Form 990

# **Return of Organization Exempt From income Tax**

2011

Department of the Treasury

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

Open to Public

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<u> </u>	or m	2011 calendar yea	ALCOHOLD DE COLOR	x year deg	unang	10	/01,2011	, and e	nang	D Employee		/30, <b>20</b> 12		
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	Addre			TH SISTE	M, INC.					22-24	1/663	•		
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-	Name				BOX 9317	root suidio		1 COOLINS	iice	(203) 276-1000				
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-	Applic pands	STAMEONE		The second second second	KEVIN (	CACE	CEO	127		G Gross rec			9,626. X No	
_	pandb				BOX 9317 S			06004		affiliates				
_	Taxan	mpt status: X 501		501(c) (			4947(a)(1)		527	H(b) Are all a		t. (see instructions)		
÷		: ► N/A	(0)(3)	301(6) (	) <b>4</b> (maeri	nu.)	4847(B)(1)	Or	527	H(c) Group e		The second second		
<u></u>		organization: X Corp	nonethon	Trust	Association	Other 1	_	Ti v	ear of forms			of legal domicile	c CT	
	rt I	Summary	potación	Tituat	Vesociation	) Outer 1			OR OF IOSTINE	BUON: 1303	WI CHEN	ot leder cottlicit	E C1	
-		Briefly describe the or	manizati	nnis mission	or most significan	nt activitie	ve*						1.00	
		SUPPORT STAME						ATIONS						
2										******				
Ē														
5	2	heck this box 🕨	if the	organization	discontinued its	coeratio	ns or discos	ed of mo	re than 259	% of its net as	sets.			
9	3	lumber of voting men											16.	
Activities & Governance	4	Number of Independe	nt voting	members of	the governing b	ody (Part	VI, line 1b)				4		13.	
3	5	Total number of Indivi												
Ag	6	Total number of volun												
~		Total unrelated busine				line 12					7a	43	7,183.	
	b	let unrelated busines	s taxabl	e income from	Form 990-T, line	e 34					. 7ь	42	7,093.	
										Prior Year		Current	Year	
	8	Contributions and gra	nts (Part	VIII, line 1h)						2,	101.			
Ē									2,678,	166.	2,70	6,145.		
Revenue	10	nvestment income (P	restment income (Part VIII, column (A), lines 3, 4, and 7d)							199,	510.	5,71	4,985.	
u.	11	Other revenue (Part V	/III, colui	nn (A), lines 8	i, 8d, 8c, 9c, 10c,	and 11e	)			63,	814.		3,494.	
		<u> Fotal revenue - add lit</u>								2,943,	591.	8,42	4,624.	
	13	Grants and similar am	ounts pa	id (Part IX, co	lumn (A), fines 1-	-3)					0	20000 20000		
	14	Benefits paid to or for	member	s (Part IX, col	umn (A), line 4) .						0			
8		Salaries, other compe								786,	423.	81	0,172.	
불	16a	Professional fundraisi	ng fees (	Part IX, colum	ın (A), line 11e)						0			
8		Total fundralsing expe												
-	17	Other expenses (Part	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							3,855,			3,327.	
		lotal expenses. Add l					25)			4,642,			3,499.	
_	19	Revenue less expens	es. Subtr	act line 18 fro	m line 12					-1,698,			1,125.	
10									Begi	inning of Curre		End of Yo		
22		rotal assets (Part X, lir							• •	62,455,		173,99		
S		Total liabilities (Part X								19,341,	_		3,028.	
1000	Section 1	Net assets or fund ba	lances.	Subtract line 2	11 from line 20.				•••	43,114,	402.	153,99	8,474.	
	art II	Signature Block	Abot I bou	a and distance distance	In-lasting		dan askadalar			4_ 10_ 44 _0_				
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				1							7/2	9/13		
Sig	ın	Signatule of office	· /	VA					_	Date	112	1/13		
He		KAlla	TX	Das	CFO	2								
		Type or print name	e and title	11010	1010									
-		Print/Type preparer's na			Preparer's signs	ture		Date		Chast	# 1	PTIN		
Pal	d	Christopher B. B			A STATE OF THE PARTY OF THE PAR	he B	There		25/2013	Check _ self-emp		P00032	403	
	parer			YOUNG U						Firm's EIN		6565596	793	
Us	Only	Firm's address > 111				AND DOT	TH 45004			Phone no.		-681-700	0	
Ma	y the II	S discuss this return								T LINGTO UC	<u> </u>	Yes	X No	
-		work Reduction Act										-	0 (2011)	
-													- ,,	

