFICATIONS PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION		SH PROVIDES A BROAD RANGE OF COMMUNITY OUTREACH AND EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES IN SOUTHERN FAIRFIELD COUNTY, CT THE HOSPITAL'S SERVICE AREA WAS DEVELOPED THROUGH A COMPREHENSIVE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD HEALTH SYSTEM, INC 'S STRATEGIC PLAN THE HOSPITAL'S COMBINED 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 AN ESTIMATED 54,392 HOUSEHOLDS AND A TOTAL POPULATION OF 143,122 STAMFORD COMPRISES AN ESTIMATED 46,195 HOUSEHOLDS WITH A TOTAL POPULATION OF 119,294 THE SSA INCLUDES THE COMMUNITIES 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 THE 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% IS 18-44, 30 7% IS 45-64, AND 14 4% 65 YEARS OF AGE AND OLDER REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 60 0% OF RESIDENTS ARE WHITE, 20 5% HISPANIC, 10 7% BLACK, 6 3% ASIAN, AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 12 6% OF ITS TOTAL POPULATION, THE HISPANIC POPULATION 23 9%, AND ASIAN POPULATION 7 0% FOR THE SSA, 75 6% OF THE TOTAL ESTIMATED POPULATION IS WHITE, 11 9% HISPANIC, 6 0% BLACK,4 6% ASIAN, AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC ALTHOUGH IN THE PSA AN ESTIMATED 26 4% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING $200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY IN COMPARISON TO THE PSA, STAMFORD HAS ONLY AN ESTIMATED 12 0% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING $200,000, AND 19 3% WITH HOUSEHOLD INCOMES LESS THAN $30,000, and 26 3% WITH LESS THAN $40,000 IN THE SSA, AN ESTIMATED 27 9% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING $200,000, WHILE AN ESTIMATED 11 8% HAVE HOUSEHOLD INCOMES LESS THAN $30,000 AND 16 9% LESS THAN $40,000 THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (68 9%), FOLLOWED BY MEDICARE (11 7%), MEDICAID (9 2%), SELF PAY/UNINSURED (8 6%), AND MEDICARE DUAL ELIGIBLE (1 6%)COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 10 4% AND SELF-PAY/UNINSURED AT 9 8% FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (74 8%), FOLLOWED BY MEDICARE (12 6%), MEDICAID (5 7%), SELF-PAY/UNINSURED (5 3%), AND MEDICARE DUAL ELIGIBLE (1 6%)

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH DURING FY 2012		THE STAMFORD HOSPITAL ("SH" OR THE "HOSPITAL") PROVIDED A VARIETY OF PROGRAMS THAT BENEFIT ED THE COMMUNITY THESE PROGRAMS INCLUDED, FOR EXAMPLE, HEALTH EDUCATION PROGRAMS, FREE AN D/OR DISCOUNTED EQUIPMENT AND SERVICES, HEALTH SCREENINGS, IMMUNIZATION PROGRAMS, SOCIAL S ERVICES AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES AND CRISIS INTERVENTION HEALTH E DUCATION PROGRAMS PROVIDED BY THE HOSPITAL FOR THE BENEFIT OF THE COMMUNITY INCLUDED SMOK ING CESSATION, WEIGHT LOSS, STRESS MANAGEMENT, AND PROGRAMS FOCUSED ON SUCH SPECIFIC HEALT H FACTORS OR DISEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, SLEEP DISORDERS, ARTHR ITIS, HIGH CHOLESTEROL, CANCER PREVENTION, NUTRITION, STRESS MANAGEMENT, CIRCULATORY PROBL EMS, DIGESTIVE DISORDERS, PAIN MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S NUTRITION HOSP ITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS SPEAKERS AT VARIOUS C OMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT TOPICS IN FISCAL YEAR 2012, SH PARTICIPAT ED IN MORE THAN 150 HEALTH FAIRS, PHYSICIAN PRESENTATIONS AND SPECIAL EVENTS FOR A TOTAL O F MORE THAN 20,285 PARTICIPANTS IN FY2012, SH CONDUCTED OVER 10,802 SCREENINGS IN THE COM MUNITY HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES PROVIDED IN FY2 0 12 ARE AS FOLLOWS ASTHMA EDUCATION SH CONDUCTED EVENTS FOR THE COMMUNITY WITH EXHIBITS T O EDUCATE AND CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA TOPICS INCLUDED KEEPING AST HMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE ROLE OF ALLERGIES, AN D THE FUTURE OF ASTHMA THERAPY THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA CANCER EDUCATION AS REQUIRED BY THE AMERICAN COLLEGE OF SURGEONS COMMIS SION ON CANCER, A CANCER COMMITTEE OVERSEES SH'S CANCER PROGRAM, OF WHICH EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A KEY COMPONENT PAINT THE TOWN PINK, A COMMUNITY-WIDE BREAST CANCER AWARENESS PROGRAM, HELD A MONTH-LONG SERIES OF EVENTS IN O CTOBER IN ADDITION, EDUCATIONAL LECTURES OFFERED THROUGHOUT THE YEAR FOR THE COMMUNITY IN CLUDE TOPICS FOCUSED ON RAISING AWARENESS ABOUT THE DANGERS OF SUN EXPOSURE AND RISKS FOR SKIN CANCER, PROGRAMS TO UNDERSCORE THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF COL ORECTAL CANCERS, AS WELL AS EDUCATION SURROUNDING GYNECOLOGIC AND PROSTATE CANCERS CANCER OUTREACH EFFORTS ALSO INCLUDE ANTI-TOBACCO LECTURES AND AN ANTI-SMOKING POSTER CONTEST FO R ELEMENTARY SCHOOL CHILDREN IN CONJUNCTION WITH THE AMERICAN CANCER SOCIETY, THE HOSPITA L OFFERS FREEDOM FROM SMOKING-QUIT FOR GOOD CLASSES YEAR-ROUND NUTRITION PROGRAMS, LED BY REGISTERED DIETITIANS, ARE OFFERED THROUGHOUT THE YEAR CANCER SCREENINGS/MAMMOGRAPHY CAN CER SCREENINGS/MAMMOGRAPHY SH OFFERED MAMMOGRAPHY SCREENING TO THE COMMUNITY AT NO COST T O THE PATIENT IF THEY HAD NO INSURANCE OR WERE UNDERINSURED EACH YEAR, OVER 2,000 WOMEN A RE SCREENED IN FY12, 2,200 PATIENTS RECEIVED MAMMOGRAMS, OF WHICH 1,200 WERE PERFORMED AT NO COST TO REACH THE UNDERSERVED, THE HOSPITAL COLLABORATED WITH OPTIMUS HEALTH CARE ("O PTIMUS"), A FEDERALLY QUALIFIED HEALTH CENTER, THE WITNESS PROJECT OF CT, PLANNED PARENTHO OD OF CT, AND THE HISPANIC COUNCIL OF GREATER STAMFORD OUTREACH WAS TARGETED TO UNDERINSU RED AND UNINSURED WOMEN OF COLOR, AND ASSISTANCE PROVIDED TO ADDRESS LANGUAGE BARRIERS, NA VIGATE THE HEALTHCARE SYSTEM, AND COPE WITH FEAR TO REACH THE UNDERSERVED, SH ALSO COLLAB ORATED WITH CHARTER OAK COMMUNITIES, HAITIAN CHURCH OF STAMFORD, NEIGHBORS LINK, YERWOOD C ENTER, AND HELD PUBLIC SCREENING EVENTS AT WAL-MART, WALGREENS, SHOP RITE, FIRST CONGREGAT IONAL CHURCH OF STAMFORD, CANCER CARE, AND THE AMERICAN CANCER SOCIETY OUTREACH WAS TARGE TED TO REDUCE BARRIERS TO SCREENING BY CONNECTING WOMEN WHO ARE UNINSURED, LOW INCOME, NEW IMMIGRANTS, BLACK AND HISPANIC AND OVER 40 YEARS OF AGE SH ADDRESSED LANGUAGE BARRIERS, HOW TO NAVIGATE THE HEALTHCARE SYSTEM, AND THE REDUCTION OF FEAR OF THE EXAM COMMUNITY-BA SED CLINICAL CARE THE HOSPITAL CONTINUES TO EMPLOY THE PHYSICIANS AND MID-LEVEL PROVIDERS WHO WORK IN THE PRIMARY CARE CENTERS OPTIMUS EMPLOYS ALL OTHER STAFF THE BENEFITS OF TH IS TRANSITION ARE 1) THE CREATION OF AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD, 2) ACCESS TO FEDERAL PROGRAMS TO SUPPORT TH E EXPANSION OF THE PRIMARY CARE CENTERS' SERVICES TO INCLUDE PHARMACY AND DENTAL, AND 3) T O ENSURE THE AVAILABILITY OF THE PRIMARY CARE CENTERS AS AMBULATORY CARE TRAINING VENUES F OR THE HOSPITAL'S RESIDENCY PROGRAMS THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMU S OF $2,291,321 IN FY 2012 TO ENSURE ITS CONTINUED VIABILITY EMERGENCY SERVICES AND EDUCA TION STAMFORD'S EMS INSTITUTE, A DEPARTMENT OF SH, PROVIDED EMERGENCY MEDICAL SERVICE (EM S) TRAINING TO EMERGENCY MEDICAL TECHNICIANS ("EMTS"), NURSES, PHYSICIANS, PARAMEDICS, AND ANYONE IN THE PUBLIC WHO IS INTERESTED IN LEARNING THESE LIVE-SAVING SKILLS THE HOSPITAL OFFERED AN INFANT AND CHILD CARE CLASS, AND AN AD

