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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BRIDGEPORT HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
267 GRANT STREET

City or town, state or country, and ZIP + 4
BRIDGEPORT, CT 06610

D Employer identification number
06-0646554

E Telephone number
(203) 384-3775

G Gross receipts $ 374,538,123

F Name and address of Principal Officer
PATRICK MCCABE
267 GRANT STREET
BRIDGEPORT, CT 06610

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW BRIDGEPORTHOSPITAL ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1878

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO OPERATE AN ACUTE CARE HOSPITAL IN BRIDGEPORT, CONNECTICUT FOR THE CARE AND TREATMENT OF PERSONS SUFFERING FROM DISEASE OR OTHER PHYSICAL OR MENTAL CONDITIONS WITHOUT REGARD TO RACE,COLOR, CREED, SEX, AGE OR ABILITY TO PAY

Activities & Governance

2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	2,846
6	Total number of volunteers (estimate if necessary)	6	434
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,936,952	1,726,253
9	Program service revenue (Part VIII, line 2g)	329,661,532	349,483,929
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,933	-2,563,609
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,439,776	6,274,952
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,393,193	354,921,525
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		17,017
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	171,247,320	173,936,374
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	163,817,207	178,652,055
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	335,064,527	352,605,446
19	Revenue less expenses Subtract line 18 from line 12	5,328,666	2,316,079
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	288,482,502	274,701,404
21	Total liabilities (Part X, line 26)	139,885,932	185,849,684
22	Net assets or fund balances Subtract line 21 from line 20	148,596,570	88,851,720

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2010-08-09

▶ PATRICK MCCABE CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 2010-08-09	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			EIN ▶ Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO OPERATE AN ACUTE CARE HOSPITAL IN BRIDGEPORT, CONNECTICUT FOR THE CARE AND TREATMENT OF PERSONS SUFFERING FROM DISEASE OR OTHER PHYSICAL OR MENTAL CONDITIONS WITHOUT REGARD TO RACE,COLOR, CREED, SEX, AGE OR ABILITY TO PAY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 290,328,894 including grants of $ 17,017) (Revenue $ 355,521,377)

SEE 4C BELOW AND CONTINUATION ON SCHEDULE O

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

SEE 4C BELOW AND CONTINUATION ON SCHEDULE O

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

SEE SCHEDULE O BRIDGEPORT HOSPITAL IS A NOT-FOR-PROFIT 425-BED TEACHING HOSPITAL LOCATED IN BRIDGEPORT, CONNECTICUT, AND IS A TEACHING AFFILIATE OF THE YALE SCHOOL OF MEDICINE BRIDGEPORT HOSPITAL IS A FULL SERVICE ACUTE CARE COMMUNITY TEACHING HOSPITAL THAT OFFERS MORE THAN 60 SUB-SPECIALTIES IN FISCAL YEAR 2009, THE HOSPITAL RECORDED APPROXIMATELY 19,700 INPATIENT DISCHARGES AND OVER 240,000 OUTPATIENT VISITS INCLUDING 61,459 EMERGENCY DEPARTMENT TREATED AND DISCHARGED VISITS OVER 63 5% OF THE OUTPATIENTS TREATED IN THE EMERGENCY DEPARTMENT WERE MEDICAID-INSURED AND UNINSURED PATIENTS DURING FISCAL YEAR (FY) 2009, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 53 8 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 32 9 MILLION IN CHARITY CARE AND UNREIMBURSED MEDICAID (AT COST), 19 2 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 1 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS BRIDGEPORT HOSPITAL IS THE SITE OF THE ONLY SPECIALIZED BURN CARE FACILITY BETWEEN NEW YORK AND BOSTON AND A REGIONAL AMERICAN COLLEGE OF SURGEONS-APPROVED TRAUMA CENTER IT IS ALSO THE SITE OF SOUTHERN CONNECTICUT'S ONLY MULTI-PERSON HYPERBARIC OXYGEN THERAPY CHAMBER, WHICH AIDS IN THE TREATMENT OF STUBBORN WOUNDS CAUSED BY DIABETES, CIRCULATORY PROBLEMS, RADIATION, TRAUMATIC INJURY AND OTHER CONDITIONS OTHER SPECIALTIES AT BRIDGEPORT HOSPITAL INCLUDE THE HEART INSTITUTE, THE NORMA F PFRIEM CANCER INSTITUTE, THE NORMA F PFRIEM BREAST CARE CENTER, THE BIRTHPLACE, THE P T BARNUM PEDIATRIC CENTER, INCLUDING A PEDIATRIC INTENSIVE CARE UNIT, THE PEDIATRIC ASTHMA CENTER AND A CHILDREN'S EMERGENCY CENTER, THE JOINT RECONSTRUCTION CENTER, ADVANCED NEUROSURGICAL SERVICES, MENTAL HEALTH SERVICES INCLUDING INPATIENT CARE, A 24-HOUR EMERGENCY CRISIS SERVICE, GERIATRIC ASSESSMENT SERVICE AND DAY HOSPITAL PROGRAMS, A BLOODLESS MEDICINE AND SURGERY PROGRAM AND OCCUPATIONAL HEALTH PROGRAMS FOR AREA EMPLOYERS IN FISCAL YEAR 2009, THE HOSPITAL PROVIDED A TOTAL OF 10 8 MILLION (AT COST) IN FREE AND CHARITY CARE TO PATIENTS WHO WERE UNINSURED OR UNDER-INSURED IN ADDITION, THE HOSPITAL PROVIDED MEDICAL SERVICES TO THE LOCAL COMMUNITY, INCLUDING 35,020 VISITS TO THE PRIMARY CARE CENTER, 83 PERCENT OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS IN FISCAL YEAR (FY) 2009, BRIDGEPORT HOSPITAL PROVIDED A TOTAL OF 38 3 MILLION IN UNCOMPENSATED CARE AND MEDICAID SHORTFALL THE HOSPITAL PROVIDED