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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 201	2 calendar year, or tax year beginning 1	0/01, <b>201</b> 2	2, and endin	ng		09/30	, <b>20</b> <sub>13</sub>					
В.			C Name of organization				D Employer ide	ntification	number					
<b>D</b> CI	heck if ap		STAMFORD HEALTH SYSTEM, INC.											
	Addre chang		Doing Business As				22-2476	636						
	Name	change	Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suite		E Telephone number							
	Initial	return	30 SHELBURNE RD, P O BOX 9317				(203) 276	5-1000						
	Termi	inated	City or town, state or country, and ZIP + 4											
	Amen return		STAMFORD, CT 06902				<b>G</b> Gross receipt	s \$	8,750	0,203.				
	Applic	cation	F Name and address of principal officer: KEVIN GAGE				H(a) Is this a grou affiliates?	p return for	Yes	X No				
	_ ,	9	30 SHELBURNE RD, PO BOX 9317 STAMFO	ORD, CT (	06902		H(b) Are all affiliat	es included?	Yes	i No				
ı	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," attacl	n a list. (see i	nstructions)					
J	Websi	te: 🕨					H(c) Group exemp	tion number	<b>•</b>					
K	Form o	of organ	nization: X Corporation Trust Association Other	<b>&gt;</b>	L Year o	f formati	ion: 1983 <b>M</b> :	State of leg	al domicile	e: CT				
Pa	rt I	Sur	mmary		<u> </u>		<u>'</u>							
		Briefly	y describe the organization's mission or most significant activity	ties:										
4.		-	MFORD HEALTH SYSTEM IS A SUPPORT ORGA		WHOSE M	ISSI	ON IS TO							
nce		SUPE	PORT ITS AFFILIATED ORGANIZATIONS: ST	AMFORD H	OSPITAL,	MILI	 LER							
rna		HALL MED SUITES, STAMFORD HEALTH FDN AND STAMFORD HEALTH INTEG PRACT.												
Governance	2		k this box  if the organization discontinued its operation					 i.						
<u>დ</u>			per of voting members of the governing body (Part VI, line 1a)	•			1	3		14.				
	4	Numb	per of independent voting members of the governing body (Pa	rt VI. line 1b)				4		12.				
viti	5	Total r	number of individuals employed in calendar year 2012 (Part V	'. line 2a)				5						
Activities	6	Total	number of volunteers (estimate if necessary)	,				6						
`	7a	Total	gross unrelated business revenue from Part VIII, column (C), li	ne 12				7a	53	2,918.				
			nrelated business taxable income from Form 990-T, line 34							9,712.				
		1101 01	Totaled basiness taxable meeting north orth coo 1, mile of 1			i i	Prior Year		Current					
	8	Contri	ibutions and grants (Part VIII, line 1h)					0						
nue	9	Progra	am service revenue (Part VIII, line 2g)	COF	Y FOR		2,706,14	5.	2.34	6,239.				
Revenue			tment income (Part VIII, column (A), lines 3, 4, and 7d)	PUBLIC IN	SPECTION		5,714,98			1,751.				
å			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	. L le)			3,49		46,266					
					4,256.									
			revenue - add lines 8 through 11 (must equal Part VIII, column s and similar amounts paid (Part IX, column (A), lines 1-3)				8,424,62	0	- 0 7 0 2					
	14	Renefi	its paid to or for members (Part IX, column (A), line 4)				0							
	4.5	Salari	es, other compensation, employee benefits (Part IX, column (A)	\) lines 5-10\			810,17	2	801,122					
Expenses	16 2		ssional fundraising fees (Part IX, column (A), line 11e)				010,17	0	1 001,122					
ben	iva h	Total f	fundraising expenses (Part IX, column (D), line 25) ▶		0									
Ĕ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				2,883,32	7	3 29'	7,930.				
			expenses. Add lines 13-17 (must equal Part IX, column (A), lines				3,693,49			9,052.				
			nue less expenses. Subtract line 18 from line 12				4,731,12			5,204.				
-Se	13	TCVCII	ide less expenses. Oubtract file to from file 12		· · · · · · · ·	Begin	ning of Current Y		End of Y					
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				.73,991,50		79,474					
Ass Bal	21		assets (Part X, line 16) liabilities (Part X, line 26)				19,993,02		18,703					
det, und	22		ssets or fund balances. Subtract line 21 from line 20				.53,998,47		60,772					
	rt II		gnature Block				.55,550,17	1. 1	00,772	1,125.				
Und	der per	nalties of	of perjury, I declare that I have examined this return, including accompa	nying schedules	and statement	s, and to	the best of my kr	nowledge a	nd belief, i	t is true,				
cor	rect, ar	nd comp	plete. Declaration of preparer (other than officer) is based on all information	ation of which p	reparer has any	/ knowle	dge.							
S	ign													
	ere		Signature of officer				Date							
			KEVIN GAGE	CFO										
			Type or print name and title	CFO										
			Type preparer's name Preparer's signature		Date		Check if	P-	TIN					
Paid	ı		· · · · · · · · · · · · · · · · · · ·	B. Bours	08/14/	14	self- employed ▶		00032	493				
Prep	oarer		TRACE A MAINIG IT G. T.T.	N. Hadde	<u> </u>	· ·		34-656						
Use	Only				6004			317-68		<u> </u>				
May	the II		s address 111 MONUMENT CIRCLE, SUITE 4000 INDIANA cuss this return with the preparer shown above? (see instruction						Yes	X No				
uy		uio	the rotal will the property offering above: (occ mandet	···· /					162	LZY NO				

STAMFORD HEALTH SYSTEM, INC.