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH DURING FY 2012		ULT CARDIO-PULMONARY RESUSCITATION ("CPR") AND EMT-BASIC COURSE THE SH EMS INSTITUTE ALSO COLLABORATED WITH STAMFORD EMERGENCY MEDICAL SERVICES (SEMS) REGARDING DISASTER PREPARED NESS, THE HOSPITAL'S STAFF WORKED WITH REGIONAL AGENCIES TO COORDINATE EMERGENCY PLANS AND CONDUCTED JOINT SIMULATION DRILLS HEART DISEASE EDUCATION SH PROVIDED EDUCATION ABOUT R ISK FACTORS AND LIFESTYLE BEHAVIORS THAT CONTRIBUTE TO HEART DISEASE AND STROKE THE HOSPI TAL PROVIDED SCREENINGS FOR CARDIOVASCULAR DISEASE AS PART OF ITS MOBILE COACH IN ADDITIO N, THE HOSPITAL SUPPORTED COMMUNITY EVENTS ADDRESSING HEART DISEASE, INCLUDING CARDIAC RIS K ASSESSMENT SCREENINGS DURING HEART MONTH IN FEBRUARY, AS WELL AS SUPPORT AND PROMOTION O F THE AMERICAN HEART ASSOCIATION'S GO RED INITIATIVE PRESENTATIONS BY PHYSICIANS ON WOMEN 'S HEART HEALTH, CONTROLLING HIGH BLOOD PRESSURE AND STRESS, WERE ALSO CONDUCTED THROUGHOU T THE YEAR AT BUSINESSES AND COMMUNITY CENTERS MORE THAN 40 MEMBERS OF THE HOSPITAL AND M EDICAL STAFF TOOK LEAD ROLES IN PLANNING, CONDUCTING AND TRAINING FOR THE HANDS FOR LIFE S TAMFORD 2012 EVENT 5,141 INDIVIDUALS RECEIVED LIFE-SAVING TRAINING, SETTING A NEW NATIONA L RECORD FOR HANDS-ONLY CPR, AND A WORLD RECORD FOR AUTOMATED EXTERNAL DEFIBRILLATOR TRAIN ING (5,141) NUTRITION/WEIGHT MANAGEMENT EDUCATION/FITNESS & EXERCISE - PEDIATRICS SH CON TINUES TO INCORPORATE ITS CHILDHOOD OBESITY PREVENTION PROGRAM, KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES), INTO ITS HEALTH PROMOTION INITIATIVES KIDS' FANS PROMOTES PHYSIC AL ACTIVITY AND HEALTH CONSCIOUS NUTRITION AND USES THE PREVENTIVE HEALTH MESSAGE OF 5-2-1 -0 FOR EACH DAY, 5 FRUITS AND VEGETABLES, 2 HOURS OR LESS OF SCREEN TIME, 1 HOUR OR MORE OF PHYSICAL ACTIVITY, AND 0 SUGAR-SWEETENED BEVERAGES CHAIRED BY SH'S PEDIATRICIAN MADHU MATHUR, MD, MPH, THIS CHILDHOOD OBESITY EFFORT FOCUSES ON PREVENTION, ADVOCACY, TREATMENT, AND RESEARCH, AND IS A CITY-WIDE COLLABORATION THAT NOW INCLUDES STAMFORD PUBLIC SCHOOLS, THE CITY OF STAMFORD HEALTH AND SOCIAL SERVICES DEPARTMENT ("STAMFORD HEALTH DEPT "), EAR LY CHILDHOOD EDUCATORS, AND COMMUNITY PEDIATRICIANS AND FAMILY MEDICINE PRACTITIONERS OUT REACH/SENIOR CITIZENS THE HOSPITAL PROVIDED ONGOING SUPPORT AND SPEAKERS FOR SENIOR WOMEN AT THE YERWOOD COMMUNITY CENTER, STROKE RISK ASSESSMENTS AND SCREENINGS, WITH COUNSELING, AND LECTURES AT COMMUNITY CENTERS IN STAMFORD, DARIEN AND NEW CANAAN, CT SPEAKERS FOCUSE D ON AWARENESS ABOUT THE RISKS OF STROKE AND HEART DISEASE AND CONGESTIVE HEART FAILURE, P ROVIDED EDUCATION ON HEALTHY EATING, DIABETES AND DIGESTIVE DISORDERS SH CONDUCTED OVER 5 50 FREE BLOOD PRESSURE SCREENINGS AT SENIOR CENTERS IN FY 2012 PEDIATRIC MEDICAL HOME INI TIATIVE OF SOUTHWESTERN CT MEDICAL HOME INITIATIVE, SOUTHWEST CT SERVES CHILDREN AND YOUT H WITH SPECIAL HEALTHCARE NEEDS FAMILIES ARE PROVIDED ASSISTANCE WITH CARE COORDINATION, PROVIDING SPECIALISTS APPOINTMENTS AND REFERRALS TO COMMUNITY RESOURCES AND FAMILY SUPPORT NETWORKS IN ADDITION TO PROVIDING CARE COORDINATION, SOUTHWEST MHI IS FOCUSED ON PREVENT ION WORKING WITH THE CHILDHOOD BLUEPRINT AND THE KIDS' FANS (KIDS FITNESS AND NUTRITION SE RVICES) INITIATIVE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT		A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT, HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC

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

2011

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?	**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**	Yes	
	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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) Brian Grissler	(i)	935,335	338,223	556,157	0	30,336	1,860,051	30,336
	(ii)	0	0	0	0	0	0	0
(2) 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) 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) 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) 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	592,795	0
	(ii)	0	0	0	0	0	0	0
(10) Dr Timothy Hall TERM 63011	(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) Dr Rodrigo Acosta	(i)	0	0	0	0	0	0	0
	(ii)	364,420	114,982	709	0	31,670	511,781	0

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
Supplemental Compensation Information		SCHEDULE J, PART I, LINE 1A TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE GIVEN TO CERTAIN EMPLOYEES ALL BENEFITS ARE TREATED AS TAXABLE COMPENSATION AS REQUIRED A HOUSING ALLOWANCE IS PROVIDED TO A SENIOR EXECUTIVE, AS PART OF HIS/HER COMPENSATION SCHEDULE J, PART 1, LINE 3 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 SCHEDULE J, PART I, LINE 4A DR ANDREW SNYDER, SHIP PRESIDENT LAST DAY OF EMPLOYMENT - 11/18/2011 CONTINUATION OF SALARY - 15 MONTHS AT BASE PAY EFFECTIVE 11/18/2011 THE LAST 7 MONTHS WAS OFFSET BY COMPENSATION EARNED BY THE EMPLOYEE TIMOTHY HALL, CHAIR DEPARTMENT OF SURGERY LAST DAY OF EMPLOYMENT - 6/30/11 RECEIVED SEVERANCE OF $308,785 SCHEDULE J, PART I, LINE 4B SHS PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS TO THREE FORMER OFFICERS PATRICK COLANGELO - FORMER PRESIDENT, $113,898 PHILIP CUSANO - FORMER TREASURER, $390,919 RONALD TURNBULL - FORMER COO, $126,401 SCHEDULE J, PART I, LINE 6B BONUSES ARE CALCUALTED BASED ON VARIOUS PERFORMANCE FACTORS INCLUDING PRODUCTIVITY MEASURES AND FINANCIAL INDICATORS AS DEFINED BY CONTRACTUAL AGREEMENTS TOTAL COMPENSATION IS REVIEWED TO ENSURE AMOUNTS DO NOT EXCEED FAIR MARKET VALUE AS DETERMINED BY EXTERNAL SURVEY DATA

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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

2011

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	STATE OF CT HEALTH AND EDUCATION FAC AUTHORITIES	06-0806186	2077443P8	05-27-2010	133,992,115	PLEASE SEE SCHEDULE O		X		X		X
B	STATE OF CT HEALTH AND EDUCATION FAC AUTHORITIES	06-0806186	20774YKQ9	06-20-2012	254,620,769	CONSTRUCT NEW HOSP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds defeased	0	0		
3	Total proceeds of issue	133,995,069	254,620,769		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	36,350,996		
6	Proceeds in refunding escrow	0	0		
7	Issuance costs from proceeds	2,057,323	2,935,597		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	24,835,260	7,866,205		
11	Other spent proceeds	107,102,468	0		
12	Other unspent proceeds	0	243,818,967		
13	Year of substantial completion	2011			