UNCOMPENSATED CARE FOR MORE THAN 30,000 INPATIENT DISCHARGES AND OUTPATIENT VISITS, WHICH TOTALED 16 2 MILLION (CALCULATIONS BASED ON COSTS NOT CHARGES) THIS INCLUDED 10 8 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 5 4 MILLION IN BAD DEBT EXPENSE IN ADDITION, THE HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 1 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS BRIDGEPORT IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH-LARGEST CITY IN NEW ENGLAND LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 136,000 THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% OF THE WHOLE STATE BRIDGEPORT HOSPITAL PLACES A SIGNIFICANT EMPHASIS ON PROVIDING PREVENTIVE HEALTH AND WELLNESS PROGRAMS AND VARIOUS COMMUNITY SERVICES AS A FUNDAMENTAL STRATEGY TO HELP IMPROVE THE HEALTH OF THE COMMUNITY RECENT EXAMPLES INCLUDE "FREE AND CHARITY CARE AND BAD DEBT - IN FY 2009, UNCOMPENSATED CARE FOR MORE THAN 30,000 INPATIENT DISCHARGES AND OUTPATIENT VISITS TOTALED 16 2 MILLION THIS INCLUDED 10 8 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 5 4 MILLION IN BAD DEBT EXPENSE THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES THE HOSPITAL CONTINUED TO PROVIDE FREE CARE TO PATIENTS WHO FELL BELOW 250 PERCENT OF THE FEDERAL POVERTY LEVEL A FAMILY OF FOUR WITH INCOME AT OR BELOW 55,125 WAS ELIGIBLE FOR FREE CARE IF THEY DID NOT QUALIFY FOR STATE MEDICAID IN FY 2009, BRIDGEPORT HOSPITAL EXPERIENCED A GROWING NUMBER OF INSURED PATIENTS WITH INADEQUATE INSURANCE COVERAGE AS THE RESULT OF HIGH DEDUCTIBLES OR LARGE COINSURANCE PERCENTAGES MANY NEW INSURANCE POLICIES HAVE MAXIMUM PAYMENT CAPS THAT ARE INADEQUATE TO COVER MOST HOSPITAL ADMISSIONS AS A RESULT, THE HOSPITAL EXPERIENCED AN INCREASING NUMBER OF PATIENTS APPLYING FOR FREE CARE OR WHO SIMPLY COULD NOT PAY THEIR HOSPITAL BILLS FOR PATIENTS WITH HOUSEHOLD INCOMES BETWEEN 250 PERCENT AND 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES (BETWEEN 55,125 AND 88,200 FOR A FAMILY OF FOUR), CARE WAS DISCOUNTED TO COST IN ADDITION, ANY PATIENTS, REGARDLESS OF INCOME, RECEIVED FINANCIAL ASSISTANCE IF THEIR AGGREGATE HOSPITAL BILLS EXCEEDED 10 PERCENT OF HOUSEHOLD INCOME "MEDICAID UNDERPAYMENT - BRIDGEPORT HOSPITAL'S SERVICE AREA INCLUDES THE CITY OF BRIDGEPORT, CONNECTICUT'S MOST POPULOUS CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% FOR THE WHOLE STATE IN FY 2009, THE BRIDGEPORT HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 0 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES "CARE FOR THE UNDERSERVED - BEYOND FREE AND UNDER-REIMBURSED CARE, BRIDGEPORT HOSPITAL PROVIDED A NUMBER OF HEALTHCARE SERVICES TO LOW-INCOME AND UNDERSERVED PATIENTS AND FAMILIES ON A REGIONAL AND EVEN STATEWIDE BASIS FOLLOWING ARE SOME LEADING EXAMPLES THE DR ANDREW AND HENRIETTA PANETTIERI BURN CENTER AT BRIDGEPORT HOSPITAL IS THE ONLY DEDICATED BURN CENTER IN CONNECTICUT RECOGNIZED FOR MEETING THE HIGHEST STANDARDS OF CARE BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION, IT IS ONE OF ONLY 44 VERIFIED ADULT BURN CENTERS IN THE UNITED STATES IN FISCAL YEAR 2009, THE BURN CENTER TREATED 363 INPATIENTS, 36 4% OF WHOM WERE MEDICAID OR UNINSURED THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FY 2009, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 71,678 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH NEARLY 10,000 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 29,000 IDENTIFIED AS MEDICAID BENEFICIARIES THE BRIDGEPORT HOSPITAL PRIMARY CARE CENTER IS AN ESSENTIAL COMPONENT OF THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE THE PRIMARY CARE CENTER HAS THREE COMPONENTS MEDICAL/SURGICAL, PEDIATRIC AND OBSTETRICS/GYNECOLOGY IN ADDITION, THERE ARE A TOTAL OF 20 ADULT AND PEDIATRIC SUBSPECIALTY CLINICS, INCLUDING ONES FOR CARDIOLOGY, DERMATOLOGY, GASTROENTEROLOGY, HEMATOLOGY, IMMUNOLOGY, NEUROLOGY, ORTHOPEDICS AND PULMONARY DISEASES THE PRIMARY CARE CENTER PROVIDES OUTPATIENT TREATMENT TO INDIVIDUALS WHO ARE SICK, COMPLETE CARE FOR PREGNANT WOMEN AND IMMUNIZATIONS AND WELL CARE FOR ADULTS AND CHILDREN IN FY 2009, THERE WERE 35,020 VISITS TO THE PRIMARY CARE CENTER, 83% OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSIST THE SELF PAY POPULATION AT THE PRIMARY CARE CLINIC ENROLL IN PUBLIC PROGRAMS LAST YEAR, 156 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE SCREENING AND APPLICATION REVIEW IN ADDITION TO OPERATING ITS OWN PRIMARY CARE CENTER, THE HOSPITAL PARTNERS WITH THE TWO BRIDGEPORT BASED FEDERALLY QUALIFIED HEALTHCARE CENTERS (FQHC), OPTIMUS HEALTH CARE AND THE SOUTHWEST COMMUNITY HEALTH CENTER BRIDGEPORT HOSPITAL IS THE PRIMARY INPATIENT FACILITY FOR BOTH FQHCS MORE THAN 1,379 INPATIENT ADMISSIONS WERE REFERRED DIRECTLY TO BRIDGEPORT HOSPITAL FROM PHYSICIANS AT THESE TWO CENTERS IN FY 2009, 78 5% OF WHOM WERE UNINSURED OR MEDICAID PATIENTS THE HOSPITAL FUNDS A STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES EMPLOYEE TO WORK ON SITE AT THE HOSPITAL TO HELP PATIENTS ENROLL IN MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS MEDICAID BENEFITS IN THE STATE OF CONNECTICUT INCLUDE ACUTE CARE SERVICES, FEDERALLY QUALIFIED HEALTH CENTER SERVICES, CLINICAL SERVICES, MEN