Part III	Statement	of Program Service A			
			esponse to any question in this Part III		
,		organization's mission			
			SUPPORT ORGANIZATION WHOSE		
SUPPO	ORT ITS A	FFILIATED ORGAN	IZATIONS: THE STAMFORD HOS	SPITAL MILLER	
HALL	MEDICAL :	SUITES, STAMFORI	D HEALTH FOUNDATION AND ST	TAMFORD HEALTH	
INTEC	GRATED PR	ACTICES.			
prior F	orm 990 or 9	990-EZ?	ficant program services during the ye		the Yes X N
If "Yes	," describe th	ese new services on Se	chedule O.		
service	es?		, or make significant changes in I		am Yes X N
		ese changes on Sched nization's program ser	lule O. rvice accomplishments for each of i	its three largest program se	rvices, as measured l
expens	ses. Section	501(c)(3) and 501(c)(	(4) organizations are required to represent program service reported.		
a (Code:			749,172. including grants of \$SEES_AND_COORDINATES_THE_S	) (Revenue \$	985,351)
			ORATIONS THAT PROVIDE A BE		
			CES TO THE COMMUNITIES OF		
			AND ADJOINING COMMUNITES	IN	
WEST	CHESTER C	OUNTY, NEW YORK.	•		
<b>b</b> (Code:		) (Expenses \$	790 044 including grants of \$	) (Revenue \$	1.360.888
b (Code:			790,044. including grants of \$ BUILDING ADJACENT TO THE	) (Revenue \$	1,360,888)
OWNER	AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE		STAMFORD	1,360,888)
OWNER	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
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OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE	BUILDING ADJACENT TO THE	STAMFORD	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNER HOSPI	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH  (Expenses \$)	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY  including grants of \$	STAMFORD YSICIAN'S	1,360,888)
OWNEF HOSPI OFFIC	R AND OPE	RATOR OF OFFICE IN CAMPUS WHICH  () (Expenses \$	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY  including grants of \$  dule O.)	STAMFORD YSICIAN'S ) (Revenue \$	1,360,888)
OWNEF HOSPI OFFIC	PR AND OPE	RATOR OF OFFICE IN CAMPUS WHICH  (Expenses \$)	BUILDING ADJACENT TO THE IS PRIMARILY USED FOR PHY  including grants of \$  dule O.)	STAMFORD YSICIAN'S ) (Revenue \$	1,360,888)

Form 990 (2012) Page 3

Part	V Checklist of Required Schedules			age 3
	<u> </u>		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	5		Х
6	Part III			
U	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		Х
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? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,"		Х	
h	complete Schedule D, Part VI  Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	Λ	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	21	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
_	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? If "Yes," complete Schedule D, Part X	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 and XII	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 and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business investment and program convice activities outside the United States or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	. 70		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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			
	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?	]	Ţ	
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

STAMFORD HEALTH SYSTEM, INC.

Form 990 (2012) 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 24 a 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?..... 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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, Part II, III, X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 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 11b and Χ

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STAMFORD HEALTH SYSTEM, INC. Form 990 (2012)

Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	30	- 1	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	200	4a	Х	
h	If "Yes," enter the name of the foreign country: ▶ BERMUDA			
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.5
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 14 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. Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X 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.) No Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done 13 Χ 13 Х 14 14 Did the organization have a written document retention and destruction policy?............... 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? 15a The organization's CEO, Executive Director, or top management official Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_CT, 17 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. X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 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

JSA 2E1042 1.000 Form **990** (2012)

organization: ▶kevin gage, cfo 30 shelburne RD, po box 9317 stamford, ct 06902

#### Form 990 (2012) 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.

L	Check this box if neither	the organization nor	r any related organiza	tion compensated any curren	t officer, director, or trustee.
---	---------------------------	----------------------	------------------------	-----------------------------	----------------------------------

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERNEST N. ABATE	2.00									
DIRECTOR	2.00	Х						0	0	0
(2) JAY HIGHAM	2.00									
DIRECTOR	2.00	Х						0	0	0
(3) MICHAEL FEDELE	2.00									
DIRECTOR	2.00	Х						0	0	0
(4) AMY C. DOWNER	2.00									
DIRECTOR	2.00	Х						0	0	0
(5) MARYANN KELLER-CHAI	2.00									
DIRECTOR	2.00	Х						0	0	0
(6) DR. RODRIGO ACOSTA	2.00									
PHYSICIAN	38.00	Х						0	409,574.	1,820.
(7) DAVID JAHNS	2.00									
DIRECTOR	2.00	Х						0	0	0
(8) BRIAN GRISSLER	2.00									
PRESIDENT AND CEO	38.00	X		Х				0	1,837,162.	36,194.
(9) DR. ARTHUR KLEIN	2.00									
DIRECTOR	2.00	X						0	0	0
(10) DR. CHARLES MINER	2.00									
DIRECTOR	2.00	X						0	0	0
(11)DR. NEIL DREYER	2.00									
DIRECTOR	2.00	X						0	0	0
(12) ANDREW MERRILL	2.00									
DIRECTOR	2.00	X						0	0	0
(13) CHARLES KRAUSE, III	2.00									
DIRECTOR	2.00	Х						0	0	0
(14) EDWIN FORD	2.00									
CHAIRMAN	2.00	X						0	0	0

Form **990** (2012)

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Form 990 (2012)	. 10								<u> </u>			Page <b>8</b>
Part VII Section A. Officers, Directors, Tru	i -	y En	npic			and I	Hıgl		1 1	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other pensation om the anization d related anization	if ion on d
15) DARRYL MCCORMICK	2.00	-										
ASSISTANT SECRETARY	38.00			X				C	496,956.		10,9	<i>)</i> 97.
16) DAVID SMITH	2.00 38.00	-		37					642 124		20 6	504
ASSISTANT SECRETARY 17) KEVIN GAGE	2.00			Х					643,134.		38,6	) 54.
TREASURER	38.00	_		Х					730,883.		44,5	506
18) KATHLEEN SILARD	2.00			21					730,003.		11,	<del>, , , , , , , , , , , , , , , , , , , </del>
ASSISTANT SECRETARY	38.00			Х					777,149.		51,1	L03.
19) PATRICK COLANGELO	0	-										
FORMER CFO AND TREASURER	0						Х	113,898.	o			(
20) PHILIP CUSANO	0											
FORMER PRESIDENT AND CEO	0						Х	390,919.	0			(
21) RONALD TURNBULL	0	-										
FORMER COO	0						X	126,401.	0			(
1b Sub-total	•						<b></b>	C	2,246,736.		38,0	14.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	631,218.	2,648,122.	1	45,3	00.
d Total (add lines 1b and 1c)							<b>&gt;</b>	631,218.	4,894,858.	1	83,3	314.
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 3	ed a	bov	e) wh	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab \$15	ole (	com	per?	nsatio "Yes	n aı	nd other compens	sation from the	4	Х	
										4	21	
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors</li> </ul>										5		Х
Complete this table for your five highest com	nancatad i	nden	and,	ant	con	tracto	re t	hat received more	than \$100 000 a	f		
i Complete this table for your live highest com	ישכיוסמנכט ו	inacht		اااد	COH	uacil	וסו	inat received illole	, man φ 100,000 0	1		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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STAMFORD HEALTH SYSTEM, INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f: \$		0			
<u>•</u>	<del>"</del>	Total. Add lilles 1a-11		U			
Program Service Revenue	2a b c d	RENTAL ACTIVITY	532000	2,346,239.	2,346,239.		
g	f	All other program service revenue					
ဥ		Total. Add lines 2a-2f		2 246 229			
<u>~</u>	3	Investment income (including dividends, inter other similar amounts)	est, and	2,346,239.		532,918.	2,004,690.
	4	Income from investment of tax-exempt bond		0			
	5			0			
	6a b	Gross rents	(ii) Personal				
	d	Net rental income or (loss)		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	d	Net gain or (loss)	. <u></u>	1,694,143.			1,694,143.
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
Ħ	С	Net income or (loss) from fundraising events		0			
J		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold	<u></u>	0			
		Miscellaneous Revenue	Business Code				
	11a	ALL OTHER INCOME	900099	46,266.			46,266.
	b						
	d d	All other revenue	`	15.05			
	4 e	Total. Add lines 11a-11d		46,266.			
	12	Total revenue. See instructions	<u></u> . ▶	6,624,256.	2,346,239.	532,918.	3,745,099.