Form 8453-	FO! F	xempt Organizati	on Declaratio	n and Signa	tura fo	. lo	MB No. 1545-1879
Department of the Tree	For cale	ender year 2011, or tax year begin: For use with Forms	Electronic Filir	1, and ending0 , 1120-POL, and 8	9/30,20		2011
Name of exempt org							ation number
STAMFORD	HEALTH S	SYSTEM, INC.			22	<u>-24766</u>	536
Part I Type	of Return	and Return Information (	Whole Dollars Only)				
check the box of leave line 1b, 2i applicable line b  1a Form 990 c  2a Form 990-i  3a Form 1120	on line 1a, 2a, b, 3b, 4b, or 4 below. Do not check here EZ check here -POL check here	b Total reven	e amount on that line blank (do not enter -l	of the return being. If you entered.  VIII, column (A), ling.  EZ, line 9)	ng filed with 0- on the re e 12) 	1 this formeturn, then  1 b <u>8,</u> 2 b  3 b	was blank, then nenter -0- on the
	laration of O						
withdra organiz I must date. I informate if a consecute PF (as a Under penalties organization's 20 correct, and commetum. I consent to the IRS and delay in processin Here	wal (direct de atton's federal is contact the U. also authorize titon necessary to py of this returned the electronic of perjury, I electronic in piete. I further to allow my to receive from in the return or return o	Treasury and its designated bit) entry to the financial in axes owed on this return, an S. Treasury Financial Agent a the financial institutions involved answer inquiries and resolve it is being filed with a state at c disclosure consent container filed in Part I above) to the select declare that I am an office sturn and accompanying scherodectare that the amount in intermediate service provider, the IRS (a) an acknowledge efund, and (c) the date of any resection of the control of	nstitution account indiced the financial institution of the financial institution of the financial institution of the financial institution of the processing successing successing successing regulating of the within this return all steed state agency(les).  If of the above name acutes and statements, Part I above is the contract of	cated in the tax pon to debit the entrater than 2 business of the electronic ment.  In the electronic ment of the electronic ment.	reparation as y to this act is days prior payment of the IRS Fed/life the IRS of that I have my knowled the copy of (ERO) to a the transmit	count. To to the pa taxes to r  State progra this Form  The examine the coven	r payment of the revoke a payment (settlement) sective confidential am, I certify that 990/990-EZ/990 and a copy of the liter, they are true invaling a lectropic
my knowledge. If on the return. T information to be IRS e-file Provide organization's ret complete. This Pa	feam only a companization of filed with the companization of the compani	the above organization's retur- ollector, I am not responsible officer will have signed this IRS, and have followed all of Returns. If I am also the P oppanying schedules and state aration is based on all information	for reviewing the return form before I submit ther requirements in Pr ald Preparer, under pe- ements, and to the be-	n and only declare to the return. I will g ub. 4183, Modernize nattles of perjury I st of my knowledge nowledge.  Check if Che	hat this for give the offi id e-File (Me declare that and belief eck if	n accuratei cer a copy F) Informa I have ex	y reflects the date of all forms and tion for Authorized amined the above true, correct, and
ERO's algnet	ure Chri	take B. Baysa	07/25/2013	preparer X self	ployed	P00032	493
Only yours	name (or if self-employed), is, and ZIP code	ERNST & YOUNG U.  111 MONUMENT CIR  INDIANAPOLIS	S. LLP		EIN	34-656	5596 -681-7000
Under penalties of	perjury, I decla	re that I have examined the ab complete. Declaration of preparer is b	ove return and accompan	ving schedules and st	stementa, and		
	Print/Type prepar		Preparer's signature	Date	Che	ck if	PTIN
Paid					1000		
	Firm's name				Firm	's EIN	-h
Use Only	Firm's address >					ne no.	

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For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2011)

STAMFORD HEALTH SYSTEM, INC. Page 2 Form 990 (2011)

Pa	The 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:
	STAMFORD HEALTH SYSTEM IS A SUPPORT ORGANIZATION WHOSE MISSION IS TO
	SUPPORT ITS AFFILIATED ORGANIZATIONS: THE STAMFORD HOSPITAL, MILLER
	HALL MEDICAL SUITES, STAMFORD HEALTH FOUNDATION AND STAMFORD HEALTH
	INTEGRATED PRACTICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?  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
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the amount
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	<b>3</b> · · · · · · · · · · · · · · · · · · ·
42	(Code:) (Expenses \$
	PARENT CORPORATION THAT OVERSEES AND COORDINATES THE STAMFORD
	HOSPITAL AND AFFILIATED CORPORATIONS THAT PROVIDE A BROAD RANGE OF
	HEALTHCARE AND RELATED SERVICES TO THE COMMUNITIES OF SOUTHERN
	FAIRFIELD COUNTY CONNECTICUT AND ADJOINING COMMUNITIES IN
	WESTCHESTER COUNTY, NEW YORK.
4b	o (Code:) (Expenses \$
	OWNER AND OPERATOR OF OFFICE BUILDING ADJACENT TO THE STAMFORD
	HOSPITAL'S MAIN CAMPUS WHICH IS PRIMARILY USED FOR PHYSICIANS'
	OFFICES.
	OFFICED.
4 c	: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4 d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	/ h / //

4e Total program service expenses ►

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

Form 990 (2011) Page **3** 

Part	V 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	X	37
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			v
•	complete Schedule D, Part III	8		X
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
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	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
ч	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
	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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		
b	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, Parts I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
202	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form **990** (2011)

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Form 990 (2011) Page 4 Part IV **Checklist of Required Schedules** (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 21 Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Χ 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the vear 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 25 a 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 Χ 25a 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? 25b If "Yes," complete Schedule L, Part I Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 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 Χ 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 Χ 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		<u></u> .	
			Yes	No
<b>a</b> Ente	the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	the organization comply with backup withholding rules for reportable payments to vendors and			
	table gaming (gambling) winnings to prize winners?	1 c	X	
	the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	ments, filed for the calendar year ending with or within the year covered by this return . 2a 0			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	Х	
	ne organization have unrelated business gross income of \$1,000 or more during the year? es," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	by time during the calendar year, did the organization have an interest in, or a signature or other authority	35	21	
	a financial account in a foreign country (such as a bank account, securities account, or other financial			
	unt)?	4a	Х	
	es," enter the name of the foreign country:   BERMUDA			
	nstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
If "Ye	s" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	nization solicit any contributions that were not tax deductible?	6a		X
	es," did the organization include with every solicitation an express statement that such contributions or			
	were not tax deductible?	6b		
_	nizations that may receive deductible contributions under section 170(c).			
	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		37
	services provided to the payor?	7a		X
	es," did the organization notify the donor of the value of the goods or services provided?	7b		
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	red to file Form 8282?	70		
	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	soring organizations maintaining donor advised funds and section 509(a)(3) supporting			
-	nizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
orga	nization, have excess business holdings at any time during the year?	8		Х
Spor	soring organizations maintaining donor advised funds.			
Did t	ne organization make any taxable distributions under section 4966?	9a		
	ne organization make a distribution to a donor, donor advisor, or related person?	9b		
	on 501(c)(7) organizations. Enter:			
	tion fees and capital contributions included on Part VIII, line 12			
	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	ion 501(c)(12) organizations. Enter: s income from members or shareholders			
	s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them.)			
	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	es," enter the amount of tax-exempt interest received or accrued during the year	120		
	on 501(c)(29) qualified nonprofit health insurance issuers.			
	organization licensed to issue qualified health plans in more than one state?	13a		
	See the instructions for additional information the organization must report on Schedule O.			
	the amount of reserves the organization is required to maintain by the states in which			
	rganization is licensed to issue qualified health plans			
	the amount of reserves on hand			
	ne organization receive any payments for indoor tanning services during the tax year?	14a		Х
	le organization receive any payments for indoor tarining services during the tax year?	1 4 a		$\overline{}$