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

COMMUNITY BUILDING AND LEADERSHIP ACTIVITIES - BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CITY OF BRIDGEPORT AND THEREFORE HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES THERE IS CONSIDERABLE RESEARCH LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NEIGHBORHOOD CONDITIONS IN FISCAL YEAR 2009, THE COMMUNITY BUILDING ACTIVITIES THAT BRIDGEPORT HOSPITAL PROVIDED TOTALED 71,190 DOLLARS THE HOSPITAL'S COMMUNITY ADVISORY COMMITTEE HELPS TO ESTABLISH AND MAINTAIN A DIALOGUE WITH THE VARIOUS CONSTITUENCIES SERVED BY THE HOSPITAL FOR THE BETTERMENT OF ITS PATIENTS AND THE COMMUNITY THIS GROUP MET FOUR TIMES DURING FY 2009 TO LEARN ABOUT HOSPITAL PROGRAMS AND TO PROVIDE FEEDBACK FROM THE COMMUNITY TO ENHANCE HOSPITAL SERVICES THE MEMBERS OF THE BRIDGEPORT HOSPITAL COMMUNITY VOLUNTEER DEPARTMENT CONTINUE TO SUPPORT THE HOSPITAL'S EFFORT TO PROVIDE EXCELLENT CARE THROUGH THE WORK OF ITS MANY VOLUNTEERS DURING FY 2009, 434 VOLUNTEERS CONTRIBUTED MORE THAN 58,000 HOURS OF SERVICE TO THE HOSPITAL THE HOSPITAL DEVELOPED A UNIQUE PROGRAM CALLED THE BRIDGEPORT HOSPITAL ADOPT-A-BLOCK COMMUNITY PARTNERSHIP, WHICH IS PART OF AN EFFORT LAUNCHED LAST YEAR TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL OVER 900 NEIGHBORHOOD RESIDENTS RECEIVED INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS THE RESIDENTS IDENTIFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGHBORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES SUCH AS INCREASING THE POLICE PRESENCE IN NEIGHBORHOODS IDENTIFIED BY CITY RESIDENTS, INCREASING TRASH HAULING AND REDUCING BLIGHT IN ADDITION, THE HOSPITAL FACILITATED A SESSION WITH THE NEIGHBORS AND CITY PLANNERS TO DISCUSS ECONOMIC DEVELOPMENT PRIORITIES FOR THE SPECIFIC NEIGHBORHOOD HOSPITAL LEADERSHIP CONTINUED TO PARTICIPATE ON TWO CITY OF BRIDGEPORT NEIGHBORHOOD REVITALIZATION ZONE STRATEGIC PLANNING COMMITTEES SERVING THE EAST END AND EAST SIDE OF BRIDGEPORT THESE COMMITTEES WERE FORMED AS PART OF AN ONGOING CITYWIDE URBAN RENEWAL EFFORT AND HAVE RESULTED IN COMPREHENSIVE PLANS FOR COMMUNITY ENHANCEMENT FOR THE NEIGHBORHOODS - IN FY 2009, THE HOSPITAL PROVIDED DEFIBRILLATOR TRAINING FOR AREA RESIDENTS IN DIRECT RESPONSE TO A REQUEST FROM THE THEN PRESIDENT OF THE GREATER BRIDGEPORT CHAPTER OF THE NAACP DEFIBRILLATOR TRAINING COURSES ARE DESIGNED TO EDUCATE TRAINEES TO RESPOND TO AN EMERGENCY SITUATION WITHOUT DELAY OVER 20 PEOPLE ATTENDED THESE FREE TRAINING SESSIONS BRIDGEPORT HOSPITAL SPONSORED THREE BLOOD DRIVES IN FY 2009 IN WHICH 115 DONORS PARTICIPATED AS MANY AS 345 PEOPLE BENEFITED FROM THE DONATIONS A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 500 NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 265 STUDENTS TO BEGIN THEIR SCHOOL YEAR THE PASTORAL CARE DEPARTMENT SPONSORED A HOLIDAY TOY DRIVE FOR CHILDREN IN THE HOSPITAL'S BRIDGEPORT EAST END NEIGHBORHOOD MORE THAN 200 TOYS, GAMES AND BOOKS WERE DONATED BY HOSPITAL EMPLOYEES DURING THE DRIVE -BRIDGEPORT HOSPITAL WAS ONE OF MANY COMMUNITY ORGANIZATIONS AND DONORS THAT CAME TOGETHER TO PROVIDE FINANCIAL SUPPORT FOR THE BUILDING OF A PLAYGROUND AT DUNBAR SCHOOL IN BRIDGEPORT THE DUNBAR SCHOOL IS A K-8 INNER CITY SCHOOL WITH OVER 550 STUDENTS AND THE ONLY SCHOOL IN BRIDGEPORT WITHOUT A PLAYGROUND AT THE OPENING OF THE PLAYGROUND IN MAY OF 2009, BRIDGEPORT MAYOR BILL FINCH STATED, "WE'RE THRILLED THAT THE CHILDREN ON THE EAST END NOW HAVE A SAFE PLACE TO PLAY AND REALLY BE CHILDREN IT'S SOMETHING THAT WILL PROVIDE JOY FOR MANY, MANY YEARS " HEALTHCARE ADVOCACY - BRIDGEPORT HOSPITAL PLAYED A LEAD ROLE IN WORKING WITH LOCAL, STATE AND FEDERAL LEGISLATORS AND GOVERNMENT AGENCIES TO IMPROVE ACCESS FOR PATIENTS TO AFFORDABLE HEALTH INSURANCE AND HEALTHCARE SERVICES THE HOSPITAL PROVIDED LEADERSHIP IN EFFORTS TO ACHIEVE A PHASED-IN APPROACH TO CHANGES TO THE MEDICARE INPATIENT RULE WHICH WILL REDUCE MEDICARE FUNDING TO THE STATE OF CONNECTICUT AND ADVOCATED FOR RATIONALE HEALTH CARE REFORM WHICH INCLUDED INCREASED ACCESS TO AFFORDABLE HEALTH INSURANCE FOR ALL CITIZENS THE HOSPITAL HELD ITS JOINT LEGISLATIVE DINNER WITH ST VINCENT'S MEDICAL CENTER IN JANUARY THE DISCUSSION FOCUSED ON PATIENT SAFETY AND CLINICAL PROGRAM ENHANCEMENTS AT THE HOSPITALS, THE DIFFICULT STEPS TAKEN TO RECOVER FINANCIALLY FROM THE TOUGH ECONOMIC YEAR AND THE IMPORTANCE OF MAINTAINING CURRENT FUNDING LEVELS FOR MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS THE HOSPITAL CONTINUED ITS SUPPORT OF THE BRIDGEPORT DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AREA ADVISORY COUNCIL THE GROUP SUPPORTED A REORGANIZATION BY DCF TO CREATE REGIONAL DIRECTORS IN THE STATE WHO WOULD HAVE MORE AUTHORITY TO DETERMINE NECESSARY SERVICES IN EACH REGION, AND SUPPORTED THE BRIDGEPORT AREA DIRECTOR TO BE CHOSEN AS THE LOCAL REGIONAL DIRECTOR THE GROUP ALSO ADVOCATED FOR AN APPROPRIATE RESTRUCTURING OF THE EMERGENCY MOBILE PSYCHIATRY SERVICE, WHICH RESULTED IN A MUCH MORE EFFECTIVE PROGRAM RESTRUCTURING THAT ENSURED THE CONTINUATION OF THIS CRITICAL SERVICE, AND PARTICIPATED IN A FEDERAL REVIEW OF THE BRIDGEPORT OFFICE A HOSPITAL REPRESENTATIVE CONTINUED TO CO-CHAIR THE HEALTH CARE COUNCIL OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL IN FY 2009, THE HEALTH CARE COUNCIL PLANNED AND IMPLEMENTED A "10,000 STEPS A DAY" HEALTH CHALLENGE AMONG 30 LOCAL BUSINESSES WHICH WAS AN OVERWHELMING SUCCESS THE COUNCIL ALSO HELD A HEALTHCARE PANEL WITH KEY POLITICAL PRESENTERS WHO EDUCATED THE BUSINESS COMMUNITY ABOUT HEALTHCARE REFORM AND ITS IMPLICATIONS, PUBLISHED A HEALTHCARE NEWSLETTER AND CONDUCTED A WELLNESS EVENT FOR LOCAL BUSINESSES TO INTRODUCE THEM TO WAYS TO ENCOURAGE HEALTH AND WELLNESS AMONG THEIR EMPLOYEES THE HOSPITAL CONTINUED ITS PARTICIPATION IN THE BRIDGEPORT-BASED PRIMARY CARE ACTION GROUP (PCAG), WHICH FOCUSES ON LOCAL ISSUES REGARDING ACCESS, HEALTH INSURANCE COVERAGE AND CARE FOR THE UNINSURED COMMUNITY IN FY 2009, THE PCAG CONDUCTED A COMMUNITY NEEDS ASSESSMENT, SPONSORED AWARENESS EVENTS DURING COVER THE UNINSURED WEEK TO RAISE AWARENESS OF THAT IMPORTANT ISSUE, AND BEGAN IMPLEMENTATION OF A LOCAL REGIONAL HEALTH INFORMATION ORGANIZATION THAT WOULD ALLOW SHARING OF KEY DEMOGRAPHIC AND CLINICAL DATA AMONG ALL LOCAL PROVIDERS FOR ALL UNINSURED AND UNDERINSURED PATIENTS TO BETTER COORDINATE CARE, REDUCE DUPLICATIVE TESTS AND ENCOURAGE PATIENTS TO CHOOSE A MEDICAL HOME LEADERSHIP - HOSPITAL STAFF CONTINUED TO TAKE LEADERSHIP ROLES WITH SEVERAL ORGANIZATIONS OVER THE PAST YEAR BY SERVING ON BOARDS AND TAKING THE INITIATIVE TO ORGANIZE EVENTS HOSPITAL EMPLOYEES RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, SUSAN B KOMEN FUND, CANCERCARE AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES, WHICH IN TURN BENEFITED PATIENTS AT BRIDGEPORT HOSPITAL THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS AS A RESULT, THE HOSPITAL PROVIDED OVER 5,000 OF IN-KIND SUPPORT TO ORGANIZATIONS SUCH AS OPTIMUS HEALTHCARE, THE BRIDGEPORT REGIONAL BUSINESS COUNCIL HEALTHCARE COUNCIL, DEPARTMENT OF CHILDREN AND FAMILIES, THE PRIMARY CARE ACTION GROUP, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD, VNS OF CONNECTICUT, STRATFORD BOARD OF EDUCATION, HARDING HIGH SCHOOL AND THE GREATER BRIDGEPORT ADOLESCENT PREGNANCY PROGRAM

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

4e Total program service expenses $ 290,328,894 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	293		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,846		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

PATRICK MCCABE
267 GRANT STREET
BRIDGEPORT, CT 06610
(203) 384-3775

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 Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								5,010,889	1,536,516	1,401,127

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 182

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PULLMAN AND COMLEY LLC 850 MAIN STREET BRIDGEPORT, CT 06601	LEGAL SERVICES	2,477,789
SECURITAS SECURITY SERVICES PO BOX 409412 ATLANTA, GA 30384	SECURITY	1,519,606
SLEEPTECH LLC 1080 ROUTE 23 WAYNE, NJ 07470	MEDICAL	775,750
AMERICAN TRAVELER STAFFING PO BOX 932021 ATLANTA, GA 31193	EMPLOYMENT SERV	742,319
ADVANCED RADIOLOGY CONSULTANTS 56 QUARRY ROAD TRUMBULL, CT 06611	MEDICAL	610,682

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 27

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 1,726,253				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	1,726,253			
Program Service Revenue		Business Code				
	2a	INPATIENT REVENUE 621,990	237,209,784	237,209,784		
	b	OUTPATIENT REVENUE 621,400	112,274,145	112,274,145		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 349,483,929				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	979,598			979,598
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 896,941				
	b	Less rental expenses 659,337				
	c	Rental income or (loss) 237,604				
	d	Net rental income or (loss) ▶	237,604			237,604
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 15,414,054				
	b	Less cost or other basis and sales expenses 18,957,261				
	c	Gain or (loss) -3,543,207				
	d	Net gain or (loss) ▶	-3,543,207			-3,543,207
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA/VENDING OTHER 900,099	4,183,868	4,183,868		
	b	OTHER RELEASE FOR OPERATIONS 900,099	1,853,480	1,853,480		
	c					
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** ▶ $ 6,037,348				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	354,921,525	355,521,277		-2,326,005