## 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).

	Check if Schedule O contains a resp	onse to any question in	this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
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)	169,904.		169,904.	
9	Other employee benefits	0			
0	Payroll taxes	0			
11	Fees for services (non-employees):	40 436	40 426		
	Management	40,436.	40,436.	44 001	
	Legal	44,801.		44,801.	
	Accounting	107,957.		107,957.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17 Investment management fees	0			
9	Other. (If line 11g amount exceeds 10% of line 25, column  (A) amount, list line 11g expenses on Schedule O.)	153,235.	153,235.		
12	Advertising and promotion	0	,		
13	Office expenses	89,382.	21,637.	67,745.	
14	Information technology	6,849.	6,849.		
15	Royalties	0			
16	Occupancy	1,555,696.	1,555,696.		
17	Travel	0			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
20	Interest	171,883.	171,883.		
21	Payments to affiliates	0	E01 0E0		
22	Depreciation, depletion, and amortization	581,373.	581,373.		
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	191,684.		191,684.	
	TAXES-STATE/FED_INCOME	267,684.		267,684.	
	MISCELLANEOUS	8,107.	8,107.	20.,001.	
-	All other expenses	-,	-,		
25	Total functional expenses. Add lines 1 through 24e	4,099,052.	2,539,216.	1,559,836.	
26	Joint costs. Complete this line only if the		·	·	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🧻 if				
	following SOP 98-2 (ASC 958-720)	0			

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STAMFORD HEALTH SYSTEM, INC.