		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			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %		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		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		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
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		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI 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

2011

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) SHR1 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 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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	8	41,879	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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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

2011

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 TO THE 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 ENSURE 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 - (27,878,685) OTHER - 1,295,315 TOTAL - 26,582,685 SCHEDULE K, PART I STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY 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 AND COMMERCIAL LOANS 2) FINANCE ROUTINE RENOVATIONS AND OTHER CAPITAL EXPENDITURES AND 3) FINANCE DEVELOPMENT AND CONSTRUCTION OF NEW HOSPITAL FACILITY
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Brian Grissler TITLE President and CEO HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Douglas Milne, III TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edwin Ford TITLE Chairman HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Arthur Klein TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Charles Miner TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Neil Dreyer TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Andrew Merrill TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Charles Krause, III TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME David R Nissen TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Elliot S Jaffe TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Ernest N Abate TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jay Higham TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Amy C Downer TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Suzanne B Peters TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Dr Rodrigo Acosta TITLE Physician HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael Fedele TITLE Director HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Darryl McCormick TITLE Assistant Secretary HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME David Smith TITLE Assistant Secretary HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kathleen Silard TITLE Assistant Secretary HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Kevin Gage TITLE:Treasurer HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Sharon Kiely TITLE:Sr VP, Medical Services HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Michael Coady TITLE:Chief Cardiac Surgeon HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Lance Bruck TITLE:Chair, Department of OB/GYN HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Steven Horowitz TITLE:Chief, Divion of Cardiology HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Timothy Hall (TERM 6/30/11) TITLE:Chair, Department of Surgery HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr Andrew Snyder TITLE:VP, Ambulatory Services HOURS:2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:Dr John Rodis TITLE:Sr VP, Medical Services HOURS:

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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

2011

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	-376,875	0	TSH
(2) 24 Grove Street New Canaan LLC 30 Shelburne Rd Stamford, CT 06904 27-4941167	MED RENTALS	CT	-63,651	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		No
(2) The Stamford Hospital Foundation 30 Shelburne Rd Stamford, CT 06904 22-2478748	Fundraising	CT	501(c)(3)	9	SHS	Yes	
(3) Stamford Health Intergrated Practices 30 Shelburne Rd Stamford, CT 06904 27-1648289	Medical Svcs	CT	501(c)(3)	9	TSH	Yes	
(4) Cont Care Retirement Comm of Gr Stamford 30 Shelburne Rd Stamford, CT 06904 06-1402215	Retiremt Ctr	CT	501(c)(3)	9	SHS	Yes	

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, CT 06904 06-1619978	PROF OFFICE BLDG	CT	SHS	C corp	0	0	
(2) Stamford ObGyn Associates 30 Shelburne Rd Stamford, CT 06904 06-1330879	Obstetrical Care	CT	SHS	C corp	0	0	
(3) Fairfield County Surgical Specialists 30 Shelburne Rd Stamford, CT 06904 20-5234062	Surgical Services	CT	SHS	C corp	0	0	
(4) Premier Medical Group 230 Weschester Ave Harrison, NY 10604 26-3467761	ORTHO/REHAB CARE	NY	SHIP	S corp	0	0	
(5) Southwest Connecticut Radiology LLC 30 Shelburne Rd Stamford, CT 06904 45-3801216	Radiology	CT	SHS	S Corp			
(6) Healthstar Indemnity Co Limited FB PERRY BUILDING 40 CHURCH ST HAMILTON, BERMUDA BD	Self-Insurance	BD	TSH	C corp	2,282,000	73,631,000	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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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) STAMFORD HEALTH SYSTEM	J	361,416	BOOK VALUE
(2) STAMFORD HEALTH SYSTEM	N	65,698	BOOK VALUE
(3) STAMFORD HEALTH SYSTEM	R	679,817	BOOK VALUE
(4) STAMFORD HEALTH SYSTEM	Q	1,005,718	BOOK VALUE
(5) STAMFORD HEALTH INTERGRATED PRACTICES	D	13,952,405	CASH VALUE
(6) STAMFORD HEALTH INTERGRATED PRACTICES	I	214,556	CASH VALUE
(7) STAMFORD HEALTH INTERGRATED PRACTICES	N	1,967,650	BOOK VALUE
(8) STAMFORD HEALTH INTERGRATED PRACTICES	R	2,196,756	BOOK VALUE
(9) STAMFORD HEALTH INTERGRATED PRACTICES	Q	4,414,469	BOOK VALUE
(10) SOUTHWEST CONNECTICUT RADIOLOGY		520,236	CASH VALUE
(11) STAMFORD OBGYN	D	94,945	CASH VALUE
(12) STAMFORD OBGYN	N	150,708	BOOK VALUE
(13) HEALTHSTAR INDEMNITY COMPANY	P	996,619	BOOK VALUE
(14) HEALTHSTAR INDEMNITY COMPANY	Q	8,315,370	BOOK VALUE

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: The Stamford Hospital

EIN: 06-0646917

Description	Amount
Deposit Accounting Adjustment	4,683,582

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: The Stamford Hospital

EIN: 06-0646917

Description	Amount
Accrued Insurance Reserves	4,137,009

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TY 2011 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	48,708	71,087
		PREMIUMS RECEIVABLE	242,501	0
		REINSURANCE BALANCE RECOVERABLE	1,766,434	9,837,237
		RECOVERABLE OSLR RESERVES	212,233	557,976
		PREPAID EXPENSES	2,966	41,292

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TY 2011 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		823,882
Change IN OSLR		2,610,562
Change in Case Development Reserves		702,565
Audit Fees		35,000
Consulting Fees		77,760
Corporte Secretarial Fees		6,242
Government and Insurance Fees		5,041
Administrative Expenses		257
Travel Expenses		18,459
Bank charges		560
Custody Fees		21,824
Investment Fees		12,960
Management Fees		68,000
Risk Management Support		345,000
DR. ROSENSTEIN TAIL PREMIUM		114,981

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TY 2011 Itemized Other Liabilities Schedule

Name: The Stamford Hospital

EIN: 06-0646917

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSS PAYABLE	46,042	157,353
		DUE TO PARENT	46,230	80,231
		OUTSTANDING LOSS RESERVCES	8,962,903	11,932,155
		RESERVE FOR MALPRACTICE INSURANCE	16,739,857	25,469,811

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226008403

TY 2011 Other Income Statement

Name: The Stamford Hospital

EIN: 06-0646917

Description	Foreign Amount	Amount
UNREALIZED GAINS ON INVESTMENTS		842,709
REALIZED GAIN		100,211

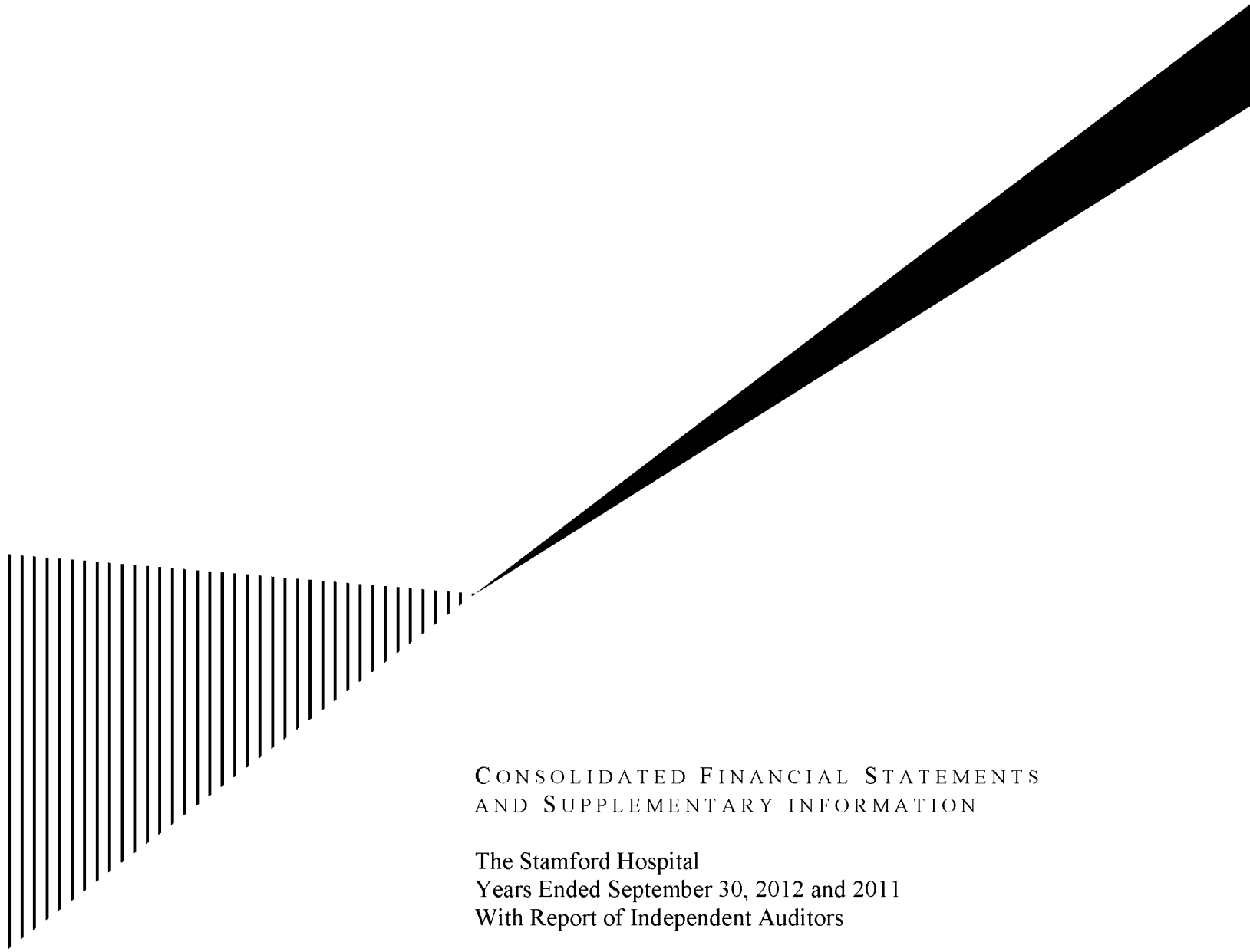
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226008403