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	17,017	17,017		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,183,655		5,183,655	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	130,195,446	101,552,448		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-1,407,330	-1,097,717	-309,613	
9 Other employee benefits	30,433,722	23,738,303	6,695,419	
10 Payroll taxes	9,530,881	7,434,087	2,096,794	
11 Fees for services (non-employees)				
a Management				
b Legal	1,084,214	845,687	238,527	
c Accounting	324,796	253,341	71,455	
d Lobbying	162,569	162,569		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	53,945,533	45,501,212	8,444,321	
12 Advertising and promotion				
13 Office expenses	53,947,454	52,299,157	1,648,297	
14 Information technology				
15 Royalties				
16 Occupancy	8,350,718	6,513,560	1,837,158	
17 Travel	279,211	217,785	61,426	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	3,200,114	2,496,089	704,025	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,962,643	14,790,862	4,171,781	
23 Insurance	13,636,116	13,419,670	216,446	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	13,240,221	13,240,221		
b REPAIRS & MAINTENANCE	7,181,155	5,601,301	1,579,854	
c COMPUTER PROGRAMS	1,620,313	1,263,844	356,469	
d PUBLIC RELATIONS	944,748	736,903	207,845	
e OTHER MISC EXPENSES	781,304	569,617	211,687	
f All other expenses	990,946	772,938	218,008	
25 **Total functional expenses.** Add lines 1 through 24f	352,605,446	290,328,894	62,276,552	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	8,000	1	8,000
	2	Savings and temporary cash investments	23,486,975	2	32,963,138
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	34,402,266	4	33,101,113
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,074,618	8	3,286,456
	9	Prepaid expenses and deferred charges	13,306,594	9	5,678,571
	10a	Land, buildings, and equipment cost basis — 10a: 379,268,584			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 260,098,064	123,512,994	10c	119,170,520
	11	Investments—publicly traded securities	28,973,614	11	32,019,168
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	7,296,641	12	1,503,326
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	53,420,800	15	46,971,112
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	288,482,502	16	274,701,404
Liabilities	17	Accounts payable and accrued expenses	42,274,158	17	39,290,561
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	55,515,000	20	52,875,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	42,096,774	25	93,684,123
	26	**Total liabilities.** *Add lines 17 through 25*	139,885,932	26	185,849,684
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	108,788,563	27	49,997,424
	28	Temporarily restricted net assets	29,126,674	28	26,622,399
	29	Permanently restricted net assets	10,681,333	29	12,231,897
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	148,596,570	33	88,851,720
	34	Total liabilities and net assets/fund balances	288,482,502	34	274,701,404

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
BRIDGEPORT HOSPITAL	06-0646554

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☑ No
4a	Was a correction made?	☐ Yes ☑ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☑ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		132,998
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		29,071
j	Total lines 1c through 1i			162,569
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2009 THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS THESE MEETINGS DO NOT ATTEMPT TO INFLUENCE SPECIFIC LEGISLATION BRIDGEPORT HOSPITAL HAS CERTAIN STAFF MEMBERS THAT LOBBY ON BEHALF OF THE HOSPITAL ON VARIOUS HEALTHCARE ISSUES BRIDGEPORT HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES YALE NEW HAVEN HOSPITAL EIN 06-0646652 344,170 GREENWICH HOSPITAL EIN 06-0646659 80,953

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	28,740,000				
b Contributions	1,551,000				
c Investment earnings or losses	-2,608,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,049,000				
f Administrative expenses					
g End of year balance	26,634,000				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 46 000 %
- c Term endowment ▶ 54 000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,374,817		1,374,817
b Buildings		123,642,296	83,960,195	39,682,101
c Leasehold improvements				
d Equipment		241,754,306	176,137,869	65,616,437
e Other		12,497,165		12,497,165
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				119,170,520

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

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

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

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

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

(a) Description	(b) Book value
INTEREST IN FOUNDATION, INC	43,079,113
DEFERRED ISSUANCE COSTS	2,052,953
OTHER RECEIVABLES	1,139,472
DUE FROM AFFILIATES	699,574
THIRD PARTY RECEIVABLES	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	46,971,112

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION OBLIGATION	48,491,892
SELF INSURANCE	19,904,368
ASSET RETIREMENT OBLIGATIONS	12,808,765
THIRD PARTY PAYABLE	6,846,571
DUE TO AFFILIATES	4,382,579
DEFERRED COMPENSATION	1,249,948
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	93,684,123

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	354,921,525
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	352,605,446
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,316,079
4	Net unrealized gains (losses) on investments	4	384,522
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,110,371
9	Total adjustments (net) Add lines 4 - 8	9	-725,849
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,590,230

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

1	Total revenue, gains, and other support per audited financial statements			1	352,645,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	384,522		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,899,120		
e	Add lines **2a** through **2d**			2e	-2,514,598
3	Subtract line **2e** from line **1**			3	355,160,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-238,747		
c	Add lines **4a** and **4b**			4c	-238,747
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	354,921,525

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

1	Total expenses and losses per audited financial statements			1	351,055,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	659,337		
e	Add lines **2a** through **2d**			2e	659,337
3	Subtract line **2e** from line **1**			3	350,396,107
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	2,209,339		
c	Add lines **4a** and **4b**			4c	2,209,339
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	352,605,446

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT BRIDGEPORT HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE HOSPITAL POOLED INVESTMENT POLICY
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL INCOME 36,251 BRIDEPORT HOSPITAL FOUNDATION -2,935,371 INVESTMENT LOSSES 1,965,000 CONTRIBUTIONS -1,726,253 RENTAL EXPENSE -659,337 CONTRIBUTION RECLASS FROM RECOVERY OF EXPENSE 1,586,253 RENTAL EXPENSE 623,086
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL INCOME 36,251 BRIDEPORT HOSPITAL FOUNDATION -2,935,371
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT LOSSES -1,965,000 CONTRIBUTIONS 1,726,253
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENTAL EXPENSE 659,337
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	CONTRIBUTION RECLASS FROM RECOVERY OF EXPENSE 1,586,253 RENTAL EXPENSE 623,086

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	NONE	NONE			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
BRIDGEPORT HOSPITAL BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610	X	X	X	X			X		
GERIATRIC PARTIAL HOSPITAL GERIATRIC PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614		X							
CHILD PARTIAL HOSPITAL CHILD PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614		X							
BRIDGEPORT HOSPITAL PRIMARY CARE BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610		X							
PSYCHIATRIC ADULT PARTIAL HOSPITAL PSYCHIATRIC ADULT PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614		X							
FAIRFIELD URGENT CARE CENTER FAIRFIELD URGENT CARE CENTER 309 STILLSON ROAD FAIRFIELD, CT 06825		X						X	

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

FOOTNOTE TO FINANCIAL STATEMENTS THE HOSPITALS COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED FOR FINANCIAL REPORTING PURPOSES, THE HOSPITAL REPORTS CARE PROVIDED FOR WHICH NO PAYMENT WAS RECEIVED FROM THE PATIENT OR INSURER AS UNCOMPENSATED CARE UNCOMPENSATED CARE IS THE SUM OF THE HOSPITALS FREE CARE PROVIDED, CHARITY CARE PROVIDED AND BAD DEBT EXPENSE IN DETERMINING UNCOMPENSATED CARE, THE HOSPITAL EXCLUDES CONTRACTUAL ALLOWANCES THE COST OF UNCOMPENSATED CARE AMOUNTED TO APPROXIMATELY 19 6 MILLION AND 20 4 MILLION IN 2009 AND 2008, RESPECTIVELY ADDITIONALLY, THE HOSPITAL INCURRED LOSSES RELATED TO THE STATE MEDICAID PROGRAM OF APPROXIMATELY 25 4 MILLION AND 22 8 MILLION IN 2009 AND 2008, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE AND MEDICAID LOSSES WERE DETERMINED USING HOSPITAL-SPECIFIC DATA THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENTS ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE ANNUALLY, THE HOSPITAL ACCRUES FOR THE POTENTIAL LOSSES RELATED TO ITS UNCOLLECTIBLE ACCOUNTS AND THE AMOUNTS THAT MEET THE DEFINITION OF CHARITY AND FREE CARE ALLOWANCES AT SEPTEMBER 30, 2009 AND 2008, THE AMOUNT ESTIMATED BY MANAGEMENT TO REPRESENT THE HOSPITALS UNCOLLECTIBLE AND CHARITY AND FREE CARE ALLOWANCE, WHICH IS INCLUDED IN THE ACCOMPANYING BALANCE SHEET AS A REDUCTION OF ACCOUNTS RECEIVABLE FOR SERVICES TO PATIENTS, WAS APPROXIMATELY 24 2 MILLION AND 23 8 MILLION, RESPECTIVELY ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES THE HOSPITALS EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