#### Form 990 (2012) Part X Page **11 Balance Sheet**

Check if Schedule O contains a response to any question in this Part X			Check if Schedule O contains a response t	n an	vallestion in this Part	t X		
1   Cash - non-interest-bearing	_		Check if Schedule O contains a response i	o arr	y question in this Fan			
2 Savings and temporary cash investments								
2 Savings and temporary cash investments	_	1	Cash - non-interest-bearing			0	1	0
3 Piedges and grants receivable, net		2	Savings and temporary cash investments			94,252,912.	2	4,931,973.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Comptebe Part II of Schedule L 6 Loans and other receivables from other disquisitied persons (ex defined under sections of the receivable from other disquisitied persons (ex defined under sections of the receivable from other disquisitied persons (ex defined under sections of the receivable from other disquisitied persons (ex defined under sections of the receivable from other base), and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 8 100 B Inventories for sale or use 9 Prepaid expenses and deferred charges 101 Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 102 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 103 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 10 Secured mortpages and notes payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disquallide persons. Complete Part II of Schedule D 20 Tax-exempt bond liabilities on through 25. 21 Secured mortpages and notes payable to unrelated third parties 22 Loans and other liabilities complete lines 37 through 25. 23 Secured mortpages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Impairations that follow \$FAS 117 (		3	Pledges and grants receivable, net			74,179.	3	74,179.
Secure   Complete Part II of Schedule   Complete Part II of		4	Accounts receivable, net			120,972.	4	61,969.
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4956/f)(1)), persons described in section 4956/c)(3)(B), and contributing employers and sponsoring organizations of section 501c(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net C 9 Prepaid expenses and deferred charges 83,226. 9 142,393.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 24,875,397.  b Less: accumulated depreciation 1 10b 16,724,258. 8,690,658. 10c 8,151,139.  11 Investments - publicly traded securities 30,617,738. 11 120,860,978.  12 Investments - program-related. See Part IV, line 11 26,063,608. 12 31,395,267.  13 Investments - program-related. See Part IV, line 11 26,063,608. 12 31,395,267.  14 Intangible assets		5	Loans and other receivables from current and	forme	r officers, directors,			
4956(f(1)), persons described in section 4956(c(3)(B), and contributing employers and sponsoring organizations of section 501c(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net P  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a 24,875,397.  b Less: accumulated depreciation.  10b 16,724,258.  8,690,668.  10c 8,151,139.  11 Investments - publicly traded securities. See Part IV, line 11.  120,860,978.  12 Investments - program-related. See Part IV, line 11.  13 Investments - program-related. See Part IV, line 11.  14 Indiangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal random former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  25 Other liabilities (including federal noome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets  28 Temporarily restricted net assets  30 Capital stock or trust principal, or current funds  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained								
4956(f(1)), persons described in section 4956(c(3)(B), and contributing employers and sponsoring organizations of section 501c(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net P  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a 24,875,397.  b Less: accumulated depreciation.  10b 16,724,258.  8,690,668.  10c 8,151,139.  11 Investments - publicly traded securities. See Part IV, line 11.  120,860,978.  12 Investments - program-related. See Part IV, line 11.  13 Investments - program-related. See Part IV, line 11.  14 Indiangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal random former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  25 Other liabilities (including federal noome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets  28 Temporarily restricted net assets  30 Capital stock or trust principal, or current funds  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained			Complete Part II of Schedule L			0	5	0
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6						
7 Notes and loans receivable, net								
9 Prepaid expenses and deferred charges   83, 226. 9   142, 393.	Ś					0		
9 Prepaid expenses and deferred charges   83, 226. 9   142, 393.	set	7	Notes and loans receivable, net			0		
10a	As		Inventories for sale or use			0		
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Unsecured nortes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Total liabilities not on the liabilities n		-				83,226.	9	142,393.
b Less: accumulated depreciation.   10b   16,724,258.   8,690,658.   10c   8,151,139.   11   Investments - publicly traded securities   30,617,738.   11   120,860,978.   12   120,860,978.   12   130,850,978.   13   Investments - program-related. See Part IV, line 11   0   13   0   0   14   11		10 a			24 075 207			
11   Investments - publicly traded securities   30,617,738.   11   120,860,978.     12   Investments - other securities. See Part IV, line 11   26,063,608.   12   31,395,267.     13   Investments - program-related. See Part IV, line 11   0   13   0     14   Intangible assets   0   14   0     15   Other assets. See Part IV, line 11   14,088,209.   15   13,856,643.     16   Total assets. Add lines 1 through 15 (must equal line 34)   173,991,502.   16   179,474,541.     17   Accounts payable and accrued expenses   657,296.   17   380,440.     18   Grants payable   0   18   0     19   Deferred revenue   88,358.   19   91,160.     10   Escrow or custodial account liabilities   0   20   0     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0   21   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0     24   Unsecured notes and loans payable to unrelated third parties   5,580,000.   24   5,340,000.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   13,667,374.   25   12,891,516.     26   Total liabilities. Add lines 17 through 25   19,993,028.   26   18,703,116.     27   Organizations that follow SFAS 117 (ASC 958), check here		١.				0 600 650	40.	0 151 120
12   Investments - other securities. See Part IV, line 11   26,063,608.   12   31,395,267.     13   Investments - program-related. See Part IV, line 11   0   13   0     14   Intangible assets   0   14   080,209.   15   13,856,643.     15   Other assets. See Part IV, line 11   14,088,209.   15   13,856,643.     16   Total assets. Add lines 1 through 15 (must equal line 34)   173,991,502.   16   179,474,541.     17   Accounts payable and accrued expenses   657,296.   17   380,440.     18   Grants payable   0   18   0   0   18   0     19   Deferred revenue   88,358.   19   91,160.     20   Tax-exempt bond liabilities   0   20   0   0     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0   21   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0   0     24   Unsecured notes and loans payable to unrelated third parties   0   23   0   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   13,667,374.   25   12,891,516.     26   Total liabilities. Add lines 17 through 25   19,993,028.   26   18,703,116.     27   Unrestricted net assets   151,590,979.   27   158,363,930.     28   Temporarily restricted net assets   2,361,009.   28   2,361,009.     29   Permanently restricted net assets   2,361,009.   28   2,361,009.     29   Permanently restricted net assets   0   0   0   0   0   0   0   0   0								
13   Investments - program-related. See Part IV, line 11   0   13   0   0   14   10   14   10   14   10   15   14   10   15   14   10   16   17   17   18   16   17   18   16   17   18   16   17   18   17   18   18   18   19   19   18   18   19   19								
14   Intangible assets						20,003,000.		31,393,207.
15 Other assets. See Part IV, line 11   14,088,209. 15   13,856,643.     16 Total assets. Add lines 1 through 15 (must equal line 34)   173,991,502. 16   179,474,541.     17 Accounts payable and accrued expenses   657,296. 17   380,440.     18 Grants payable   0   18   0     19 Deferred revenue   88,358. 19   91,160.     20 Tax-exempt bond liabilities   0   20   0     21 Escrow or custodial account liability. Complete Part IV of Schedule D   0   21   0     22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0   22   0     22 Unsecured notes and loans payable to unrelated third parties   0   23   0     23 0 0   0     24 Unsecured notes and loans payable to unrelated third parties   5,580,000.   24   5,340,000.     25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   13,667,374.   25   12,891,516.     26 Total liabilities. Add lines 17 through 25   19,993,028.   26   18,703,116.     27 Unrestricted net assets   151,590,979.   27   158,363,930.     28 Temporarily restricted net assets   2,361,009.   28   2,361,009.     29 Permanently restricted net assets   2,361,009.   28   2,361,009.     29 Permanently restricted net assets   2,361,009.   28   2,361,009.     29 Permanently restricted net assets   2,361,009.   28   2,361,009.     30 Capital stock or trust principal, or current funds   31   24,486.   32   33   34,486.   34,486.   35   34,486.   36,486.   36,486.   37,486.   38,486.   38,486.   38,486.   39,474.   33   160,771,425.   33   160,771,425.   33   160,771,425.   33   160,771,425.   33   160,771,425.   33   160,771,425.   34,486.						0		0
16			Other assets See Part IV line 11			14.088.209		13.856.643
17								
18   Grants payable   0   18   0   0   19   0   0   0   0   0   0   0   0   0	_							
19   Deferred revenue   88,358.   19   91,160.     20   Tax-exempt bond liabilities   0 20   0     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   00     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0 22   0     23   Secured mortgages and notes payable to unrelated third parties   0 23   0     24   Unsecured notes and loans payable to unrelated third parties   5,580,000.   24   5,340,000.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   13,667,374.   25   12,891,516.     26   Total liabilities. Add lines 17 through 25   19,993,028.   26   18,703,116.     27   Unrestricted net assets   151,590,979.   27   158,363,930.     28   Temporarily restricted net assets   2,361,009.   28   2,361,009.     29   Permanently restricted net assets   2,361,009.   28   2,361,009.     29   Permanently restricted net assets   30   46,486.   29   46,486.     30   Capital stock or trust principal, or current funds   30   20   30   30   30   30   30   30		18			0		0	
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances		19	Deferred revenue	88,358.	19	91,160.		
Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here Acomplete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34.  Total liabilities 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  153,998,474. 33 160,771,425.		20	Tax-exempt bond liabilities			0	20	0
23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 5,580,000. 24 5,340,000. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 13,667,374. 25 12,891,516. 26 Total liabilities. Add lines 17 through 25 19,993,028. 26 18,703,116. Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 151,590,979. 27 158,363,930. 29 Permanently restricted net assets 2,361,009. 28 2,361,009. 29 Permanently restricted net assets 20 0 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 153,998,474. 33 160,771,425.	es	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0
23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 5,580,000. 24 5,340,000. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 13,667,374. 25 12,891,516. 26 Total liabilities. Add lines 17 through 25 19,993,028. 26 18,703,116. Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 151,590,979. 27 158,363,930. 29 Permanently restricted net assets 2,361,009. 28 2,361,009. 29 Permanently restricted net assets 20 0 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 153,998,474. 33 160,771,425.	Ě	22	Loans and other payables to current and for	rmer	officers, directors,			
23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 5,580,000. 24 5,340,000. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 13,667,374. 25 12,891,516. 26 Total liabilities. Add lines 17 through 25 19,993,028. 26 18,703,116. Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 151,590,979. 27 158,363,930. 29 Permanently restricted net assets 2,361,009. 28 2,361,009. 29 Permanently restricted net assets 20 0 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 153,998,474. 33 160,771,425.	jab							
24 Unsecured notes and loans payable to unrelated third parties	_					0		0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						0		0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						5,580,000.	24	5,340,000.
of Schedule D 26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Corganizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Permanently restricted net assets Corganizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  13,667,374. 25 12,891,516. 19,993,028. 26 18,703,116.  27 158,363,930. 28 2,361,009. 28 2,361,009. 29 46,486. 29 46,486. 29 46,486. 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  153,998,474. 33 160,771,425.		25	, <u> </u>					
Total liabilities. Add lines 17 through 25			•		' ' I	12 667 271	25	10 001 516
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  31 Paid-in or capital surplus, or land, building, or equipment fund Total net assets or fund balances  153,998,474.  33 160,771,425.		26	Total liabilities Add lines 17 through 25					
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  151,590,979. 27 158,363,930. 2,361,009. 28 2,361,009. 46,486. 29 46,486.  30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  153,998,474. 33 160,771,425.	_	20				10,000,020.	20	10,703,110.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30  31  32  33 Total net assets or fund balances 31  32  33 160,771,425.	es				Chere P [] and			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30  31  32  33 Total net assets or fund balances 31  32  33 160,771,425.	anc	27	Unrestricted net assets			151,590,979.	27	158,363,930.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30  31  32  33 Total net assets or fund balances 31  32  33 160,771,425.	Bala	28	Temporarily restricted net assets			2,361,009.	28	2,361,009.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30  31  32  33 Total net assets or fund balances 31  32  33 160,771,425.	Б	29	Permanently restricted net assets		<u></u> [	46,486.	29	46,486.
	r E			, chec	k here  and			
	ts c	30	Capital stock or trust principal, or current funds		30			
	SSe		· · · · · · · · · · · · · · · · · · ·					
	Ą		Retained earnings, endowment, accumulated inco	ome,	or other funds			
<b>34</b> Total liabilities and net assets/fund balances	Net	33	Total net assets or fund balances			153,998,474.		160,771,425.
		34	Total liabilities and net assets/fund balances			173,991,502.	34	179,474,541.