Form **990** (2011)

Public Inspection Copy STAMFORD HEALTH SYSTEM, INC. Form 990 (2011) 22-2476636 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for a "No" response to line 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............................. Χ Section A. Governing Body and Management Nο 16 1a 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 Enter the number of voting members included in line 1a, above, who are independent . . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3

supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Χ 8b 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

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

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization		X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a				
IVa	with a taxable entity during the year?	16a	Х	
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
D				
	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?	4.06	v	
	Organization's exempt status with respect to such an argements:	מסו	21	

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright$ \_ $\stackrel{\text{CT}}{-}$ \_-

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

Own website Another's website X Upon request

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 during the tax year.

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 06904 (203)276-1000

(203)276-1000 Form **990** (2011)

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Yes

Nο

Form 990 (2011)

Part VII

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

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

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

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

<b>(A)</b> Name and Title	hours per week (describe hours for  (do not check more than of box, unless person is both officer and a director/trus)		an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
ATTACHMENT 1	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(1) BRIAN GRISSLER										
PRESIDENT AND CEO	2.00	Х		Х				C	1,829,716.	30,336.
(2) DOUGLAS MILNE, III										
DIRECTOR	2.00	X						C	0	0
(3) DR. ARTHUR KLEIN										
DIRECTOR	2.00	X						C	0	0
(4) DR. CHARLES MINER										
DIRECTOR	2.00	X						C	0	0
(5) DR. NEIL DREYER										
DIRECTOR	2.00	Х						С	108,264.	21,000.
(6) ANDREW MERRILL										
DIRECTOR	2.00	Х						С	0	0
(7) CHARLES KRAUSE, III										
DIRECTOR	2.00	Х						С	0	0
(8) DAVID R. NISSEN	0 00									0
DIRECTOR	2.00	Х						С	0	0
(9) EDWIN FORD	0 00									0
CHAIRMAN	2.00	Х						С	0	0
_(10) ELLIOT S. JAFFE	0.00	3.7								0
DIRECTOR	2.00	X						C	0	0
(11) ERNEST N. ABATE	2.00	X						C	0	0
DIRECTOR	∠.00	Λ							0	0
_(12) JAY HIGHAM	2.00	Х						C	0	0
(13) MICHAEL FEDELE	2.00	Λ								0
DIRECTOR	2.00	Х						C	0	0
(14) AMY C. DOWNER	2.00									0
	2.00	x						l c	0	0

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

Form 990 (2011) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one compensation compensation from amount of hours per box, unless person is both an other week from related officer and a director/trustee) compensation (describe the organizations Individual trustee or director Highest compensated employee hours for Institutional trustee from the organization (W-2/1099-MISC) organization related employee (W-2/1099-MISC) and related organizations in Schedule organizations O) 15) SUZANNE B. PETERS DIRECTOR 2.00 Χ DR. RODRIGO ACOSTA 16) PHYSICIAN 2.00 X 480,111. 31,670. 17) DARRYL MCCORMICK ASSISTANT SECRETARY 2.00 Х 0 461,456. 73,495. 18) DAVID SMITH ASSISTANT SECRETARY 2.00 Х 0 639,948 92,577. 19) KEVIN GAGE TREASURER 2.00 X Ω 649,788 94,596. KATHLEEN SILARD ASSISTANT SECRETARY 2.00 Х 659,720. 100,173. 21) PATRICK COLANGELO FORMER PRESIDENT AND CEO 0 X 113,898 0 0 22) PHILIP CUSANO FORMER TREASURER 0 X 390,919. 0 23) RONALD TURNBULL FORMER COO 0 0 126,401. 0 1,937,980. 51,336. 631,218. 2,891,023. 392,511. c Total from continuation sheets to Part VII, Section A 631,218. 4,829,003. 443,847. d Total (add lines 1b and 1c) . . . . . . . . . . . . . . . . ▶ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 4 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 Χ **Section B. Independent Contractors** 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