THE MEDICARE SURPLUS REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI

PATIENTS WHO ARE UNABLE TO PAY FOR THEIR HOSPITAL EXPENSES MAY APPLY FOR FREE CARE AT BRIDGEPORT HOSPITAL UPON ADMISSION TO THE HOSPITAL, DURING THEIR HOSPITALIZATION, UPON DISCHARGE OR WHEN ARRANGING PAYMENT THE PATIENT WILL BE REQUIRED TO COMPLETE AN APPLICATION FOR FREE CARE AVAILABLE IN THE REGISTRATION OR PATIENT FINANCIAL SERVICES OFFICE DURING THE APPLICATION REVIEW, THE PATIENT'S ACCOUNT WILL BE PLACED ON HOLD AND ALL COLLECTION ACTIVITY WILL CEASE UNTIL THE HOSPITAL DETERMINES WHETHER THE PATIENT QUALIFIES FOR FREE CARE PATIENTS MAY ALL BE REFERRED TO COMPLETE AN APPLICATION FOR FREE CARE BY SOCIAL SERVICES DEPARTMENT, CLINICAL DEPARTMENTS OR ADMINISTRATION

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

PART VI, LINE 2 BRIDGEPORT HOSPITAL WORKS COLLABORATIVELY WITH LOCAL ORGANIZATIONS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN FY 2009, THE HOSPITAL CONDUCTED A COMMUNITY NEEDS ASSESSMENT THROUGH THE PRIMARY CARE ACTION GROUP THE PRIMARY CARE ACTION GROUP IS A COMMUNITY-WIDE GROUP REPRESENTING ALL PRIMARY CARE PROVIDERS IN THE COMMUNITY PLUS OTHER HEALTHCARE ORGANIZATIONS SPECIFIC MEMBERSHIP INCLUDES THE TWO ACUTE CARE HOSPITALS, THE TWO FEDERALLY QUALIFIED HEALTH CARE CENTERS, THE LOCAL MEDICAL ASSOCIATION, AMERICARES, THE HEALTH DEPARTMENT OF THE CITY OF BRIDGEPORT, THE BRIDGEPORT OFFICES OF THE DEPARTMENTS OF MENTAL HEALTH AND ADDICTION SERVICES AND SOCIAL SERVICES, AND TWO HEALTH CARE ADVOCACY ORGANIZATIONS BRIDGEPORT HOSPITAL STAFF LED THE COMMUNITY NEEDS ASSESSMENT ON BEHALF OF THE PRIMARY CARE ACTION GROUP, LOOKING AT PAST NEEDS ASSESSMENT REPORTS, LOCAL, REGIONAL, STATE AND NATIONAL PUBLIC HEALTH DATA AND STATE HOSPITAL AND OTHER LOCAL PROVIDER DATA TO IDENTIFY THE KEY HEALTH ISSUES OF THE COMMUNITY WHERE POSSIBLE DATA WAS SPECIFICALLY COMPARED DATA FOR INSURED PATIENTS TO THAT OF UNINSURED PATIENTS A GRID WAS DEVELOPED COMPARING ALL THE VARIOUS STUDIES AND IDENTIFYING THE KEY HEALTH ISSUES FOLLOWED BY A LISTING OF SIGNIFICANT HEALTH ISSUES THIS INFORMATION HAS BEEN PRESENTED BACK TO THE PRIMARY CARE ACTION GROUP FOR THE DEVELOPMENT OF AN ACTION PLAN ONE INITIATIVE BEING UNDERTAKEN FROM THIS WORK IS THE DEVELOPMENT OF AN INVENTORY OF LOCAL SERVICES FOR EACH OF THE HEALTH ISSUES IDENTIFIED SO WE CAN BETTER ORGANIZE CARE DELIVERY AND REFERRALS TO AVAILABLE SERVICES THE RESULTS WERE ALSO SHARED WITH THE UNITED WAY OF EASTERN FAIRFIELD COUNTY TO HELP THEM ASSESS COMMUNITY HEALTH NEEDS AND PRIORITIZE WHERE TO INVEST IN COMMUNITY HEALTH PROGRAMS TO MAKE THE LARGEST IMPACT TWO STAFF FROM BRIDGEPORT HOSPITAL PARTICIPATED ON THE UNITED WAY'S HEALTH CARE COUNCIL BRIDGEPORT HOSPITAL ALSO LED AN ADOPT-A-BLOCK COMMUNITY PARTNERSHIP WITH NEIGHBORS FROM THE STREETS SURROUNDING THE HOSPITAL WITH THE GOAL OF HELPING THEM TO IMPROVE THEIR NEIGHBORHOOD THE HOSPITAL IDENTIFIED A VARIETY OF NEEDS AND FACILITATED RESOLUTION OF MANY OF THEM UTILIZING ESTABLISHED PARTNERSHIPS WITH THE CITY OF BRIDGEPORT THIS IS DISCUSSED MORE UNDER COMMUNITY BUILDING

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

PART VI, LINE 3 THE BRIDGEPORT HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS THE BRIDGEPORT HOSPITAL WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES, AND THROUGH THE FREE CARE DEPARTMENT IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY FOURTH MONDAY OF EACH MONTH IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE

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

PART VI, LINE 4 THE HOSPITAL'S PRIMARY SERVICE AREA IS COMPRISED OF EIGHT CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT, FAIRFIELD, EASTON, TRUMBULL, MONROE, SHELTON, STRATFORD AND MILFORD THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW ENGLAND LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 136,000 THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE OF CONNECTICUT PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL BRIDGEPORT HAS A HIGH PROPORTION OF UNDER OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA THERE ARE TWO HOSPITALS IN THE PRIMARY SERVICE AREA, BRIDGEPORT HOSPITAL AND ST VINCENT'S MEDICAL CENTER BOTH ARE LARGE COMMUNITY TEACHING HOSPITALS, OF EQUIVALENT SIZE, HOWEVER BRIDGEPORT HOSPITAL HAS MORE EXTENSIVE TEACHING PROGRAMS, THE STATE'S ONLY BURN CENTER, IS THE WOMEN'S AND CHILDREN'S HOSPITAL FOR THE AREA AND HAS A MUCH HIGHER MIX OF UNDER AND UNINSURED PATIENTS ALMOST A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 5,991 PATIENTS (30 4% OF TOTAL) WERE MEDICAID OR UNINSURED IN FY 2009 THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FY 2009, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 71,678 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH NEARLY 10,000 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 29,000 IDENTIFIED AS MEDICAID BENEFICIARIES