STAMFORD HEALTH SYSTEM, INC.

OIIII 33	00 (2012)				1 0	ye ı z			
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			199,0				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,5 L53,9	25,2				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5									
6	Donated services and use of facilities	6				0			
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		9	41,3	347.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		L60,7	71,4	125.			
Part									
	Check if Schedule O contains a response to any question in this Part XII				Ш				
					Yes	No			
1	Accounting method used to prepare the Form 990: CashX Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpla	in in						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npile	d or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted	on a						
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight							
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	?	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, e	xpla	in in						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t for	th 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 und	ergo	the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b					

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

Name of t	the organization							Emplo	yer iden	tificati	on numl	ber	
STAMFO	RD HEALTH SYST				22-	-247	6636						
Part I	Reason for Publ	lic Charity Status	<b>s</b> (All organizations mu	ıst cor	nplete	this pa	art.) Se	e instri	uctions	i.			
The orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1 📙			association of churches		ed in s	ection	170(b)(	1)(A)(i)					
2			(1)(A)(ii). (Attach Schedul										
3			ervice organization descr			-							
4			erated in conjunction wi	ith a h	nospita	l descr	ibed in	sectio	n 170(k	o)(1)( <i>i</i>	4)(iii).	Enter	the
	hospital's name, cit												
5			nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ntal u	init des	scribed	l in
	section 170(b)(1)(A		·										
6		-	or governmental unit des										
7	_		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om th	e gene	ral pul	olic
	described in sectio												
8	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)  An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross												
9	_	-										_	
	-		exempt functions - sub	_		-							
			ome and unrelated busi				•		1 511	tax) i	rom b	usines	ses
10			ne 30, 1975. See <b>section</b>	•				•	`				
10 X		-	ted exclusively to test for rated exclusively for the		-				-	or t	o carn	v out	tho
	_	-	ipported organizations de			-						-	
		· · · · · · · · · · · · · · · · · · ·	es the type of supporting					-				- 3 <del>-</del>	1011
	a X Type I		c Type III-Function	_				Type II		_		tegrate	h
е			the organization is not	•	•						•	•	
•		=	gers and other than one			-		-	-				
	509(a)(1) or section		g			,							
f	` ' ' '	` ' ' '	n determination from th	e IRS	that it	is a T	vpe I. 7	Type II.	or Type	e III s	upport	ina	
	organization, check						,,,,,	, je,	7				
g	=		nization accepted any gif	t or co	ntribut	ion from	any of	the					_
J	following persons?	, 0	, , , ,				,						
		directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	ı (ii)		Yes	No
			dy of the supported organ							` ,	11g(i)		X
	(ii) A family memb	per of a person des	scribed in (i) above?								11g(ii)		X
	(iii) A 35% controll	led entity of a pers	on described in (i) or (ii) a	bove?							11g(iii)		X
h	Provide the following	ng information abo	ut the supported organization	ation(s	).								
(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		s the	(vii) A	Amount o	of monet	ary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in		anization . (i) of		zation in rganized		suppo	ort	
			(see instructions))	your g	overning ment?		ipport?		U.S.?				
				Yes	No	Yes	No	Yes	No				
(Δ)													
ATTA	CHMENT 1												
(B)													
(C)													
(D)													
(E)													
Tatel													
Total										i .			