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
NONE			

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

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Pai	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
<u>s</u> s	10	Federated campaigns 1a					
r ai	1 a	. oddratod dampaigne i i i i i i i i					
يَ ج	b	Membership dues					
fts	С	Fundraising events 1c					
ຼີ ຣັ	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e					
ığ ğ	f	All other contributions, gifts, grants,					
들		and similar amounts not included above . 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<b>&gt;</b>	0			
ne			Business Code				
Ver	2a	RENTAL ACTIVITY	532000	2,706,145.	2,706,145.		
Re	b						
<u>i</u> e	C						
ē							
E	d						
Jra	e						
Program Service Revenue	t a	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		2,706,145.			
	3	Investment income (including dividends, inter					
		other similar amounts)		2,706,145.		437,183.	2,268,962
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss).		0			
	7-	(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7,523,842.					
	b	Less: cost or other basis					
	"	and sales expenses 4,515,002.					
		Gain or (loss)					
	d	Net gain or (loss)	<u> </u>	3,008,840.			3,008,840
Ð				3,000,040.			3,008,840
Ĕ	ва	Gross income from fundraising					
Æ		events (not including \$					
è		of contributions reported on line 1c).					
-		See Part IV, line 18 a					
Other Revenu	b	Less: direct expenses <b>b</b>					
Ó	С	Net income or (loss) from fundraising events .		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	1				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	. <u></u>	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.	<u></u> ▶	0			
		Miscellaneous Revenue	Business Code				
	11a	ALL OTHER INCOME	900099	3,494.			3,494
	b						
	C						
		All other revenue					
	d	Total. Add lines 11a-11d		3,494.			
	12	Total revenue. See instructions		8,424,624.	2,706,145.	437,183.	5,281,296
		. C.a. revenue. Occ monucuono		0,424,024.	4,700,145.	±3/,⊥03.	J,ZUI,Z96

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#### 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).

requ	uired to complete columns (B), (C), and (D).	anno to any quantion in	this Dort IV		
_	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	· ·				
	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	0			
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	631,218.		631,218.	
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	178,954.		178,954.	
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	46,492.	46,492.		
b	Legal	40,853.	7,286.	33,567.	
	Accounting	145,294.		145,294.	
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	125 415		
g	<b>'</b>	135,415.	135,415.		
12	Advertising and promotion	0	22 021	21 026	
13	Office expenses	44,747.	22,921.	21,826.	
14	Information technology	0,809.	0,009.		
15 16	Royalties	1,433,816.	1,433,816.		
17	Travel	0	1/133/010.		
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	179,918.	179,918.		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	701,640.	701,640.		
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	MANAGEMENT FEE	78,843.		78,843.	
	ADMINISTRATIVE OVERHEAD	189,554.		189,554.	
	STATE AND FEDERAL INCOME TAX	270,864.	200 016	270,864.	
-	ALL OTHER EXPENSES	-390,918.	-390,918.		
	All other expenses	2 (02 400	0 142 270	1 550 100	
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	3,693,499.	2,143,379.	1,550,120.	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0			
ICA		-			

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STAMFORD HEALTH SYSTEM, INC.
Form 990 (2011)

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 1 0 1 Savings and temporary cash investments 2,206,150. 94,252,912. 2 2 Pledges and grants receivable, net 674,179. 74,179. 3 3 Accounts receivable, net 167,709. 120,972. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary O 6 0 employees' beneficiary organizations (see instructions) Notes and loans receivable, net ol 7 0 Inventories for sale or use 0 8 Prepaid expenses and deferred charges 93,813. 83,226. 10a Land, buildings, and equipment: cost or 10a 24,833,543. other basis. Complete Part VI of Schedule D 16,142,885. 9,352,923. **10c** 8,690,658. Investments - publicly traded securities 18,318,118. 30,617,738. 11 11 22,397,966. 26,063,608. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 0 14 Intangible assets \_\_\_\_\_\_\_ 9,244,552. 14,088,209. 15 15 Other assets. See Part IV, line 11 62,455,410. 173,991,502. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 16 16 Accounts payable and accrued expenses 760,505. 17 657,296. 17 18 0 18 0 19 Deferred revenue 100,204. 19 88,358. Tax-exempt bond liabilities 20 20 0 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 Unsecured notes and loans payable to unrelated third parties 5,820,000. 5,580,000. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 12,660,299. 25 13,667,374. 26 19,341,008. 26 19,993,028. Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. **Balances** Unrestricted net assets 27 40,706,907. 27 151,590,979. Temporarily restricted net assets 28 2,361,009. 2,361,009. 28 Fund Permanently restricted net assets 29 46,486. 29 46,486. Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 33 43,114,402. 153,998,474. 33 34 Total liabilities and net assets/fund balances.......... 173,991,502. 62,455,410.

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STAMFORD HEALTH SYSTEM, INC.

For	m 990 (2011)				Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,4	24,6	524.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	93,4	99.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,7	31,1	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	13,1	14,4	02.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10	06,1	52,9	47.
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	15	53,9	98,4	74.
Pa	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 X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	oplair	ı in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b				2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities for the committee that assumes responsibilities	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplai	n in			
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ear w	ere			
	issued on a separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	n in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;		3b		

 $\mathsf{Form}~\mathbf{990}~(2011)$ 

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#### SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

**Employer identification number** STAMFORD HEALTH SYSTEM, INC. 22-2476636 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. Type II С Type III - Functionally integrated Type III - Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (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 supported organization? 11g(i) Χ (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). (i) Name of supported (vii) Amount of (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes Νo Yes Νo Yes No (A) ATTACHMENT 1 (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule A (Form 990 or 990-EZ) 2011 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II

	Part III. If the organization f	ails to qualify	under the test	s listed below	, please comp	lete Part III.)		
Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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)  Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	,				12		
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>							
	tion C. Computation of Public Sup							
14	Public support percentage for 2011 (li	ne 6, column (f	) divided by line	11, column (f))		14	<u>%</u>	
15	Public support percentage from 2010	Schedule A, Pa	art II, line 14			15	%	
16a	331/3% support test - 2011. If the o							
	this box and <b>stop here.</b> The organization							
b	331/3% support test - 2010. If the o							
4	check this box and <b>stop here.</b> The organization							
1 <i>1</i> a	7a 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 - 2 15 is 10% or more, and if the orga Explain in Part IV how the organization	2010. If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	c on line 13, 16 s" test, check t	Sa, 16b, or 17a, his box and <b>st</b>	and line op here.	
18	supported organization . Private foundation. If the organization instructions	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see		