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

PART VI, LINE 5 BRIDGEPORT HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT IN FISCAL YEAR 2009, THE COMMUNITY BUILDING ACTIVITIES THAT BRIDGEPORT HOSPITAL PROVIDED TOTALED 71,190 DOLLARS HIGHLIGHTS OF THESE ACTIVITIES ARE INCLUDED BELOW BY CATEGORY WHERE APPLICABLE PHYSICAL IMPROVEMENTS AND HOUSING - HOSPITAL LEADERSHIP CONTINUED TO PARTICIPATE ON TWO CITY OF BRIDGEPORT NEIGHBORHOOD REVITALIZATION ZONE STRATEGIC PLANNING COMMITTEES SERVING THE EAST END AND EAST SIDE OF BRIDGEPORT THESE COMMITTEES WERE FORMED AS PART OF AN ONGOING CITYWIDE URBAN RENEWAL EFFORT AND HAVE RESULTED IN COMPREHENSIVE PLANS FOR COMMUNITY ENHANCEMENT FOR THE NEIGHBORHOODS ECONOMIC DEVELOPMENT - BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CITY OF BRIDGEPORT IN FISCAL YEAR 2009, THE HOSPITAL EMPLOYED OVER 2,500 PEOPLE MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE AND BELONGING TO THE ROTARY CLUBS IN BOTH BRIDGEPORT AND TRUMBULL THROUGH THESE ORGANIZATIONS, WE ADVOCATE FOR AND FACILITATE INCREASED ECONOMIC DEVELOPMENT FOR THE AREA COMMUNITY SUPPORT - BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CITY OF BRIDGEPORT AND THEREFORE HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES THERE IS CONSIDERABLE RESEARCH LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NEIGHBORHOOD CONDITIONS THE HOSPITAL DEVELOPED A UNIQUE PROGRAM CALLED THE BRIDGEPORT HOSPITAL ADOPT-A-BLOCK COMMUNITY PARTNERSHIP, WHICH IS PART OF AN EFFORT LAUNCHED LAST YEAR TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL OVER 900 NEIGHBORHOOD RESIDENTS RECEIVED INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS THE RESIDENTS IDENTIFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGHBORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES SUCH AS INCREASING THE POLICE PRESENCE IN NEIGHBORHOODS IDENTIFIED BY CITY RESIDENTS, IMPROVING TRASH HAULING AND REDUCING BLIGHT IN ADDITION, THE HOSPITAL FACILITATED A SESSION WITH THE NEIGHBORS AND CITY PLANNERS TO DISCUSS ECONOMIC DEVELOPMENT PRIORITIES FOR THE COMMUNITY BRIDGEPORT HOSPITAL WAS ONE OF MANY COMMUNITY ORGANIZATIONS AND DONORS THAT CAME TOGETHER TO PROVIDE FINANCIAL SUPPORT FOR THE BUILDING OF A PLAYGROUND AT DUNBAR SCHOOL IN BRIDGEPORT THE DUNBAR SCHOOL IS A K-8 INNER CITY SCHOOL WITH OVER 550 STUDENTS AND THE ONLY SCHOOL IN BRIDGEPORT WITHOUT A PLAYGROUND AT THE OPENING OF THE PLAYGROUND IN MAY OF 2009, BRIDGEPORT MAYOR BILL FINCH STATED, "WE'RE THRILLED THAT THE CHILDREN ON THE EAST END NOW HAVE A SAFE PLACE TO PLAY AND REALLY BE CHILDREN IT'S SOMETHING THAT WILL PROVIDE JOY FOR MANY, MANY YEARS " A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 500 NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 265 STUDENTS TO BEGIN THEIR SCHOOL YEAR THE PASTORAL CARE DEPARTMENT SPONSORED A HOLIDAY TOY DRIVE FOR CHILDREN IN THE HOSPITAL'S BRIDGEPORT EAST END NEIGHBORHOOD MORE THAN 200 TOYS, GAMES AND BOOKS WERE DONATED BY HOSPITAL EMPLOYEES DURING THE DRIVE ENVIRONMENT IMPROVEMENTS - IN FY 2009, THE HOSPITAL PROVIDED NEARLY 16,000 TO CONTINUE THE OPERATION OF ITS LEAD SAFE HOUSE, THE ONLY ONE IN FAIRFIELD COUNTY THE HOUSE PROVIDES A TEMPORARY RESIDENCE FOR CHILDREN UNDERGOING TREATMENT FOR LEAD POISONING AND THEIR FAMILIES LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS - IN FY 2009, THE HOSPITAL PROVIDED DEFIBRILLATOR TRAINING FOR AREA RESIDENTS IN DIRECT RESPONSE TO A REQUEST FROM THE THEN PRESIDENT OF THE GREATER BRIDGEPORT CHAPTER OF THE NAACP DEFIBRILLATOR TRAINING COURSES ARE DESIGNED TO EDUCATE TRAINEES TO RESPOND TO AN EMERGENCY SITUATION WITHOUT DELAY OVER 20 PEOPLE ATTENDED THESE FREE TRAINING SESSIONS COALITION BUILDING - THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS AS A RESULT THE HOSPITAL PROVIDED OVER 5,000 OF IN-KIND SUPPORT TO ORGANIZATIONS SUCH AS OPTIMUS HEALTHCARE, THE BRIDGEPORT REGIONAL BUSINESS COUNCIL HEALTHCARE COUNCIL, DEPARTMENT OF CHILDREN AND FAMILIES, THE PRIMARY CARE ACTION GROUP, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD, VNS OF CONNECTICUT, STRATFORD BOARD OF EDUCATION AND THE GREATER BRIDGEPORT ADOLESCENT PREGNANCY PROGRAM A HOSPITAL REPRESENTATIVE CONTINUED TO CO-CHAIR THE HEALTH CARE COUNCIL OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL IN FY 2009, THE HEALTH CARE COUNCIL PLANNED AND IMPLEMENTED A "10,000 STEPS A DAY" HEALTH CHALLENGE AMONG 30 LOCAL BUSINESSES WHICH WAS AN OVERWHELMING SUCCESS THE COUNCIL ALSO HELD A HEALTHCARE PANEL WITH KEY POLITICAL PRESENTERS WHO EDUCATED THE BUSINESS COMMUNITY ABOUT HEALTHCARE REFORM AND ITS IMPLICATIONS, PUBLISHED A HEALTHCARE NEWSLETTER AND CONDUCTED A WELLNESS EVENT FOR LOCAL BUSINESSES TO INTRODUCE THEM TO WAYS TO ENCOURAGE HEALTH AND WELLNESS AMONG THEIR EMPLOYEES THE HOSPITAL CONTINUED ITS SUPPORT OF THE BRIDGEPORT DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AREA ADVISORY COUNCIL THE GROUP SUPPORTED REORGANIZATION BY DCF TO CREATE REGIONAL DIRECTORS IN THE STATE WHO WOULD HAVE MORE AUTHORITY TO DETERMINE NECESSARY SERVICES IN EACH REGION, AND SUPPORTED THE BRIDGEPORT AREA DIRECTOR TO BE CHOSEN AS OUR REGIONAL DIRECTOR THE GROUP ALSO ADVOCATED FOR AN APPROPRIATE RESTRUCTURING OF THE EMERGENCY MOBILE PSYCHIATRY SERVICE, WHICH RESULTED IN A MUCH MORE EFFECTIVE PROGRAM RESTRUCTURING THAT ENSURED THE CONTINUATION OF THIS CRITICAL SERVICE, AND PARTICIPATED IN A FEDERAL REVIEW OF THE BRIDGEPORT OFFICE IN ADDITION, HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, SUSAN G KOMEN FOR THE CURE, CANCERCARE AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES, WHICH IN TURN BENEFITED PATIENTS AT BRIDGEPORT HOSPITAL ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS - BRIDGEPORT HOSPITAL PLAYED A LEAD ROLE IN WORKING WITH LOCAL, STATE AND FEDERAL LEGISLATORS AND GOVERNMENT AGENCIES TO IMPROVE ACCESS FOR PATIENTS TO AFFORDABLE HEALTH INSURANCE AND HEALTHCARE SERVICES THE HOSPITAL PROVIDED LEADERSHIP IN EFFORTS TO ACHIEVE A PHASED-IN APPROACH TO CHANGES TO THE MEDICARE INPATIENT RULE WHICH WILL REDUCE MEDICARE FUNDING TO THE STATE OF CONNECTICUT AND ADVOCATED FOR RATIONALE HEALTH CARE REFORM WHICH INCLUDED INCREASED ACCESS TO AFFORDABLE HEALTH INSURANCE FOR ALL CITIZENS THE HOSPITAL CONTINUED ITS PARTICIPATION IN THE BRIDGEPORT-BASED PRIMARY CARE ACTION GROUP (PCAG), WHICH FOCUSES ON LOCAL ISSUES REGARDING ACCESS, HEALTH INSURANCE COVERAGE AND CARE FOR THE UNINSURED COMMUNITY IN FY 2009, THE PCAG CONDUCTED A COMMUNITY NEEDS ASSESSMENT, SPONSORED AWARENESS EVENTS DURING COVER THE UNINSURED WEEK TO RAISE AWARENESS OF THAT IMPORTANT ISSUE, AND BEGAN IMPLEMENTATION OF A LOCAL REGIONAL HEALTH INFORMATION ORGANIZATION THAT WOULD ALLOW SHARING OF KEY DEMOGRAPHIC AND CLINICAL DATA AMONG ALL LOCAL PROVIDERS FOR ALL UNINSURED AND UNDERINSURED PATIENTS TO BETTER COORDINATE CARE, REDUCE DUPLICATIVE TESTS AND ENCOURAGE PATIENTS TO CHOOSE A MEDICAL HOME THE HOSPITAL HELD ITS JOINT LEGISLATIVE DINNER WITH ST VINCENT'S MEDICAL CENTER IN JANUARY THE DISCUSSION FOCUSED ON THE SAFETY AND PROGRAM ENHANCEMENTS AT THE HOSPITALS, THE DIFFICULTY OF MAINTAINING FINANCIAL HEALTH DURING THE DOWN ECONOMY, AND THUS THE IMPORTANCE OF MAINTAINING CURRENT FUNDING LEVELS FOR MEDICAID AND