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

Schedule A (Form 990 or 990-EZ) 2012

STAMFORD HEALTH SYSTEM, INC.

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II

Pai	Support Schedule for Or (Complete only if you chec Part III. If the organization to	ked the box or	n line 5, 7, or 8	8 of Part I or if	the organizat	ion failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4. tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7		(4) 2000	(3) 2000	(6) 20 10	(4) 2011	(0) 2012	(i) rotal
8	Amounts from line 4 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 13	Gross receipts from related activities, etc. ( First five years. If the Form 990 is organization, check this box and stop here	for the organiza	tion's first, seco	nd, third, fourth,			
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (I			11, column (f))		14	%
15	Public support percentage from 2011	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2012. If the						re, check
	this box and <b>stop here.</b> The organization	ion qualifies as a	a publicly suppo	rted organizatio	n		▶ 🔲
b	331/3% support test - 2011. If the	organization did	I not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org						
17a	<b>10%-facts-and-circumstances test</b> - 10% or more, and if the organization Part IV how the organization meets organization	n meets the "fa the "facts-and-o	cts-and-circums circumstances" t	tances" test, ch est. The organi	neck this box a ization qualifies	nd <b>stop here.</b> E as a publicly s	Explain in supported
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org Explain in Part IV how the organizat supported organization	2011. If the organization meets ion meets the "	ganization did r s the "facts-an 'facts-and-circur	not check a box d-circumstances mstances" test.	on line 13, 16 " test, check t The organization	a, 16b, or 17a his box and <b>st</b> on qualifies as a	and line op here. a publicly
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

500	tion A Public Support		C toolo notou be	5.5 II, p.0400 0	opioto i uit	··· <i>,</i>	
	tion A. Public Support	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Gifts, grants, contributions, and membership fees	(4) 2000	(3) 2003	(0) 2010	(4) 2011	(6) 2012	(i) i otai
1	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						
/a	Amounts included on lines 1, 2, and 3						
h	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	(=) 2000	(h) 2000	(=) 2010	(4) 2011	(-) 2012	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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						
	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.)		1				
14	First five years. If the Form 990 is for	ū			•		` ` ` ` _
	organization, check this box and stop here						▶ ∟
	tion C. Computation of Public Sup			(0)		T . <b>-</b> T	
15	Public support percentage for 2012 (line 8,					15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmen					T . T	
17	Investment income percentage for 2012 (lin					17	%
18	Investment income percentage from 2011					18	%
19 a	331/3% support tests - 2012. If the org						
	17 is not more than 331/3 %, check thi			•			· · · · · · · · · · · · · · · · · · ·
b	331/3% support tests - 2011. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization (	did not check	a hox on line	14 19a or 10k	n check this h	ox and see insti	ructions 🕨

JSA 2E1221 1.000

STAMFORD HEALTH SYSTEM, INC.

Schedule A (Form 990 or 990-EZ) 2012

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).

				ATTACH	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT						
		(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	X	X	X	0
TOTAL AMOUNT OF SUPPORT						0

22-2476636

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► 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.

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number
22-2476636

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental Organization answered "Yes" to Form 990, Part IV, line 6.	inds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
3	funds are the organization's property, subject to the organization's exclusive legal cor	
6	Did the organization all grantees, donors, and donor advisors in writing that g	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
		· · ·
Pai	conferring impermissible private benefit?	s" to Form 990 Part IV line 7
1-ai	Purpose(s) of conservation easements held by the organization (check all that apply).	s to Form 990, Fart IV, line 7.
•		
		vation of an historically important land area
		vation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contril	oution in the form of a conservation
	easement on the last day of the tax year.	Held of the Find of the Terr Vern
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not of	n a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, o	terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	
	<b>&gt;</b>	5 .
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	asements during the year
	►\$	3 · · , · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requireme	nts of section 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revo	enue and expense statement and
-	balance sheet, and include, if applicable, the text of the footnote to the organization'	•
	organization's accounting for conservation easements.	
Pai	organizations Maintaining Collections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	
1a	If the organization elected as permitted under SEAS 116 (ASC 058), not to report	t in its revenue statement and halance shoot
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repor works of art, historical treasures, or other similar assets held for public exhibiting public service, provide, in Part XIII, the text of the footnote to its financial statements	on, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements	hat describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to the	• .
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

STAMFORD HEALTH SYSTEM, INC.

Page 2 Schedule D (Form 990) 2012 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 2a Did the organization include an amount on Form 990, Part X, line 21? No **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, d Grants or scholarships e Other expenditures for facilities f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶\_\_\_\_ Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (c) Accumulated (investment) depreciation 1,036,589. 1,036,589. **b** Buildings 16,397,031. 11,702,370 4,694,661. 3,910,294. 1,805,432. 2,104,862. c Leasehold improvements d Equipment 3,489,628. 3,216,456 273,172.

41,855.

Schedule D (Form 990) 2012

41,855.

8,151,139.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Investments - Other Securities. See Form 990, Part X, line 12. Part VII (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests . (3) Other (A) ALT INVESTMENTS OTHER 29,089,193. FMV (B) ALT INV PRIVATE MUTUAL FUNDS 2,306,074. FMV (C) (D) (E) (F) (G) (H) (I) 31,395,267. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. See Form 990, Part X, line 13. Part VIII (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15. Part IX (a) Description (b) Book value (1) INVESTMENT NSC 3,958,297. (2) DUE FROM AFFILIATES 9,708,297. (3) INVESTMENT PATHOLOGY LLC 61,443. 48,829. (4) INVESTMENT MILLER HALL MS (5) DEF FINANCING FEES 34,008. (6) INTEREST RECEIVABLE 25,869 (7) RENT DEPOSITS 19,900 (8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 13,856,643 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PENSION LIABILITIES 12,797,575 (3) TENANT SECURITY DEPOSITS 93,941. (4)(5)(6)(7)(8)(9)(10)12,891,516. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Page 3

Schedule D (Form 990) 2012

STAMFORD HEALTH SYSTEM, INC.