Schedule A (Form 990 or 990-EZ) 2011

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Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				· ·	,	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 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						
ı a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons  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						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
<del></del>	line 6.)						
	tion B. Total Support	(a) 2007	(b) 2009	(a) 2000	(4) 2010	(a) 2011	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6.  Gross income from interest, dividends,						
ıva	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						
С	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 organizatio	on's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,	, column (f) divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2010 Sche					16	%
	tion D. Computation of Investmen					<u> I</u>	,,,
17	Investment income percentage for 2011 (lin			13. column (f))		17	%
18	Investment income percentage from 2010 S					18	
	331/3% support tests - 2011. If the org						
1 3 d	17 is not more than 331/3%, check this	-					
<b>L</b>	331/3% support tests - 2010. If the orga		-				
D	line 18 is not more than 331/3%, check						
	Private foundation If the organization		•	•		aupported organ	ızation -

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions > Schedule A (Form 990 or 990-EZ) 2011

STAMFORD HEALTH SYSTEM, INC. 22-2476636

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

				ATTACE	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
THE STAMFORD HOSPITAL	06-0646917	03	х	Х	Х	0
TOTAL AMOUNT OF SUPPORT						0

Schedule A (Form 990 or 990-EZ) 2011

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### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number
22-2476636

$\overline{}$	organization answered "Yes" to Form 99		Similar Funds	or Accounts. Complete if the
		(a) Donor advi	sed 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	duinara in unitina tha	the coests hold	Lin donor advised
5		_		
_	funds are the organization's property, subject to the	_	_	
6	Did the organization inform all grantees, donors, an			
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit? rt II Conservation Easements. Complete if			Yes No
Pa				Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	-	that apply).	
	Preservation of land for public use (e.g., recre	eation or education)	Preservation	n of an historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conserv	ation contribution	n in the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified h			
d	Number of conservation easements included in (c)			
-	historic structure listed in the National Register			2d
3	Number of conservation easements modified, trans			
5		ficirea, released, exti	igaistica, or terr	milated by the organization during the
4	tax year ▶ Number of states where property subject to conser	vation assement is les	atad <b>&gt;</b>	
5	Does the organization have a written policy regardi			
_	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing	g conservation e	easements during the year
_	<b>*</b>			
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing co	nservation easer	ments during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line	` '	•	` ` ` `
	(i) and section 170(h)(4)(B)(ii)?			Yes 🗀 No
9	In Part XIV, describe how the organization reports	conservation easeme	nts in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text o		rganization's fina	ancial statements that describes the
	organization's accounting for conservation easemen			
Pa	rt III Organizations Maintaining Collections	of Art, Historical Tr	easures, or Ot	her Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, I	Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila	AS 116 (ASC 958), r	ot to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for pub	olic exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIV, the text of the fo			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other simila public service, provide the following amounts relating		nic eximplificiti, e	education, or research in futilierance of
	(i) Revenues included in Form 990, Part VIII, line 1	=		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of ar			
2	_			<u> </u>
_	following amounts required to be reported under Si			
a	Revenues included in Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			<b>&gt;</b> 🔊

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

STAMFORD HEALTH SYSTEM, INC.

$\overline{}$	dule D (Form 990) 2011								Page Z
Par	t III Organizations Maintainii	ng Collections of	Art, Histo	rical Tre	easures, o	r Other Sim	ilar Assets (d	continued)	
3	Using the organization's acquisition collection items (check all that apply		other recor	ds, checl	c any of th	ne following	that are a sigr	nificant use	of its
а	Public exhibition		d	Loa	n or excha	nge programs	3		
b	Scholarly research		e	Oth	er				
С	Preservation for future ger	nerations		_					
4	Provide a description of the organ	ization's collections	s and expla	ain how t	hey furthe	r the organiz	ation's exemp	t purpose in	Part
	XIV.								
5	During the year, did the organizatio						_		_
	assets to be sold to raise funds rath							Yes	No
Par	Escrow and Custodial Ar line 9, or reported an am				nization ar	swered "Ye	s" to Form 99	00, Part IV,	
1 2	Is the organization an agent, trustee	a custodian or othe	r intermedi	ary for co	ntributione	or other acc	ete not		
ıa	included on Form 990, Part X?			-			_	Yes	No
h	If "Yes," explain the arrangement in							1 65	
	ii res, explain the arrangement in	Tarryav and comp		owing tak	J.C.		Amount		
С	Beginning balance				10	:	7		
	Additions during the year								
е	Distributions during the year								
f	Ending balance					_			
2a	Did the organization include an amo	ount on Form 990,	Part X, line	21?				Yes	No
b	If "Yes," explain the arrangement in	Part XIV.							
Par	t V Endowment Funds. Com	plete if the organ	nization an	swered	"Yes" to F	orm 990, Pa	art IV, line 10.		
		(a) Current year	(b) Pric	or year	(c) Two ye	ars back (d)	Three years back	(e) Four years	s back
1 a	0 0 ,								
	Contributions								
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs								
	Administrative expenses End of year balance								
	Provide the estimated percentage of	of the ourrent weer o	nd halanaa	line 1a	oolumn (a)	) hold go:			
2 a	Board designated or quasi-endowm	•	%	e (iiile 1g,	column (a)	) Held as.			
b	Permanent endowment ►	%	_ ′0						
	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and		00%						
3a	Are there endowment funds not in t			ation that	are held a	nd administer	ed for the		
	organization by:		3.					Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related orga	anizations listed as	required on	Schedule	e R?			3b	
4	Describe in Part XIV the intended us	ses of the organizat	tion's endo	wment fui	nds.				
Par	t VI Land, Buildings, and Equ	ipment. See For	m 990, Pa	rt X, line	10.				
	Description of property		r other basis stment)		or other basis ther)	(c) Accumula		d) Book value	
1 a	Land			1,0	36,589.			1,036,	589.
b	Buildings				387,654.	11,393,		4,994,3	
С	Leasehold improvements				910,294.	1,584,		2,325,	
d	Equipment			3,4	160,096.	3,164,	878.	295,	
<u>e</u>	Other			<u> </u>	38,910.				910.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fori	n 990, Part	X, columi	า (B), line 1	0(c).)	. ▶	8,690,6	658.