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

PART VI, LINE 6 BRIDGEPORT HOSPITAL IS A NOT-FOR-PROFIT 425-BED TEACHING HOSPITAL LOCATED IN BRIDGEPORT, CONNECTICUT, AND IS A TEACHING AFFILIATE OF THE YALE SCHOOL OF MEDICINE BRIDGEPORT HOSPITAL IS A FULL SERVICE ACUTE CARE COMMUNITY TEACHING HOSPITAL THAT OFFERS MORE THAN 60 SUB-SPECIALTIES IN FISCAL YEAR 2009, THE HOSPITAL RECORDED APPROXIMATELY 19,700 INPATIENT DISCHARGES AND OVER 240,000 OUTPATIENT VISITS INCLUDING 61,339 EMERGENCY DEPARTMENT TREATED AND DISCHARGED VISITS OVER 63 5% OF THE OUTPATIENTS TREATED IN THE EMERGENCY DEPARTMENT WERE MEDICAID-INSURED AND UNINSURED PATIENTS DURING FISCAL YEAR (FY) 2009, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 57 1 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 36 2 MILLION DOLLARS IN CHARITY CARE AND UNREIMBURSED MEDICAID (AT COST), 19 1 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 1 6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS BRIDGEPORT HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW THE HOSPITAL PROVIDED HEALTH SCREENINGS AND INFORMATION AT THE HOSPITAL, AREA SENIOR CENTERS AND OTHER SITES DURING THE YEAR, SERVING 3,275 PEOPLE THE HOSPITAL SPONSORED THE COMMUNITY ASSISTANCE PROGRAM, WHICH OBTAINS FINANCIAL ASSISTANCE FROM PHARMACEUTICAL COMPANIES TO PROVIDE UNINSURED AND UNDERINSURED PATIENTS WITH NEEDED PRESCRIPTIONS AT LITTLE OR NO COST DURING THE PAST YEAR THE PROGRAM SAVED OVER 540,000 IN PRESCRIPTION COST FOR 39 PATIENTS THE NORMA F PFRIEM BREAST CARE CENTER'S UNDERSERVED PROGRAM PROVIDED EDUCATION, OUTREACH AND OTHER BREAST CARE SERVICES TO 354 WOMEN DURING THE YEAR THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INSTITUTE ASSISTED 133 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS THROUGH THESE REFERRALS THE 133 INDIVIDUALS RECEIVED NEARLY 30,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND, AND TAKE A SWING AGAINST CANCER THE HOSPITAL SPONSORED FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS MORE THAN 550 PEOPLE PARTICIPATED IN THESE GROUPS DURING THE PAST YEAR MORE THAN 2,000 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED LECTURES AND AWARENESS EVENTS ON TOPICS, SUCH AS ARTHRITIC, BACK PAIN, CANCER, DIABETES, GYNECOLOGICAL ISSUES, HEADACHES, HEART DISEASE, HIP/KNEE PAIN, MENTAL HEALTH, SICKLE CELL DISEASE, STROKE AND SMOKING CESSATION THE SECOND ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO ATTRACTED 425 PEOPLE (125 MORE THAN THE PREVIOUS YEAR) AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT THE HOSPITAL HAS PARTNERED WITH THE CITY OF BRIDGEPORT HEALTH DEPARTMENT TO PLACE AN RN IN THE SENIOR HOUSING CLINIC AT HARBORVIEW TOWERS SHE PROVIDES SCREENING AND EDUCATION SERVICE TO THE RESIDENTS, TRIAGES ACUTE CARE ISSUES AND ALSO CONDUCTS ONGOING HEALTH EDUCATION AND SCREENING PROGRAMS AT ALL THE CITY'S SENIOR CENTERS THE HOSPITAL ALSO EMPLOYS BOARD CERTIFIED GERIATRICIANS AND APRNS WHO CONDUCT HOME VISITS FOR HOMEBOUND SENIORS AND CARE FOR RESIDENTS WHO LIVE IN NURSING HOMES OR ASSISTED LIVING FACILITIES IN ADDITION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF DIRECTORS WITH THE MAJORITY OF THE MEMBERS RESIDING IN THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREA TOWNS OF FAIRFIELD, TRUMBULL, EASTON, STRATFORD AND NEWTOWN THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY A TOTAL OF 40 PHYSICIANS JOINED THE HOSPITAL'S MEDICAL STAFF IN FISCAL YEAR 2009, WHICH NOW TOTALS 865 MEMBERS THE HOSPITAL AS A NOT-FOR-PROFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH FY 2009 EXAMPLES INCLUDED THE FOLLOWING THE EMERGENCY DEPARTMENT UNDERTOOK A LEAN PROJECT THAT REDUCED DOOR TO DOCTOR TIME FOR URGENT CARE PATIENTS BY 25 MINUTES THIS PROJECT IMPROVED ACCESS TO CARE FOR MANY PATIENTS WHO USE THE HOSPITAL'S EMERGENCY DEPARTMENT AS THEIR SOURCE OF PRIMARY CARE THE HOSPITAL OPENED SOUTHERN CONNECTICUT'S FIRST MULTI-PERSON HYPERBARIC OXYGEN THERAPY CHAMBER AT THE NEW LOCATION OF ITS WOUND HEALING CENTER OF FAIRFIELD COUNTY WHEN PAIRED WITH TRADITIONAL TREATMENTS, HYPERBARIC OXYGEN THERAPY CAN HEAL CERTAIN TYPES OF DIFFICULT-TO-HEAL WOUNDS THE HOSPITAL UPGRADED ITS CT SCANNER TO A 16-SLICE SCANNER, WHICH PROVIDES HIGHER-RESOLUTION IMAGES TO IMPROVE PATIENT DIAGNOSIS AND CARE THE HOSPITAL ALSO COMPLETED A MULTI-YEAR UPGRADE OF ITS TWO CARDIAC CATHETERIZATION LABORATORIES AND A DEDICATED ELECTROPHYSIOLOGY LABORATORY ADDITIONALLY THE HOSPITAL CONTINUED THE PHASED RENOVATION OF ITS MEDICAL AND SURGICAL PATIENT ROOMS THE HOSPITAL ALSO PARTICIPATES IN CLINICAL RESEARCH FUNDED BY PUBLIC AND PRIVATE RESOURCES CLINICAL TRIALS AT BRIDGEPORT HOSPITAL ARE UNDERTAKEN IN THE AREAS OF CARDIOVASCULAR AND ONCOLOGY RESEARCH AND INCLUDE STUDIES IN DIABETES, ATRIAL FIBRILLATION, ANTI-PLATELET THERAPY, BREAST CANCER, METASTATIC BREAST CANCER, LUNG CANCER, COLON CANCER, BONE METASTASES, PANCREATIC CANCER, RENAL CELL CARCINOMA, LYMPHOMA, LEUKEMIA AND GASTROESOPHAGEAL AND GASTRIC CANCER THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR OVER 100 MEDICAL PROFESSIONALS THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM IN ADDITION THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING, DIETARY PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPISTS, TECHNICIANS AND OTHER NON CLINICAL AREAS SUCH AS MARKETING AND PUBLIC RELATIONS IN FISCAL YEAR 2009, BRIDGEPORT HOSPITAL ADDED A NEW FELLOWSHIP PROGRAM IN GERIATRIC MEDICINE THERE ARE TWO FELLOWS IN TRAINING IN THE PROGRAM THIS YEAR BRIDGEPORT HOSPITAL PARTICIPATES IN GOVERNMENT SPONSORED HEALTH CARE PROGRAMS INCLUDING MEDICARE, MEDICAID, CHAMPUS AND TRICARE THE HOSPITAL OFFERS FINANCIAL ASSISTANCE, A SLIDING SCALE OF FEES AND ALSO FREE CARE FOR ELIGIBLE PATIENTS WHO CANNOT AFFORD TO PAY FOR SOME OR ALL OF THEIR CARE BRIDGEPORT HOSPITAL IS A DISPROPORTIONATE CARE HOSPITAL IN A LARGE URBAN CENTER THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSIST THE SELF PAY POPULATION AT THE PRIMARY CARE CLINIC ENROLL IN PUBLIC PROGRAMS LAST YEAR, 156 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE SCREENING, APPLICATION REVIEW THE HOSPITAL ALSO CONTINUED TO PAY FOR AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING IN FY 2009, 434 VOLUNTEERS DEDICATED A TOTAL OF 59,855 SERVICE HOURS TO THE HOSPITAL VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDO, L & D, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL, REPUTATION AS WELL AS FUNDRAISING EFFORTS IN FISCAL YEAR 2009, THE BRIDGEPORT HOSPITAL AUXILIARY FUNDED RENOVATIONS TO ITS GIFT SHOP IN THE MAIN LOBBY OF THE HOSPITAL

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

PART VI, LINE 7 THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM HOLDS ITS EXECUTIVES ACCOUNTABLE TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THEIR EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON SUCH IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' INCENTIVE SYSTEMS ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLANS INCORPORATES THE CONCEPTS OF WORKING WITH THEIR COMMUNITIES TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTHY COMMUNITIES, PROVIDING SERVICES IN THE COMMUNITY THAT PROMOTE HEALTH AND ENHANCE THE WELL-BEING OF THEIR COMMUNITIES AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CAN NOT AFFORD THE NECESSARY SERVICES