Schedu	e D (Form 990) 2012						Page <b>4</b>
Part	Reconciliation of Revenue per Audited Financial Statements W	ith R	eveni	ue per	Returr	1	
1	Total revenue, gains, and other support per audited financial statements					1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	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:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b					4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	
Part	XII Reconciliation of Expenses per Audited Financial Statements W	ith E	xpen	ses p	er Retu	rn	
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 XIII.)	2d					
е	Add lines za through zd					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	4a					
b	Other (Describe in Part XIII.)	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							
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also ation.						

Schedule D (Form 990) 2012

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2012

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

Compensation Information

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

► Complete if the organization are seen as the compensation of the

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

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			
	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	1b		
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		
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, but 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			
-	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	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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		Х
b	Any related organization?	5b		Х
	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		Х
b	Any related organization?	6b		Х
	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		Х
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		Х
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) 2012

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2012

### 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.

Care   Care			<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
ASSISTANT SICRETANY   (10)   380,158   102,668   14,130     10,997   507,953   0   DAVID SMITH   (10)   432,272   100,803   110,059   0   38,694   681,828   0   0   0   0   0   0   0   0   0	(A) Name and Title				reportable		benefits		
ASSISTANT SECRETARY   09   380,158.   102,668.   14,130.   0   10,997.   507,953.   0   DAVID SMITH   0   0   0   0   0   0   0   0   0	DARRYL MCCORMICK	(i)	0	(	C	Q	0	(	0
2 SSISTANT SECRETARY (0) 432,272. 100,803. 110,059. C 38,694. 681,828. O KEVIN GAGE (0) 514,227. 135,716. 80,940. C 44,506. 775,389. O 3 7EASUBER (0) 514,227. 135,716. 80,940. C 44,506. 775,389. O KATHLEEN SILARD (0) C C C C C C C C C C C C C C C C C C C	1 ASSISTANT SECRETARY	1 [	380,158.	102,668.	14,130.	d	10,997.	507,953.	0
2 ASSISTANT SECRETARY (0) 432,272. 100,803. 110,059. C 38,694. 681,828. C C C C C C C C C C C C C C C C C C C	DAVID SMITH	(i)	0	(	C	Q	0	(	0
3 THEADURER   (1)   514,227.   135,716.   80,940.   0   44,506.   775,389.   0   0   0   0   0   0   0   0   0	2 ASSISTANT SECRETARY	1 [	432,272.	100,803.	110,059.	d	38,694.	681,828.	0
KATHLEEN SILARD   0		(i)	0	(	C	o d	0	(	0
4 ASSISTANT SECRETARY (0) 544,902. 142,140. 90,107. C 51,103. 828,252. O DR. RODRIGO ACOSTA (0) C C C C C C C C C C C C C C C C C C C	3 TREASURER	(ii)	514,227.	135,716.	80,940.	d	44,506.	775,389.	0
DR. RODRIGO ACOSTA  (i) 409,574. 0 0 0 1,820. 411,394. 0  5 PHYSICIAN  (ii) 409,574. 0 0 0 1,820. 411,394. 0  6 FORMER CPO AND TREASUREX  (ii) 0 0 0 0 0 0 0 0 0 0  FHILIP CUSANO  7 FORMER PERSIDENT AND CEO  (ii) 0 0 0 0 0 0 0 0 0 0  RONALD TURNBULL  (i) 126,401. 0 0 0 0 0 0 0 0 0 0  BRIAN GRISSLER  (i) 0 0 0 0 0 0 0 0 0 0 0  BRIAN GRISSLER  (i) 0 0 0 0 0 0 0 0 0 0 0 0  BRIAN GRISSLER  (i) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	0	(	C	d	0	(	0
S PHYSICIAN   (ii)	4 ASSISTANT SECRETARY	(ii)	544,902.	142,140.	90,107.	Q	51,103.	828,252.	0
PATRICK COLANGELO  6 FORMER CPO AND TREASURER  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	0	(	<u></u>	d	0	(	0
6 FORMER CPO AND TREASURER (I) C C C C C C C C C C C C C C C C C C C	5 PHYSICIAN	(ii)	409,574.	(	C	Q	1,820.	411,394.	0
PHILIP CUSANO (I) 390,919.    FORMER PRESIDENT AND CEO (II) C C C C C C C C C C C C C C C C C C		(i)	113,898.	(	)c	dd	0	113,898.	0
7 FORMER PRESIDENT AND CEO (I) C C C C C C C C C C C C C C C C C C C	6 FORMER CFO AND TREASURER	(ii)	0	(	C	0	0	(	0
RONALD TURNBULL (i) 126,401.		(i)	390,919.	(	)C	d	0	390,919.	0
## FORMER COO   (ii)		(ii)	0	(	C	0	0	(	0
BRIAN GRISSLER (I) C C C C C C C C C C C C C C C C C C C		(i)	126,401.	(	]	dd	0	126,401.	0
9 PRESIDENT AND CEO (ii) 945,941. 345,553. 545,668. 0 36,194. 1,873,356. 0  10 (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii	8 FORMER COO	(ii)	0	(	C	Q	0	(	0
10 (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii		(i)	0	(	]	dd	0	(	0
10 (i) (i) (i) (ii) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii	9 PRESIDENT AND CEO	(ii)	945,941.	345,553.	545,668.	Q	36,194.	1,873,356.	0
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii		(i)			ļ 				
11 (ii) (i) (ii) (iii) (iiii) (iiii) (iiiiiiii	10	(ii)							
12 (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii		(i)			ļ +				
12 (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii	11	(ii)							
(i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii		(i)			ļ +				
13 (ii) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii	12								
14 (i)		(i)			 				
14 (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiiiiiii	13								
15 (i) (ii) (ii) 16 (iii)		1 [			 +				
15 (ii) (i) (ii) (iii) (iiiiiiiiiiiiiiiii	14	<del></del>							
16 (i)		1 [			<del> </del>				
	15								
		1 1			<del> </del>				
	16	(ii)							edule J (Form 990) 2012

Schedule J (Form 990) 2012

STAMFORD HEALTH SYSTEM, INC. 22-2476636

Schedule J (Form 990) 2012

#### 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.

SUPPLEMENTAL INFORMATION

PART I, LINE 4B

SHS PROVIDES SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAMS TO THREE FORMER

OFFICERS.