Schedule D (Form 990) 2011

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule D (Form 990) 2011			Page 3
Part VII Investments - Other Securities. See Form	n 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALT INVESTEMENTS OTHER	24,231,245.	FMV	
(B) ALT INV PRIVATE MUTUAL FUNDS	1,832,363.	FMV	
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	26,063,608.		
Part VIII Investments - Program Related. See Form		e 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation	on.
(a) Decemption of investment type	(b) Book value	Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
	scription		(b) Book value
(1) INVESTMENT NSC			3,844,503.
(2) INTEREST RECEIVABLE			56,284
(3) DEPOSITS (4) DEFERRED FINANCING FEES			38,684 39,512
(5) DUE FROM AFFILIATIES			9,996,004.
(6) INVESTMENT-MILLER HALL MS			48,829
(7) INVESTMENT PATHOLGY LLC			64,393
(8)			01/323
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			14,088,209.
Part X Other Liabilities. See Form 990, Part X, li			
1. (a) Description of liability	(b) Book valu	е	
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS	145,2	241.	
(3) ACCRUED BENEFITS	1,490,	784.	
(4) PENSION LIABILITIES	12,031,3	349.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	12 667 6	274	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 13,667,3	5/4.	

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 (ASC 740).

JSA 1E1270 1.000 STAMFORD HEALTH SYSTEM, INC. 22-2476636

	e D (Form 990) 2011	Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities 5	
6	Investment expenses 6	
7	Prior period adjustments 7	
8	Other (Describe in Part XIV.)	-
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-
1	T ( )	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a		
a b		-
	Donated services and use of facilities  2b	-
C	Recoveries of prior year grants  Other (Describe in Part VIV.)	-
d	Other (Describe in Part XIV.)	-
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	-
b	Other (Describe in Part XIV.)	4
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	urn
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:	
а	Donated services and use of facilities 2a	_
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIV.)  Add lines 3s through 3d	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.) 4b	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIV Supplemental Information	
Comp Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete Iditional information.	V, lines 1b and 2b; e this part to provide

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

STAMFORD HEALTH SYSTEM, INC.

22-2476636

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Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2011

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

STA	MFORD HEALTH SYSTEM, INC. 22-2476636	5		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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			
	X Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1 b	X	
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	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	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			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
_	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2011 Page 2

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	0	(	0	0	0	C	0	
1 BRIAN GRISSLER	(ii)	935,335.	338,223.	556,157.	a	30,336.	1,860,052.	0	
	(i)	0	(	0	0	0	C	0	
2 DARRYL MCCORMICK	(ii)	347,816.	100,193.	13,447.	65,307.	8,188.	534,951.	0	
	(i)	0		0	0	0	C	0	
3 DAVID SMITH	(ii)	397,837.	110,201.	131,910.	59,741.	32,836.	732,525.	0	
	(i)	0	(	0	q	0	C	0	
4 KEVIN GAGE	(ii)	477,405.	132,241.	40,142.	70,042.	24,554.	744,384.	0	
	(i)	0	(	0	Q	0	C	0	
5 KATHLEEN SILARD	(ii)	485,287.	138,500.	35,933.	67,337.	32,836.	759,893.		
	(i)	0	(	) 	0	0	( 	0	
6 DR. RODRIGO ACOSTA	(ii)	364,420.	114,982.	709.	0	31,670.	511,781.	0	
DI TIDI GUI ANG DI A	(i)	113,898.	(	}	0	0	113,898.		
7 PATRICK COLANGELO	(ii)	200 010	(	0	0	0	200 010	0	
- DILLI ID GUGANO	(i)	390,919.		}		0	390,919.	<u>0</u>	
8 PHILIP CUSANO	(ii)	126,401.	(	0	0	0	126,401.	0	
9 RONALD TURNBULL	(i)	126,401.						<del>0</del>	
9 RONALD TORNBULL	(ii)	0		0	Ų	0		0	
40	(i) (ii)								
10	(i)								
11	(ii)								
	(i)								
12	(ii)								
·-	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
_15	(ii)								
	(i)								
_16	(ii)								

Schedule J (Form 990) 2011

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2011

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 1

STAMFORD HEALTH SYSTEM PROVIDED BENEFITS, SUCH AS TAX INDEMNIFICATION

GROSS-UP PAYMENTS AND HOUSING/RESIDENCE ALLOWANCE TO CERTAIN EMPLOYEES.

ALL BENEFITS WERE TREATED AS TAXABLE COMPENSATION WHEN REQUIRED.