TY 2011 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 SUPPLEMENTARY INFORMATION

The Stamford Hospital
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

The Stamford Hospital

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2012 and 2011

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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, 2012 and 2011, 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, 2012 and 2011, and the consolidated results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

As discussed in Note 1 to the accompanying consolidated financial statements, in fiscal year 2012, the Hospital changed its method of reporting estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheets at September 30, 2012 and 2011, the consolidating statements of operations, the consolidating statements of changes in net assets and the schedules of net patient service revenue for the years then ended are presented

for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Ernst & Young LLP

January 25, 2013

The Stamford Hospital

Consolidated Balance Sheets

	September 30 2012	2011
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 69,613**	$ 82,011
Assets limited as to use	**159**	159
Short-term investments	**30,119**	276
Patient accounts receivable (less allowance for uncollectible accounts of $21,094 and $18,140, respectively)	**68,695**	62,118
Other receivables	**15,091**	5,632
Pledges receivable	**1,787**	164
Due from third parties, current portion	**2,554**	2,592
Other current assets	**10,607**	8,910
Total current assets	**198,625**	161,862
Assets limited as to use		
Held by captive insurance company	**29,759**	25,977
Long-term investments – endowments	**8,033**	8,033
Due from Parent – donor-restricted	**18,042**	18,642
Held by trustee – construction and debt service funds	**243,826**	1,357
	299,660	54,009
Long-term investments	**60,663**	55,225
Property, plant and equipment, net	**257,829**	244,127
Pledges receivable, net	**12,948**	445
Due from Parent and affiliates	**4,076**	4,251
Other assets	**8,586**	4,062
Total assets	**$ 842,387**	$ 523,981

	September 30	
	2012	**2011**
	(In Thousands)	
Liabilities and net assets		
Current liabilities		
Current portion of long-term debt	**$ 5,416**	$ 5,018
Accounts payable and accrued expenses	**63,701**	48,242
Salaries, wages and fees payable	**12,055**	10,173
Accrued vacation liability	**18,570**	16,031
Estimated third-party payor settlements, net of current portion	**7,600**	5,424
Estimated professional liabilities, current	**19,824**	4,830
Total current liabilities	**127,166**	89,718
Pension liabilities	**109,174**	91,954
Estimated third-party payor settlements, net of current portion	**3,621**	5,860
Long-term debt, net of current portion	**379,180**	130,025
Due to Parent – board designated	**20,014**	20,014
Due to Parent and affiliates	**7,072**	6,717
Estimated professional liabilities, net of current portion	**27,782**	30,944
Other long-term liabilities	**9,323**	–
Total liabilities	**683,332**	375,232
Commitments and contingencies		
Net assets		
Unrestricted	**118,936**	122,054
Temporarily restricted	**32,086**	18,662
Permanently restricted	**8,033**	8,033
Total net assets	**159,055**	148,749
Total liabilities and net assets	**$ 842,387**	$ 523,981

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Operations

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Unrestricted revenue, gains and other support		
Net patient service revenue	**$ 524,383**	$ 484,060
Provision for bad debts	**(52,401)**	(47,360)
Net patient service revenue, less provision for bad debts	**471,982**	436,700
Other revenue	**24,072**	21,567
Net assets released from restrictions for operations	**1,268**	2,397
Total unrestricted revenue, gains and other support	**497,322**	460,664
Expenses		
Salaries	**200,078**	182,162
Employee benefits	**52,963**	50,466
Supplies and other expenses	**180,746**	161,661
Depreciation and amortization	**26,673**	28,352
Interest expense	**5,641**	5,545
Total expenses	**466,101**	428,186
Income from operations	**31,221**	32,478
Nonoperating gains and losses		
Loss on lease obligation	**(12,725)**	–
Investment returns	**3,699**	(1,100)
Change in net unrealized gains and losses	**(25)**	538
Total nonoperating gains and losses	**(9,051)**	(562)
Excess of revenue over expenses	**22,170**	31,916
Net assets released from restrictions used for purchases of property and equipment	**3,254**	1,466
Pension-related changes other than net periodic pension cost	**(27,878)**	(13,080)
Equity transfer from Stamford Health System	**(664)**	1,608
(Decrease) increase in unrestricted net assets	**$ (3,118)**	$ 21,910

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Changes in Net Assets
(In Thousands)

Years Ended September 30, 2012 and 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
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)
Equity transfer from Stamford Health System	1,608	–	–	1,608
Contributions	–	3,087	–	3,087
Change in net unrealized gains and losses	–	(227)	–	(227)
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
Excess of revenue over expenses	**22,170**	–	–	**22,170**
Pension-related changes other than net periodic pension cost	**(27,878)**	–	–	**(27,878)**
Equity transfer from Stamford Health System	**(664)**	–	–	**(664)**
Contributions	–	**16,783**	–	**16,783**
Change in net unrealized gains and losses	–	**(40)**	–	**(40)**
Investment returns	–	**1,203**	–	**1,203**
Net assets released from restrictions for operations	–	**(1,268)**	–	**(1,268)**
Net assets released from restrictions used for purchases of property and equipment	**3,254**	**(3,254)**	–	–
(Decrease) increase in net assets	**(3,118)**	**13,424**	–	**10,306**
Balance at September 30, 2012	**$ 118,936**	**$ 32,086**	**$ 8,033**	**$ 159,055**

See accompanying notes.

The Stamford Hospital

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2012	2011
	(In Thousands)	
Cash flows from operating activities		
Change in net assets	$ 10,306	$ 21,077
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Equity transfer from Stamford Health System	664	(1,608)
Pension-related changes other than net periodic pension cost	27,878	13,080
Net realized gains and losses and change in net unrealized gains and losses	(3,210)	1,018
Loss on lease obligation	12,725	–
Restricted contributions	(16,783)	(3,087)
Restricted investment returns	(1,127)	57
Depreciation and amortization	26,673	28,352
Amortization of deferred financing fees	214	220
Amortization of bond premium	(129)	(82)
Provision for bad debts	52,401	47,360
Changes in operating assets and liabilities		
Patient accounts receivable	(58,978)	(57,926)
Due to/from Parent and affiliates	530	490
Accounts payable and accrued expenses	15,459	14,011
Estimated third-party payor settlements	(25)	668
Estimated professional liabilities	11,832	3,224
Net change in all other operating assets and liabilities	(36,645)	(6,375)
Net cash provided by operating activities	41,785	60,479
Cash flows from investing activities		
Capital expenditures, net	(41,039)	(29,879)
Net cash invested in assets limited as to use and investments	(277,722)	(349)
Net cash used in investing activities	(318,761)	(30,228)
Cash flows from financing activities		
Restricted contributions	16,783	3,087
Restricted investment returns	1,127	(57)
Principal payments on long-term debt	(4,939)	(4,576)
Cash paid for deferred financing fees	(3,014)	(48)
Proceeds from long-term debt	254,621	4,100
Net cash provided by financing activities	264,578	2,506
Net (decrease) increase in cash and cash equivalents	(12,398)	32,757
Cash and cash equivalents, beginning of year	82,011	49,254
Cash and cash equivalents, end of year	$ 69,613	$ 82,011
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (exclusive of amounts capitalized)	$ 6,343	$ 6,455
Supplemental disclosure of noncash investing and financing activities		
Capital leases incurred	$ –	$ 1,074

See accompanying notes

The Stamford Hospital

Notes to Consolidated Financial Statements
(In Thousands)