PHILIP CUSANO, FORMER PRESIDENT AND CEO - \$390,919

PATRICK COLANGELO, FORMER CFO AND TREASURER - \$113,898

RONALD TRUNBULL, FORMER COO - \$126,401

#### "PUBLIC INSPECTION COPY"

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public

Inspection

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.

Employer identification number

22-2476636

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

FORM 990

SUPPLEMENTAL INFORMATION

FORM 990, PART VI, QUESTION 11B

THE STAMFORD HEALTH SYSTEM (SHS) 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 SHS 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 SHS, 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.

Schedule O (Form 990 or 990-EZ) 2012 Page **2** 

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number
22-2476636

FORM 990, PART VI, QUESTION 15A AND 15B

SHS DOES NOT HAVE ANY EMPLOYEES. THE EMPLOYEES OF THE WHOLLY OWNED SUBSIDIARY THE 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 9

PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST.

STAMFORD HEALTH SYSTEM, INC.

22-2476636

#### SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047
2012

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	Public
Inspec	ction

Name of the organization

STAMFORD HEALTH SYSTEM, INC.

Employer identification number 22-2476636

Name, address, and Ell	(a) N (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
<u>(2)</u>								
Part II Identification of Related one or more related tax-e	Tax-Exempt Organizations exempt organizations during the	(Complete if the he tax year.)	e organization answ	vered "Yes" to F	orm 990, Part IV,	line 34 because	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		g) 512(b)(13) rolled ity?
							Yes	No
(1) THE STAMFORD HOSPITAL  30 SHELBURNE RD	06-0646917 STAMFORD, CT 06902	HOSPITAL	CT	501(C)(3)	3	SHS	X	
(2) THE STAMFORD HOSPITAL FOUNDATION		11001 11712		301(0)(3)	3	BIID	21	
30 SHELBURNE RD	STAMFORD, CT 06902	- FUNDRAISING	CT	501(C)(3)	9	SHS	x	
(3) STAMFORD HEALTH INTERGRATED PRACTI	CES 27-1648289 STAMFORD, CT 06902	MEDICAL SVC	CS CT	501(C)(3)	9	TSH	х	
<u></u>								
		-						

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Part I	Identification of Relate because it had one or r	ed Organizations nore related orga	Taxable inizations	as a Partnersh treated as a pa	<b>ip</b> (Complete if the artnership during the	organization au tax year.)	nswered "Yes"	to F	orm	990, Part IV, I	ine 3	34	
	(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	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
			Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
<u>(1)</u>													
(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)	_	(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	512(I cont	i) etion o)(13) rolled ity?
								Yes	No
(1) MILLER HALL MEDICAL SUITES 06-1619978									
166 W BROAD STREET STAMFORD, CT 06904	PROF OFFICE BLDG	CT	SHS	C CORP	458,000.	8,873,000.	100.0000	Х	
(2) STAMFORD OB/GYN ASSOCIATES 06-1330879									
30 SHELBURNE RD STAMFORD, CT 06902	OBSTETRICAL CARE	CT	SHS	C CORP	1,243,000.	322,000.	100.0000	х	
(3) SOUTHWEST CONNECTICUT RADIOLOGY 45-3801216									
30 SHELBURNE RD STAMFORD, CT 06902	RADIOLOGY	CT	SHS	S CORP	-1,763,000.	1,458,000.	100.0000	Х	
(4) HEALTHSTAR INDEMNITY CO LIMITED									
F.B. PERRY BUILDING, 40 CHURCH ST HAMILTON, BERMUDA BD	SELF-INSURANCE	BD	TSH	C CORP	2,438,000.	68,461,000.	100.0000	Х	
(5)									
<u>(6)</u>	. –								
(7)									—

Schedule R (Form 990) 2012 Page 3

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

Not	e. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b		1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
е		1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h		1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
k		1k		Х
I		11		Х
m		1m		Х
n		1n		Х
0		1o	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
		1q	X	
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

If the answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction the								
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
(1)	STAMFORD HEALTH INTEGRATED PRACTICES, INC.	J	429,067.	BOOK VALUE				
(2)	THE STAMFORD HOSPITAL	J	213,418.	BOOK VALUE				
(3)	THE STAMFORD HOSPITAL	0	65,698.	BOOK VALUE				
(4)	THE STAMFORD HOSPITAL	R	100,000.	CASH VALUE				
(5)	THE STAMFORD HOSPITAL	Q	1,184,639.	BOOK VALUE				
<u>(6)</u>	MILLER HALL MEDICAL SUITES	S	800,000.	CASH VALUE				

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes N	Ю
1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	ted in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	1	
b	Gift, grant, or capital contribution to related organization(s)			1b	)	
С	Gift, grant, or capital contribution from related organization(s)			1c	;	
d	Loans or loan guarantees to or for related organization(s)			1d	ı	
е	Loans or loan guarantees by related organization(s)			1e		
f	Dividends from related organization(s)			1f	:	
g	Sale of assets to related organization(s)			1g	1	
h	Purchase of assets from related organization(s)			1h		
i	Exchange of assets with related organization(s)			1i		
i	Lease of facilities, equipment, or other assets to related organization(s)					_
-						
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m	n	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	
0	Sharing of paid employees with related organization(s)			10	)	
р	Reimbursement paid to related organization(s) for expenses			1p	)	
q	Reimbursement paid by related organization(s) for expenses			10	1	
r	Other transfer of cash or property to related organization(s)			1r		
s	Other transfer of cash or property from related organization(s)			1s	s	
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	ction threshold	ds.	
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of de		
	Name of other organization	type (a-s)	Amount involved	amount in		
						_
<b>(1)</b>	STAMFORD OB/GYN ASSOCIATES	D	200,000.	BOOK VAL	UE	_
(2)						_
(2)						
(3)						_
(4)						
(4)						_
(5)						
χο,						_
(6)						

JSA

Part V

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

#### 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) (c) Primary activity Legal domic (state or fore country)		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
<b>W</b>			section 512-514)	Yes	No			Yes	No	Ye	Yes	No		
(1)														
(2)														
(3)														
(4)														
<u>(5)</u>														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2012

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STAMFORD HEALTH SYSTEM, INC.

Schedule R (Form 990) 2012 Page 5

### Part VII

Supplemental Information

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