SCHEDULE J, PART I, LINE 4B

SHS PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS TO THREE FORMER

OFFICERS. PATRICK COLANGELO, FORMER PRESIDENT - \$113,898

PHILIP CUSANO, FORMER TREASURER - \$390,919

RONALD TRUNBULL, FORMER COO - \$126,401

Schedule J (Form 990) 2011

#### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047 **Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 22-2476636 STAMFORD HEALTH SYSTEM

SIA	MFORD REALIR SISIEM, INC.								- Z <del>T</del> /	0030	1			_
Part	Excess Benefit Transactions (sect Complete if the organization answered								Z. Pa	rt V. li	ne 40	b.		
1	(a) Name of disqualified person				(b) Description of transaction								Correcte	
(1)												Ye	s N	0
(1) (2)												+	+	-
(3)													+	_
(4)													+	_
(5)													$\top$	_
(6)													T	
2	Enter the amount of tax imposed on the or	ganiz	ation	mana	agers or disqualified	d persons of	during the	year						
	under section 4958									\$_				
3	Enter the amount of tax, if any, on line 2, a	above	, reim	nburse	ed by the organization	n			▶	\$_				_
														_
Part	Loans to and/or From Interested Complete if the organization answers				n 990, Part IV, line	26, or Forn	n 990-EZ	, Part	V, line	38a.				
	(a) Name of interested person and purpose		( <b>b)</b> Loai	n to or from	(c) Original	(d) Bala	nce due	<b>(e)</b> In (	default?	<b>(f)</b> Ap	proved	(g) W	ritter	_ ո
	(0)		` '	anization?	principal amount	(4, 2 4.4		(-,		by bo	ard or	agreen		
										comn	nittee?			
			То	From				Yes	No	Yes	No	Yes	No	_
(1)														_
(2)														_
(3)													—	_
(4) (5)													—	_
(6)														-
(7)														_
(8)														_
(9)														_
(10)														_
Total						•								
Part	III Grants or Assistance Benefiting	Inter	este	d Per	sons.									
	Complete if the organization answere	ed "Ye	es" or	n Forn	n 990, Part IV, line 2	27.								
	(a) Name of interested person	(b)	Relati	ionship	between interested perso organization	on and the	(c)	Amoui	nt and	type c	of assis	tance		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)							I							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

(8) (9) (10)

STAMFORD HEALTH SYSTEM, INC.

Schedule L (Form 990 or 990-EZ) 2011

## 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			aring of ization's nues?
				Yes	No
(1) SHR1, LLC	BUSINESS RELATIONSHIP	459,473.	PLEASE SEE SCH L, PART V		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

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

SCHEDULE L SUPPLEMENTAL INFORMATION

SCHEDULE L, PART IV, COLUMN D

SHR1, LLC LEASES SPACE TO THE HOSPITAL. DOUGLAS MILNE, DIRECTOR IS A 50%

OWNER OF SHR1, LLC.

JSA 1E1507 2.000

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

FORM 990, SUPPLEMENTAL INFORMATION

FORM 990, PART VI, QUESTION 11

THE STAMFORD HEALTH SYSTEM HAS A COMPREHENSIVE REVIEW PROCESS IN PLACE RELATING TO THE REVIEW OF FORM 990. PRIOR TO FINALIZATION OF THE 990, MANAGEMENT PRESENTS THE DRAFT FORM 990 TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. THE HEALTH SYSTEM'S EXTERNAL TAX ACCOUNTANTS ATTEND THIS MEETING WITH MANAGEMENT TO ADDRESS ANY SPECIFIC CONCERNS OR QUESTIONS. THIS REVIEW PROCEDURE HELPS TO ASSURE SOUND REPORTING AND COMPLIANCE WITH TAX LAW.

FORM 990, PART VI, QUESTION 12C

IT IS THE POLICY OF STAMFORD HEALTH SYSTEM 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 STAMFORD HEALTH SYSTEM, OR ITS PATIENTS. EMPLOYEES ARE EXPECTED TO CONDUCT THE BUSINESS OF THE HEALTH SYSTEM TO THE BEST OF THEIR ABILITY AND FOR THE BENEFIT OF THE HEALTH SYSTEM 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 HEALTH SYSTEM'S COMPLIANCE DEPARTMENT.

FORM 990, SUPPLEMENTAL INFORMATION

FORM 990, PART VI, QUESTION 15A

STAMFORD HEALTH SYSTEM DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF THE WHOLLY OWNED SUBSIDIARY STAMFORD HOSPITAL PERFORM THE DAILY OPERATIONS OF SHS. 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 15B

STAMFORD HEALTH SYSTEM DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF THE WHOLLY OWNED SUBSIDIARY STAMFORD HOSPITAL PERFORM THE DAILY OPERATIONS OF SHS. 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

SHS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5

Name of the organization	Employer identification number
STAMFORD HEALTH SYSTEM, INC.	22-2476636

RECONCILIATION OF NET ASSETS

PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST -738,631

EQUITY TRANSFER FROM EDGEHILL 104,999,000

UNREALIZED LOSSES 2,300,542

TOTAL - 106,560,911

ATTACHMENT 1

#### FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR F	RELATED ORGANIZATION
BRIAN GRISSLER		
PRESIDENT AND CEO	37.50	
DR. RODRIGO ACOSTA		
PHYSICIAN	40.00	
DARRYL MCCORMICK		
ASSISTANT SECRETARY	37.50	
DAVID SMITH		
ASSISTANT SECRETARY	37.50	
KEVIN GAGE		
TREASURER	37.50	
KATHLEEN SILARD		
ASSISTANT SECRETARY	37.50	

STAMFORD HEALTH SYSTEM, INC.

22-2476636

#### SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

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

► See separate instructions.