September 30, 2012

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 2011 to provide a comprehensive network of physician practices and related management services In May 2011, SHIP was transferred from SHS to the Hospital During fiscal years 2012 and 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 division providing obstetrical care, Fairfield County Primary Care, P C , a professional captive providing primary urgent care and corporate occupational health services and the 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 included in other current assets and are recorded at the lower of cost (first-in, first-out method) or market

Pledges Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows The discounts on those amounts were computed using risk-free interest rates applicable to the years in which the promises were received

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

Marketable Securities and Alternative Investments

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, 2012 and 2011, the Hospital recorded gains (losses) on unrestricted alternative investments of $1,878 and ($2,028), 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 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 $1,821 and $928 for the years ended September 30, 2012 and 2011, respectively, are included in investment returns in the accompanying consolidated statements of operations The change in net unrealized gains and losses of ($25) and $538 for the years ended September 30, 2012 and 2011, 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, 2012 and 2011, SHS, for the account of the Hospital, has future commitments of $980 and $371, respectively, to invest in alternative investments

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

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

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 and debt service 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

(In Thousands)

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

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 included in other assets and amortized over the lives of the bonds using the effective interest method At September 30, 2012 and 2011, the accumulated amortization for deferred financing costs was $460 and $246, respectively In 2011, TSH issued State of Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Series I Bonds (see Note 8) In 2012, TSH issued State of Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Series J Bonds (see Note 8) Deferred financing costs incurred for the Series J Bonds was approximately $3,014 Amortization of deferred financing cost 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

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

other support and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses and consist primarily of investment returns and loss on lease obligation incurred during 2012 (see Note 17)

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 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

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

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

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 Anticipated insurance recoveries are included in other current assets and other assets and are presented separately from estimated professional liabilities in the accompanying consolidated balance sheets

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

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

Healthstar has received an undertaking from the Bermuda Government exempting it from any future local income, profits and capital gains taxes until March 31, 2035 At the present time, no such taxes exist in Bermuda

Pension Plans

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) No 2010-23, *Measuring Charity Care for Disclosure*, which provides amended guidance relating to measuring charity care for disclosures The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed ASU No 2010-23 became effective for the Hospital on October 1, 2011 and the new disclosure requirements are included in the accompanying consolidated financial statements

In August 2010, the FASB also issued ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* Under ASU No 2010-24, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities are to be presented separately on the consolidated balance sheets ASU No 2010-24 is effective for fiscal years beginning after December 15, 2010 In fiscal year 2012, the Hospital elected to retrospectively adopt ASU No 2010-24 as of September 30, 2011 The adoption resulted in the

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

recording in the consolidated balance sheets of an estimated insurance recovery receivable and professional liabilities of approximately $10,400 and $2,000 as of September 30, 2012 and 2011, respectively Such amounts relate to professional liability insurance coverage The adoption of ASU No 2010-24 did not affect the Hospital's net assets or its consolidated statements of operations

Reclassifications

Certain reclassifications have been made to 2011 balances previously reported in order to conform to the 2012 presentation

2. Community Benefit and Charity Care

The Hospital is committed to providing health care services to the community During 2011 and 2012, the Hospital initiated a formal community health needs assessment of its service areas in partnership with the City of 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

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 City of 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 health weight

(In Thousands)

2. Community Benefit and Charity Care (continued)

among 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 $34,000 and $27,000 for the years ended September 30, 2012 and 2011, respectively For the years ended September 30, 2012 and 2011, the estimated cost of charity care was approximately $11,400 and $8,900, respectively The estimated cost of charity care includes the direct and indirect cost of providing charity care services and is estimated by multiplying the total charges associated with the care provided by the ratio of total patient care expenses to total charges for all services rendered

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, 2012 and 2011

	2012	2011
Provision for bad debts – net of recoveries	**$ 52,401**	$ 47,360
Charity care based on charges	**34,808**	27,345
Total uncompensated care	**$ 87,209**	$ 74,705

For distributions from the Uncompensated Care Pool, the Hospital recognized grant-disproportionate share income of $5,437 and $5,578 for the years ended September 30, 2012 and 2011, 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, 2008

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

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

3. Net Patient Service Revenue (continued)

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 years ended September 30, 2012 and 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

	2012		
	Third-Party Payors	**Self-Pay**	**Total All Payors**
Patient service revenue (net of contractual allowances and discounts)	**$ 482,432**	**$ 41,951**	**$ 524,383**

	2011		
	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, 2012 and 2011, approximately $2,948 and $1,137, 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

(In Thousands)

3. Net Patient Service Revenue (continued)

The percentages of net patient service revenue received from various third-party payors and patients were as follows for the years ended September 30, 2012 and 2011

	2012	2011
Medicare	**19%**	19%
Medicaid	**7**	6
Managed care organizations	**41**	42
Other third-party payors	**25**	26
Self-pay	**8**	7
	100%	100%

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

(In Thousands)

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

Assets Limited as to Use

The composition of assets limited as to use (exclusive of amounts due from and held by SHS, see Note 1) at September 30, 2012 and 2011 is as follows

	2012	2011
Current portion		
Cash and cash equivalents	**$ 159**	$ 159
Held by captive insurance company		
Cash and cash equivalents	**$ 10,155**	$ 15,651
Mutual funds	**11,736**	2,699
Alternative investments – hedge funds	**7,868**	7,627
	$ 29,759	$ 25,977
Long-term investments – endowments		
Cash and cash equivalents	**$ 525**	$ 720
Mutual funds	**3,697**	2,733
Alternative investments – hedge funds	**2,271**	3,042
Alternative investments – limited partnerships	**1,272**	1,285
Private mutual funds	**268**	253
	$ 8,033	$ 8,033
Held by trustee – construction and debt service funds		
Cash and cash equivalents	**$ 243,826**	$ 1,357

(In Thousands)

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

The composition of investments at September 30, 2012 and 2011 is as follows

	2012	2011
Short-term investments		
Cash and cash equivalents	**$ 30,119**	$ 276
Long-term investments		
Cash and cash equivalents	**$ 2,333**	$ 2,133
Mutual funds	**45,422**	39,578
Alternative investments – hedge funds	**7,691**	8,977
Alternative investments – limited partnerships	**4,310**	3,790
Private mutual funds	**907**	747
	$ 60,663	$ 55,225

Total returns on investments for the years ended September 30, 2012 and 2011 consist of the following

	2012			2011		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Ordinary income (interest and dividends)	**$ 464**	**$ 132**	**$ 596**	$ 456	$ 219	$ 675
Net realized gains and losses	**1,357**	**641**	**1,998**	472	121	593
Gains and losses from alternative investments	**1,878**	**430**	**2,308**	(2,028)	(170)	(2,198)
Investment returns	**3,699**	**1,203**	**4,902**	(1,100)	170	(930)
Change in net unrealized gains and losses	**(25)**	**(40)**	**(65)**	538	(227)	311
	$ 3,674	**$ 1,163**	**$ 4,837**	$ (562)	$ (57)	$ (619)

(In Thousands)

5. Pledges Receivable

Pledges are recorded at the net present value determined using a discount rate commensurate with the rate on U S Treasury obligations whose maturities correspond to the maturities of the pledges At September 30, 2012 and 2011, pledges receivable consist of the following

	2012	2011
Amounts expected to be collected in		
Less than one year	**$ 1,881**	$ 173
One to five years	**14,240**	478
Less		
Reserve for uncollectible pledges	**806**	32
Discount on pledges	**580**	10
Current portion	**1,787**	164
Pledges receivable, net	**$ 12,948**	$ 445

6. Property, Plant and Equipment

Property, plant and equipment, at cost, and accumulated depreciation and amortization at September 30, 2012 and 2011 are summarized as follows

	2012	2011
Land	**$ 43,483**	$ 42,662
Land improvements	**4,028**	4,118
Buildings and improvements	**177,407**	175,779
Fixed equipment	**119,500**	118,935
Movable equipment	**195,719**	185,702
Leasehold improvements	**7,767**	7,306
	547,904	534,502
Less accumulated depreciation and amortization	**339,669**	313,648
	208,235	220,854
Construction in progress	**49,594**	23,273
	$ 257,829	$ 244,127

(In Thousands)

6. Property, Plant and Equipment (continued)

Included in property, plant and equipment are assets under capital leases of approximately $1,666 at September 30, 2012 and 2011, with accumulated amortization of approximately $680 and $300, respectively

Depreciation and amortization expense for the years ended September 30, 2012 and 2011 was $26,673 and $28,352, respectively Included in depreciation and amortization expense are amounts related to assets under capital leases of approximately $380 and $194, respectively, for the years ended September 30, 2012 and 2011

Net interest capitalized for the years ended September 30, 2012 and 2011 was approximately $3,810 and $936, respectively

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 Construction in progress as of September 30, 2012 and 2011 includes approximately $31,821 and $18,787, respectively, spent mainly for architectural fees and other soft construction costs incurred during the planning phase and initial construction of the Master Facility Plan As of September 30, 2012, future commitments tied to the Master Facility Plan approximated $69,401

7. Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2012 and 2011

	2012	2011
Health care services		
Purchase of equipment	**$ 15,825**	$ 1,645
Patient care	**14,929**	15,886
Health education	**1,332**	1,131
	$ 32,086	$ 18,662

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

7. Net Assets (continued)

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

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

(In Thousands)

7. Net Assets (continued)

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

The following tables set forth the changes to assets as they relate to the Hospital's endowments for the years ended September 30, 2012 and 2011

	2012		
	Temporarily Restricted	**Permanently Restricted**	**Total**
Endowment assets, September 30, 2011	**$ 865**	**$ 8,033**	**$ 8,898**
Investment return (realized and unrealized)	**1,062**	**–**	**1,062**
Appropriation of endowment assets for expenditure	**(767)**	**–**	**(767)**
Endowment assets, September 30, 2012	**$ 1,160**	**$ 8,033**	**$ 9,193**

	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

(In Thousands)

7. Net Assets (continued)

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, 2012 and 2011

8. Long-Term Debt

Long-term debt at September 30, 2012 and 2011 consists of the following

	September 30	
	2012	**2011**
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	**$ 124,385**	$ 128,770
State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series J, payable in varying annual amounts with fixed interest rates varying from 3 25% to 5 125%, with the final payment due in 2042	**250,000**	–
Term promissory notes bearing interest at LIBOR plus 2 00%, maturing June 1, 2021	**3,876**	4,044
Capital lease obligations	**939**	1,312
City of Stamford, sewer connection fee loan, payable in annual installments through 2013 (noninterest bearing)	**12**	25
	379,212	134,151
Unamortized bond premium	**5,384**	892
	384,596	135,043
Less current portion	**5,416**	5,018
	$ 379,180	$ 130,025

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, 2012 and 2011, accumulated amortization related to the bond premium was $190 and $110, respectively The Series I Bonds were used for

8. Long-Term Debt (continued)

the refunding of the State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series F and Series G Bonds, and bank loans The proceeds were also 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 also reimbursed TSH for certain capital expenditures and certain costs of issuance of the Series I Bonds

The State of Connecticut Health and Educational Facilities Authority Revenue Bonds, Series J (the Series J Bonds) were issued on June 20, 2012, in the amount of $250,000 for a term of 30 years, at a premium of $4,621 As of September 30, 2012, accumulated amortization related to the bond premium was $49 The Series J Bonds proceeds will be used for financing architectural, engineering, site permitting, legal planning and construction costs relating to the Master Facility Plan The proceeds also reimbursed TSH for certain costs of issuance of the Series J Bonds

In May 2011, the Hospital entered into a mortgage note agreement with a bank for $4,100, bearing interest at LIBOR plus 2 00% at September 30, 2012 and 2011 The purpose of the mortgage note was to fund the acquisition of a property in New Canaan, Connecticut The mortgage note is payable in monthly installments and matures on June 1, 2021

At September 30, 2012 and 2011, the Hospital has a line of credit available with a bank totaling $30,000 and a maturity date of May 20, 2014 There were no amounts outstanding on the line of credit at September 30, 2012 and 2011 Under this line of credit, the bank issued a maximum letter of credit to the Hospital for $4,250

SHS is the guarantor of all obligations of the Hospital with respect to the Series I Bonds, the mortgage note payable and the line of credit

SHS must maintain certain financial ratios with respect to the Series I and Series J Bonds, the mortgage note payable and the line of credit As of September 30, 2012, 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

(In Thousands)

8. Long-Term Debt (continued)

Scheduled principal payments on long-term debt are as follows

	Loans Payable	Capital Leases	Total
Fiscal year			
2013	$ 5,014	$ 402	$ 5,416
2014	5,228	431	5,659
2015	5,456	107	5,563
2016	5,692	–	5,692
2017	7,539	–	7,539
Thereafter	354,727	–	354,727
Total minimum payments	383,656	940	384,596
Less current portion of long-term debt	5,014	402	5,416
Long-term debt, net of current portion	$ 378,642	$ 538	$ 379,180

9. Retirement Benefits

The Hospital provides retirement benefits through several plans, including a defined benefit pension plan, supplementary executive retirement programs (SERPs) and a defined contribution pension plan

Defined Benefit Pension Plan and SERPs

The Hospital participates in SHS's defined benefit pension plan (the 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 SERPs cover certain employees which provide 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 plans The SERPs are nonqualified plans and are unfunded

(In Thousands)

9. Retirement Benefits (continued)

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, 2012 and 2011 are the following amounts that have not yet been recognized in net periodic pension and postretirement cost

	2012		
	Plan	**SERPs**	**Total**
Unrecognized prior service cost	**$ (3)**	**$ –**	**$ (3)**
Unrecognized actuarial (loss) gain	**(137,248)**	**(104)**	**(137,352)**
	$ (137,251)	**$ (104)**	**$ (137,355)**

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

The prior service cost and actuarial loss included in changes in unrestricted net assets at September 30, 2012, and expected to be recognized in net periodic pension cost during the year ending September 30, 2013 are as follows

	Plan	**SERPs**
Prior service cost	$ (3)	$ –
Net loss	(13,501)	–

(In Thousands)

9. Retirement Benefits (continued)

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, 2012 and 2011 are as follows

	Plan		SERPs		Total	
	2012	**2011**	**2012**	**2011**	**2012**	**2011**
Benefit obligation						
Benefit obligation, beginning of year	**$ 237,955**	$ 218,720	**$ 911**	$ 857	**$ 238,866**	$ 219,577
Service cost	**3,425**	3,604	**120**	–	**3,545**	3,604
Interest cost	**12,320**	11,326	**49**	44	**12,369**	11,370
Actuarial losses	**41,684**	10,695	**136**	26	**41,820**	10,721
Benefits paid	**(6,671)**	(6,390)	**(23)**	(16)	**(6,694)**	(6,406)
Benefit obligation, end of year	**288,713**	237,955	**1,193**	911	**289,906**	238,866
Plan assets						
Fair value of plan assets, beginning of year	**146,883**	139,373	**–**	–	**146,883**	139,373
Actual return on plan assets	**15,242**	(1,100)	**–**	–	**15,242**	(1,100)
Employer contributions	**25,250**	15,000	**23**	16	**25,273**	15,016
Benefits paid	**(6,671)**	(6,390)	**(23)**	(16)	**(6,694)**	(6,406)
Fair value of plan assets, end of year	**180,704**	146,883	**–**	–	**180,704**	146,883
Funded status	**$(108,009)**	$ (91,072)	**$ (1,193)**	$ (911)	**$(109,202)**	$ (91,983)
Current portion of obligation	**$ –**	$ –	**$ (28)**	$ (29)	**$ (28)**	$ (29)
Noncurrent portion of obligation	**(108,009)**	(91,072)	**(1,165)**	(882)	**(109,174)**	(91,954)
Total	**$(108,009)**	$ (91,072)	**$ (1,193)**	$ (911)	**$(109,202)**	$ (91,983)
Accumulated benefit obligation	**$(270,394)**	$(220,518)	**$ (1,071)**	$ (910)	**$(271,465)**	$(221,428)

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

(In Thousands)

9. Retirement Benefits (continued)

The weighted-average assumptions used in determining the pension and postretirement benefit obligations at September 30, 2012 and 2011 were as follows

	Plan		SERPs	
	2012	**2011**	**2012**	**2011**
Discount rate	**4.10%**	5 25%	**4.00%**	5 25%
Rate of compensation increase	**3.00**	3 50	–	–

Net periodic pension cost and postretirement cost for the years ended September 30, 2012 and 2011 consist of the following components

	Plan		SERPs		Total	
	2012	**2011**	**2012**	**2011**	**2012**	**2011**
Service cost	**$ 3,425**	$ 3,604	**$ 120**	$ –	**$ 3,545**	$ 3,604
Interest cost	**12,320**	11,326	**49**	44	**12,369**	11,370
Expected return on plan assets	**(11,780)**	(10,427)	–	–	**(11,780)**	(10,427)
Amortization of prior service cost	7	7	–	–	7	7
Amortization of actuarial loss	**10,473**	9,161	–	–	**10,473**	9,161
Net periodic pension cost	**$ 14,445**	$ 13,671	**$ 169**	$ 44	**$ 14,614**	$ 13,715

Weighted-average assumptions used in determining the net periodic pension and postretirement benefit costs for the years ended September 30, 2012 and 2011 were as follows

	Plan		SERPs	
	2012	**2011**	**2012**	**2011**
Discount rate	**5.25%**	5 25%	**5.25%**	5 25%
Expected long-term rate of return on plan assets	**7.25**	7 25	–	–
Rate of compensation increase	**3.50**	3 50	–	–

(In Thousands)

9. 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, 2012 and 2011 is as follows

	2012	2011
Equity securities	**17%**	17%
Fixed income securities	**39**	27
Alternative investments – limited partnerships	**13**	14
Alternative investments – hedge funds	**24**	29
Cash and cash equivalents	7	13
	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)

9. 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 $15,029 to the Plans during fiscal year 2013

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

	Plan	SERPs	Total
Fiscal year ending September 30			
2013	$ 7,772	$ 29	$ 7,801
2014	8,664	40	8,704
2015	9,825	55	9,880
2016	10,867	55	10,922
2017	11,731	55	11,786
2018 through 2022	75,308	400	75,708

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, 2012 and 2011, are $5,406 and $5,286, respectively, in pension contributions to the DC Plan

10. Professional Liability Insurance

The Hospital self-insured a portion of its professional liability insurance coverage through September 30, 2002 An excess insurance 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 through the establishment of an irrevocable trust (the Trust) to manage the assets needed to cover the self-insured liability as well as 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 medical professional liability 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 $133 and $188 for professional liabilities self-insurance for the years ended September 30, 2012 and 2011, respectively There were no claims or expenses payable from the Trust at September 30, 2012 and 2011, respectively The undiscounted actuarially determined tail liability of $10,204 and $10,071 is included in the estimated professional liabilities in the accompanying consolidated balance sheets at September 30, 2012 and 2011, 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 net and exclusive of reinsurance $5,000 per claim for professional liability subject to $18,500 in the annual aggregate and $2,000 per claim subject to $4,000 in the annual aggregate for general liability It also provides limits of insurance for professional and general liability of $45,000 per claim subject to $46,500 in the annual aggregate, in excess of the limits of insurance noted above as net of reinsurance, as well as in excess of certain underlying commercial liability insurance policies, employee benefit liability insurance coverage, and terrorism liability insurance coverage, and

10. Professional Liability Insurance (continued)

where such limits are 100% reinsured by syndicates at Lloyd's of London, with the exception of $1,500 in aggregate limit in excess of $45,000 applicable to professional liability, which is also retained as net and exclusive reinsurance of Healthstar The reinsurance coverage purchased by Healthstar is maintained with third-party reinsurers and was renewed on October 1, 2012 until September 30, 2013

For the year ended September 30, 2012, the Hospital paid insurance premiums of $7,484 to Healthstar, $4,684 of which relates to the coverage under Healthstar and $2,800 of which relates to the coverage reinsured with third-party reinsurers Of the $7,484 insurance premium payments, $1,124 was paid by the Hospital on behalf of its affiliates

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 $2,713 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

Healthstar employs the services of an actuary to estimate professional and general liabilities As of September 30, 2012 and 2011, Healthstar's undiscounted estimated professional and general liabilities for claims and expenses are approximately $27,007 and $23,724, respectively For the years ended September 30, 2012 and 2011, claims covered and expensed by Healthstar amounted to $4,137 and $3,741, respectively

As a result of the adoption of ASU No 2010-24 in fiscal year 2012, at September 30, 2012 and 2011, the Hospital recorded an estimated insurance recovery receivable and insurance claim liability of approximately $10,400 and $2,000, respectively These amounts primarily relate to professional liability claims insured with third-party reinsurers

11. 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, 2012 and 2011, amounts due to affiliates totaled $7,072 and $6,717, respectively

The Hospital leases certain real property from affiliates Rent expense to affiliates for the years ended September 30, 2012 and 2011, is $1,692 and $1,414, respectively

11. Related-Party Transactions (continued)

The Hospital provides professional services to its affiliates at varying amounts Other revenue in the accompanying consolidated statements of operations include $107 and $243 earned from professional services provided to affiliates for the years ended September 30, 2012 and 2011, respectively Amounts receivable from affiliates for professional services described above and other services were $4,076 and $4,251 at September 30, 2012 and 2011, respectively

In 2011, 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 were recorded in 2011

Donor-restricted contributions are maintained in an investment account at SHS Amounts due from SHS for donor-restricted contributions was $18,042 and $18,642 at September 30, 2012 and 2011, respectively

Amounts due to SHS of $20,014 at September 30, 2012 and 2011 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

12. Other Revenue

Other revenue consists of the following

	Year Ended September 30	
	2012	**2011**
	(In Thousands)	
Contributions	**$ 1,729**	$ 1,666
Rental Income	**2,819**	2,703
Uncompensated Care Pool	**5,437**	5,578
Electronic health records incentive payments	**3,003**	–
Grant revenue	**874**	752
Investment Income	**1,228**	1,065
Rehabilitation services	**3,182**	2,991
Other	**5,800**	6,812
	$ 24,072	$ 21,567

12. Other Revenue (continued)

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received EHR incentive payment revenue totaling approximately $3 0 million (Medicare, $2 1 million, Medicaid, $0 9 million) for the year ended September 30, 2012, is included in other revenue in the accompanying 2012 consolidated statement of operations Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government

13. 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

(In Thousands)

14. 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, 2012 and 2011

	2012	2011
Managed care organizations	**32%**	32%
Medicare	**16**	14
Medicaid	**6**	7
All other insurers	**14**	16
Self-pay patients	**32**	31
	100%	100%

At September 30, 2012, 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

15. 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, 2012 and 2011 are as follows

	2012	2011
Health care	**$ 401,213**	$ 381,452
General and administrative	**64,888**	46,734
	$ 466,101	$ 428,186

16. 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

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

(In Thousands)

16. Fair Value of Financial Instruments (continued)

Financial assets, including the defined benefit plan assets, carried at fair value as of September 30, 2012 and 2011 are classified in the tables below in one of the three categories described previously

	2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 356,730**	**$ –**	**$ –**	**$ 356,730**
Mutual funds – fixed income	**53,616**	**–**	**–**	**53,616**
Mutual funds – multi industry	**7,239**	**–**	**–**	**7,239**
Private mutual funds[a]	**–**	**1,175**	**–**	**1,175**
Defined benefit plan assets				
Cash and cash equivalents	**13,798**	**–**	**–**	**13,798**
Mutual funds – fixed income	**70,874**	**–**	**–**	**70,874**
Mutual funds – multi industry	**29,855**	**–**	**–**	**29,855**
Private mutual funds[a]	**–**	**4,878**	**–**	**4,878**
Partnerships[b]	**–**	**10,004**	**8,362**	**18,366**
Hedge funds[c]	**–**	**42,933**	**–**	**42,933**
	$ 532,112	**$ 58,990**	**$ 8,362**	**$ 599,464**

	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 fund s– 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
	$ 232,404	$ 54,173	$ 8,623	$ 295,200

16. 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, 2012 and 2011, $10,004 and $7,364, respectively, 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, 2012 and 2011, $8,362 and $8,623, respectively, 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 $2,524 and $1,016 at September 30, 2012 and 2011, 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 hedge 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 for the year ended September 30, 2011 are due to the relief of redemption restrictions as of September 30, 2011 At September 30, 2012, the Hospital expects to be able to redeem defined benefit pension plan investments in hedge funds in the near-term

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

(In Thousands)

16. 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, 2012 and 2011

	2012	2011
Fair value at September 30, 2011	**$ 8,623**	$ 12,388
Investment income, net of fees	**(46)**	(57)
Net realized losses	**(1,255)**	(792)
Unrealized gains relating to instruments held at reporting date	**833**	740
Purchases	**556**	–
Contributions	**377**	388
Return of capital	**(827)**	(867)
Settlements	**101**	15
Transfers out of Level 3	**–**	(3,192)
Fair value at September 30, 2012	**$ 8,362**	$ 8,623

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, 2012 and 2011 are as follows

	2012		2011	
	Fair Value	Carrying Value	Fair Value	Carrying Value
Long-term debt	**$ 410,547**	**$ 384,596**	$ 144,664	$ 135,043

(In Thousands)

17. Operating Lease Obligations

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

2013	$ 5,799
2014	5,961
2015	5,915
2016	6,162
2017	5,885
Thereafter	24,146
Total minimum operating lease payments	$ 53,868

Total nonaffiliate rental expense charged to operations for the years ended September 30, 2012 and 2011 aggregated approximately $5,739 and $5,645, 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

2013	$ 2,691
2014	2,371
2015	2,228
2016	1,697
2017	1,741
Thereafter	6,328
Total minimum operating lease income	$ 17,056

Total nonaffiliate rental income recorded in operations for the years ended September 30, 2012 and 2011 aggregated approximately $2,534 and $2,439, respectively

17. Operating Lease Obligations (continued)

In March 2012, the Hospital determined that a leased building in Norwalk, Connecticut will not be put into use as originally intended and has recorded a loss on the lease obligation of approximately $12,725 This charge represents the present value of the future lease payments and costs net of estimated rental income from subleasing the facility As of September 30, 2012, the related liability is approximately $12,900, $9,300 is recorded as other long-term liabilities in the accompanying consolidated balance sheets and $3,600 is included in accounts payable and accrued expenses in the accompanying consolidated balance sheets

18. Subsequent Events

Subsequent events have been evaluated through January 25, 2013, 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, except those already disclosed or noted below