	_	_	
Open to	Pu	blic	
Inspec	ctic	on	

Name of the organization
STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

(a) Name, address, and EIN of disregarded entity		Primary activity	Legal domicile (state or foreign country)	Total income	(e) End-of-year assets	Direct cor enti	ntrolling
(1)							
_(2)							
_(3)							
_(4)							
_(5)							
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations du	ions (Complete if the ring the tax year.)	he organization ans	wered "Yes" to F	Form 990, Part IV	/, line 34 because	e it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	
						Yes	No
	17 HOSPITAL	CT	501(C)(3)	3	SHS	X	
(2) STAMFORD HEALTH INTERGRATED PRACTICES 27-16482 30 SHELBURNE RD STAMFORD, CT 06904	89 MEDICAL SVO	CS CT	501(C)(3)	9	TSH	Х	
(3) THE STAMFORD HOSPITAL FOUNDATION 22-24787 30 SHELBURNE RD STAMFORD, CT 06904	48FUNDRAISING	G CT	501(C)(3)	9	SHS	Х	
(4) CONT CARE RETIREMENT COMM OF GR STAMFORD 06-14022	15RETIREMT C	TR CT	501(C)(3)	9	SHS	X	
_(5)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

578830 1274

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

because it had one or n	nore related orga	nizations	s treated as a pa	artnership during the	tax year.)							
(a) Name, address, and EIN of related organization	<b>(b)</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	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		oounity)		,			Yes	No	(1 01111 1000)	Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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>(b)</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 SUITES06-1619978							
166 W BROAD STREET STAMFORD, CT 06904	PROF OFFICE BLDG	CT	SHS	C CORP	403,000.	8,619,000.	100.0000
(2) STAMFORD OB/GYN ASSOCIATES 06-1330879							
30 SHELBURNE RD STAMFORD, CT 06904	OBSTETRICAL CARE	CT	SHS	C CORP	-1,968,000.	448,000.	100.0000
(3) SOUTHWEST CONNECTICUT RADIOLOGY LLC 45-3801216							
30 SHELBURNE RD STAMFORD, CT 06904	RADIOLOGY	CT	SHS	S CORP STATUS P	-1,850,000.	2,681,000.	100.0000
(4) PREMIER MEDICAL GROUP 26-3467761							
230 WESCHESTER AVE HARRISON, NY 10604	ORTHO/REHAB CARE	NY	SHIP	S CORP	-267,000.	0	100.0000
(5) HEALTHSTAR INDEMNITY CO LIMITED							
F.B. PERRY BUILDING, 40 CHURCH ST HAMILTON, BERMUDA BD	SELF-INSURANCE	BD	TSH	C CORP	2,282,000.	73,631,000.	100.0000
<u>(6)</u>							
(7)							

Part III

Schedule R (Form 990) 2011

Par	Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	_	Х
C	Gift, grant, or capital contribution from related organization(s)	1 c	_	
d	Loans or loan guarantees to or for related organization(s)	1d	_	x
u Д	Loans or loan guarantees by related organization(s)	1e		
C	Loans of loan guarantees by telated organization(s).	16	21	
	Calo of apports to related arganization/a	1f		v
	Sale of assets to related organization(s)	11		7/
g	Purchase of assets from related organization(s)	1g		7/
h	Exchange of assets with related organization(s)	1h		_ X
ı	Lease of facilities, equipment, or other assets to related organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from related organization(s)			Х
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 m		X
n	Sharing of paid employees with related organization(s)	1n	Х	
0	Reimbursement paid to related organization(s) for expenses	10		Х
р	Reimbursement paid by related organization(s) for expenses	1p		Х
•				
a	Other transfer of cash or property to related organization(s)	1σ	Х	
	Other transfer of cash or property from related organization(s)		v	

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	red relationships and transa	action thresholds.
	(a)  Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	STAMFORD HEALTH INTERGRATED PRACTICES	I	420,227.	BOOK VALUE
<u>(2)</u>	SOUTHWEST CONNECTICUT RADIOLOGY	E	4,100,000.	CASH VALUE
<u>(3)</u>	STAMFORD OB/GYN	E	360,000.	CASH VALUE
<u>(4)</u>	STAMFORD HOSPITAL	I	361,416.	BOOK VALUE
<u>(5)</u>	STAMFORD HOSPITAL	N	65,698.	BOOK VALUE
(6)	STAMFORD HOSPITAL	Q	679,817.	BOOK VALUE

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	rt IV, line 34, 35, 35a, or 3	36.)		
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ted in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1 c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Sale of assets to related organization(s)				1f	
g	Purchase of assets from related organization(s)				1g	
h	Exchange of assets with related organization(s)				1h	
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	
i	Lease of facilities, equipment, or other assets from related organization(s)				1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations by related organization(s)				11	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 m	
n					1n	
0	Reimbursement paid to related organization(s) for expenses				10	
g	Reimbursement paid by related organization(s) for expenses				1p	
۲	Troinibuloonion pala by rolated organization(e) to expense 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,					
q	Other transfer of cash or property to related organization(s)				1q	
r	Other transfer of cash or property from related organization(s).				1r	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the					
	(a)	(b)	(c)		(d)	
	Name of other organization	Transaction type (a–r)	Amount involved		of determin nt involved	ing
		type (a=i)		aiiiou	iii iiivoiveu	
<b>(1)</b>	STAMFORD HOSPITAL	R	1,005,718.	BOOK V	ALUE	
<u>(2)</u>	CONTINUING CARE RETIREMENT COMMUNITY	R	104,999,000.	BOOK V	ALUE	
<b>(0)</b>						
<u>(3)</u>						
(4)						
(7)						
(5)						
(0)						

(6) JSA

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Page 4

### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	partners tion (c)(3) cations?	(f) Share of total income	are of income Share of Disproportionate amount in assets Disproportionate amount in of Schedul		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
<u>(6)</u>													
(7)													
<u>(8)</u>													
(9)													
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(15)													
(16)													

Schedule R (Form 990) 2011

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STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule R (Form 990) 2011 Page **5** 

# Part VII Supplemental Information

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

Schedule R (Form 990) 2011