In September 2012, the Board of Directors approved an amendment to the defined benefit pension plan, the Stamford Health System Retirement Income Plan (the Plan), to offer certain terminated vested participants and their qualifying beneficiaries an opportunity to elect and receive a lump sum payment of their accrued and vested funded benefit under the Plan This lump sum option is temporary and voluntary and is available to qualifying Plan participants and their beneficiaries for a period of time during the last quarter of calendar year 2012 and the first quarter of calendar year 2013 The Hospital is in the process of determining the impact of this option and will account for the settlement in fiscal year 2013

Supplementary Information

The Stamford Hospital

Consolidating Balance Sheet

September 30, 2012
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 68,128	$ –	$ 1,485	$ –	$ 69,613
Assets limited as to use	159	–	–	–	159
Short-term investments	30,119	–	–	–	30,119
Patient accounts receivable, net	64,792	–	3,903	–	68,695
Other receivables	6,724	8,297	70	–	15,091
Pledges receivable	1,787	–	–	–	1,787
Due from third parties, current portion	2,554	–	–	–	2,554
Other current assets	10,446	41	120	–	10,607
Total current assets	184,709	8,338	5,578	–	198,625
Assets limited as to use					
Held by captive insurance company	–	29,759	–	–	29,759
Long-term investments – endowments	8,033	–	–	–	8,033
Due from Parent – donor-restricted	18,042	–	–	–	18,042
Held by trustee – construction and capitalized interest funds	243,826	–	–	–	243,826
	269,901	29,759	–	–	299,660
Long-term investments	39,373	33,198	–	(11,908)	60,663
Property, plant and equipment, net	255,279	–	2,550	–	257,829
Pledges receivable, net	12,948	–	–	–	12,948
Due from Parent and affiliates	29,857	–	384	(26,165)	4,076
Other assets	6,028	2,336	222	–	8,586
Total assets	$ 798,095	$ 73,631	$ 8,734	$ (38,073)	$ 842,387

The Stamford Hospital

Consolidating Balance Sheet (continued)

September 30, 2012
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 5,416	$ –	$ –	$ –	$ 5,416
Accounts payable and accrued expenses	61,934	92	1,675	–	63,701
Salaries, wages and fees payable	10,044	–	2,011	–	12,055
Accrued vacation liability	17,731	–	839	–	18,570
Estimated third-party payor settlements, net of current portion	7,600	–	–	–	7,600
Estimated professional liabilities, current	–	19,824	–	–	19,824
Total current liabilities	102,725	19,916	4,525	–	127,166
Pension liabilities	109,714	–	–	–	109,174
Estimated third-party payor settlements, net of current portion	3,621	–	–	–	3,621
Long-term debt, net of current portion	379,180	–	–	–	379,180
Due to Parent – board designated	20,014	–	–	–	20,014
Due to Parent and affiliates	2,839	307	30,091	(26,165)	7,072
Estimated professional liabilities, net of current portion	10,205	17,577	–	–	27,782
Other long-term liabilities	9,323	–	–	–	9,323
Total liabilities	637,081	37,800	34,616	(26,165)	683,332
Net assets					
Unrestricted	120,895	35,831	(25,882)	(11,908)	118,936
Temporarily restricted	32,086	–	–	–	32,086
Permanently restricted	8,033	–	–	–	8,033
Total net assets	161,014	35,831	(25,882)	(11,908)	159,055
Total liabilities and net assets	$ 798,095	$ 73,631	$ 8,734	$ (38,073)	$ 842,387

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	5,379	191	62	–	5,632
Pledges receivable	164	–	–	–	164
Due to third parties, current portion	2,592	–	–	–	2,592
Other current assets	8,851	3	56	–	8,910
Total current assets	157,942	194	3,726	–	161,862
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 and debt service funds	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
Pledges receivable, net	445	–	–	–	445
Due from Parent and affiliates	11,608	–	1,119	(8,476)	4,251
Other assets	2,070	1,979	13	–	4,062
Total assets	$ 478,461	$ 59,432	$ 6,472	$ (20,384)	$ 523,981

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, net of current portion	5,424	–	–	–	5,424
Estimated professional liabilities, current	–	4,830	–	–	4,830
Total current liabilities	82,484	4,960	2,274	–	89,718
Pension liabilities	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	20,873	–	–	30,944
Total liabilities	343,262	25,883	14,563	(8,476)	375,232
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	$ 59,432	$ 6,472	$ (20,384)	$ 523,981

The Stamford Hospital

Consolidating Statement of Operations

Year Ended September 30, 2012
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Unrestricted revenue, gains and other support					
Net patient service revenue	$ 504,856	$ –	$ 19,527	$ –	$ 524,383
Provision for bad debts	(51,939)	–	(462)	–	(52,401)
Net patient service revenue, less provision for bad debts	452,917	–	19,065	–	471,982
Other revenue	23,115	6,079	1,494	(6,616)	24,072
Net assets released from restrictions for operations	1,268	–	–	–	1,268
Total unrestricted revenue, gains and other support	477,300	6,079	20,559	(6,616)	497,322
Expenses					
Salaries	176,514	–	23,319	245	200,078
Employee benefits	50,257	–	2,706	–	52,963
Supplies and other expenses	171,538	4,844	11,225	(6,861)	180,746
Depreciation and amortization	26,237	–	436	–	26,673
Interest expense	5,641	–	–	–	5,641
Total expenses	430,187	4,844	37,686	(6,616)	466,101
Income (loss) from operations	47,113	1,235	(17,127)	–	31,221
Nonoperating gains and losses					
Loss on lease obligation	(12,725)	–	–	–	(12,725)
Investment returns	2,652	1,047	–	–	3,699
Change in net unrealized gains and losses	(25)	–	–	–	(25)
Total nonoperating gains and losses	(10,098)	1,047	–	–	(9,051)
Excess (deficiency) of revenue over expenses	37,015	2,282	(17,127)	–	22,170
				–	
Net assets released from restrictions used for purchases of property and equipment	3,254	–	–	–	3,254
Pension-related changes other than net periodic pension cost	(27,878)	–	–	–	(27,878)
Equity transfer from Stamford Health System	–	–	(664)	–	(664)
Increase (decrease) in unrestricted net assets	$ 12,391	$ 2,282	$ (17,791)	$ –	$ (3,118)

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
Pension-related changes other than net periodic pension cost	(13,080)	–	–		(13,080)
Equity transfer from Stamford Health System	1,340	–	268	–	1,608
Increase (decrease) in unrestricted net assets	$ 26,449	$ 3,552	$ (8,091)	$ –	$ 21,910

The Stamford Hospital

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2012
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations	TSH Consolidated
Excess (deficiency) of revenue over expenses	$ 37,015	$ 2,282	$ (17,127)	$ –	$ 22,170
Pension-related changes other than net periodic pension cost	(27,878)	–	–	–	(27,878)
Equity transfer from Stamford Health System	–	–	(664)	–	(664)
Net assets released from restrictions used for purchases of property and equipment	3,254	–	–	–	3,254
Increase (decrease) in unrestricted net assets	12,391	2,282	(17,791)	–	(3,118)
Temporarily restricted net assets					
Contributions	16,783	–	–	–	16,783
Change in net unrealized gains and losses	(40)	–	–	–	(40)
Investment returns	1,203	–	–	–	1,203
Net assets released from restrictions for operations	(1,268)	–	–	–	(1,268)
Net assets released from restrictions used for purchases of property and equipment	(3,254)	–	–	–	(3,254)
Increase in temporarily restricted net assets	13,424	–	–	–	13,424
Increase (decrease) in net assets	25,815	2,282	(17,791)	–	10,306
Net assets, beginning of year	135,199	33,549	(8,091)	(11,908)	148,749
Net assets, end of year	$ 161,014	$ 35,831	$ (25,882)	$ (11,908)	$ 159,055

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					
Contributions	3,087	–	–	–	3,087
Change in net unrealized gains and losses	(227)	–	–	–	(227)
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

Schedule of Net Patient Service Revenue

Year Ended September 30, 2012
(In Thousands)

	TSH	Healthstar	SHIP	Eliminations Debit	Eliminations Credit	TSH Consolidated
Gross revenue from patients	**$ 1,642,590**	**$ –**	**$ 46,222**	**$ –**	**$ –**	**$ 1,688,812**
Deductions						
Contractual allowances	**1,102,926**	**–**	**26,695**	**–**	**–**	**1,129,621**
Charity care	**34,808**	**–**	**–**	**–**	**–**	**34,808**
Total deductions	**1,137,734**	**–**	**26,695**	**–**	**–**	**1,164,429**
Net physician revenue	**–**	**–**	**–**	**–**	**–**	**–**
Net patient service revenue	**504,856**		**19,527**			**524,383**
Provision for bad debts	**(51,939)**	**–**	**(462)**	**–**	**–**	**(52,401)**
Net patient service revenue, less provision for bad debts	**$ 452,917**	**$ –**	**$ 19,065**	**$ –**	**$ –**	**$ 471,982**

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

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