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☑

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT J TREFRY ROBERT J TREFRY	(i) (ii)	618,365	189,371	682,675	134,373	14,583	1,639,367	10,531
GAYLE CAPOZZALO GAYLE CAPOZALO	(i) (ii)	568,277	174,637	296,576	298,440	18,153	1,356,083	14,788
BRUCE MCDONALD MD BRUCE MCDONALD MD	(i) (ii)	379,563	65,790	51,673	123,394	18,118	638,538	
PATRICK MCCABE PATRICK MCCABE	(i) (ii)	315,842	70,968	50,393	153,627	32,276	623,106	
HOPE JUCKEL-REGAN HOPE JUCKEL-REGAN	(i) (ii)	285,390	67,000	40,608	81,767	13,820	488,585	
JOSEPH JANELL JOSEPH JANELL	(i) (ii)	231,023	59,253	58,350	94,484	13,301	456,411	4,909
LYN SALSGIVER LYN SALSGIVER	(i) (ii)	200,235	95,366	41,377	103,952	19,807	460,737	
MICHAEL IVY MD MICHAEL IVY MD	(i) (ii)	281,894		15,500	7,301	23,178	327,873	
MARYELLEN KOSTURKO MARYELLEN KOSTURKO	(i) (ii)	176,027	30,155	10,317	14,445	4,289	235,233	
MICHAEL WERDMANN MD	(i) (ii)	302,175		20,849	22,381	34,123	379,528	
JONATHAN MAISEL MD	(i) (ii)	293,124		15,859	20,656	30,609	360,248	
JAMES SIRLEAF MD JAMES SIRLEAF MD	(i) (ii)	283,266		13,207	16,100	25,000	337,573	
BRIAN JORDAN MD BRIAN JORDAN MD	(i) (ii)	265,872		15,807	18,400	18,864	318,943	
GUILLERMO KATIGBAK MD	(i) (ii)	265,376		15,245	20,700	24,986	326,307	
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	BRUCE MCDONALD, MD 0 91,457 0 PATRICK MCCABE 0 93,258 0 HOPE JUCKEL-REGAN 0 54,433 0 JOSEPH JANELL 0 69,584 0 LYN SALSGIVER 0 58,048 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 4B THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS THE SUPPLEMENTAL RETIREMENT PLAN IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
CENTURY FINANCIAL SERVICES INC	SEE SCHEDULE O	321,769	SEE SCHEDULE O		No
EASTERN BAG AND PAPER GROUP	SEE SCHEDULE O	142,000	SEE SCHEDULE O		No
GENERAL ELECTRIC CO	SEE SCHEDULE O	1,802,891	SEE SCHEDULE O		No
ORTHOPEDIC SPECIALTY GROUP	SEE SCHEDULE O	225,000	SEE SCHEDULE O		No

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Identifier	Return Reference	Explanation
		BRIDGEPORT HOSPITAL IS A NOT-FOR-PROFIT 425-BED TEACHING HOSPITAL LOCATED IN BRIDGEPORT, CONNECTICUT, AND IS A TEACHING AFFILIATE OF THE YALE SCHOOL OF MEDICINE BRIDGEPORT HOSPITAL IS A FULL SERVICE ACUTE CARE COMMUNITY TEACHING HOSPITAL THAT OFFERS MORE THAN 60 SUB-SPECIALTIES IN FISCAL YEAR 2009, THE HOSPITAL RECORDED APPROXIMATELY 19,700 INPATIENT DISCHARGES AND OVER 240,000 OUTPATIENT VISITS INCLUDING 61,459 EMERGENCY DEPARTMENT TREATED AND DISCHARGED VISITS OVER 63 5% OF THE OUTPATIENTS TREATED IN THE EMERGENCY DEPARTMENT WERE MEDICAID-INSURED AND UNINSURED PATIENTS DURING FISCAL YEAR (FY) 2009, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 53 8 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 32 9 MILLION IN CHARITY CARE AND UNREIMBURSED MEDICAID (AT COST), 19 2 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 1 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS BRIDGEPORT HOSPITAL IS THE SITE OF THE ONLY SPECIALIZED BURN CARE FACILITY BETWEEN NEW YORK AND BOSTON AND A REGIONAL AMERICAN COLLEGE OF SURGEONS-APPROVED TRAUMA CENTER IT IS ALSO THE SITE OF SOUTHERN CONNECTICUT'S ONLY MULTI-PERSON HYPERBARIC OXYGEN THERAPY CHAMBER, WHICH AIDS IN THE TREATMENT OF STUBBORN WOUNDS CAUSED BY DIABETES, CIRCULATORY PROBLEMS, RADIATION, TRAUMATIC INJURY AND OTHER CONDITIONS OTHER SPECIALTIES AT BRIDGEPORT HOSPITAL INCLUDE THE HEART INSTITUTE, THE NORMA F PFRIEM CANCER INSTITUTE, THE NORMA F PFRIEM BREAST CARE CENTER, THE BIRTHPLACE, THE P T BARNUM PEDIATRIC CENTER, INCLUDING A PEDIATRIC INTENSIVE CARE UNIT, THE PEDIATRIC ASTHMA CENTER AND A CHILDREN'S EMERGENCY CENTER, THE JOINT RECONSTRUCTION CENTER, ADVANCED NEUROSURGICAL SERVICES, MENTAL HEALTH SERVICES INCLUDING INPATIENT CARE, A 24-HOUR EMERGENCY CRISIS SERVICE, GERIATRIC ASSESSMENT SERVICE AND DAY HOSPITAL PROGRAMS, A BLOODLESS MEDICINE AND SURGERY PROGRAM AND OCCUPATIONAL HEALTH PROGRAMS FOR AREA EMPLOYERS IN FISCAL YEAR 2009, THE HOSPITAL PROVIDED A TOTAL OF 10 8 MILLION (AT COST) IN FREE AND CHARITY CARE TO PATIENTS WHO WERE UNINSURED OR UNDER-INSURED IN ADDITION, THE HOSPITAL PROVIDED MEDICAL SERVICES TO THE LOCAL COMMUNITY, INCLUDING 35,020 VISITS TO THE PRIMARY CARE CENTER, 83 PERCENT OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS IN FISCAL YEAR (FY) 2009, BRIDGEPORT HOSPITAL PROVIDED A TOTAL OF 38 3 MILLION IN UNCOMPENSATED CARE AND MEDICAID SHORTFALL THE HOSPITAL PROVIDED UNCOMPENSATED CARE FOR MORE THAN 30,000 INPATIENT DISCHARGES AND OUTPATIENT VISITS, WHICH TOTALED 16 2 MILLION (CALCULATIONS BASED ON COSTS NOT CHARGES) THIS INCLUDED 10 8 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 5 4 MILLION IN BAD DEBT EXPENSE IN ADDITION, THE HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 1 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS BRIDGEPORT IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH-LARGEST CITY IN NEW ENGLAND LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 136,000 THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% OF THE WHOLE STATE BRIDGEPORT HOSPITAL PLACES A SIGNIFICANT EMPHASIS ON PROVIDING PREVENTIVE HEALTH AND WELLNESS PROGRAMS AND VARIOUS COMMUNITY SERVICES AS A FUNDAMENTAL STRATEGY TO HELP IMPROVE THE HEALTH OF THE COMMUNITY RECENT EXAMPLES INCLUDE "FREE AND CHARITY CARE AND BAD DEBT - IN FY 2009, UNCOMPENSATED CARE FOR MORE THAN 30,000 INPATIENT DISCHARGES AND OUTPATIENT VISITS TOTALED 16 2 MILLION THIS INCLUDED 10 8 MILLION FOR THE PROVISION OF FREE AND CHARITY CARE AND 5 4 MILLION IN BAD DEBT EXPENSE THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES THE HOSPITAL CONTINUED TO PROVIDE FREE CARE TO PATIENTS WHO FELL BELOW 250 PERCENT OF THE FEDERAL POVERTY LEVEL A FAMILY OF FOUR WITH INCOME AT OR BELOW 55,125 WAS ELIGIBLE FOR FREE CARE IF THEY DID NOT QUALIFY FOR STATE MEDICAID IN FY 2009, BRIDGEPORT HOSPITAL EXPERIENCED A GROWING NUMBER OF INSURED PATIENTS WITH INADEQUATE INSURANCE COVERAGE AS THE RESULT OF HIGH DEDUCTIBLES OR LARGE COINSURANCE PERCENTAGES MANY NEW INSURANCE POLICIES HAVE MAXIMUM PAYMENT CAPS THAT ARE INADEQUATE TO COVER MOST HOSPITAL ADMISSIONS AS A RESULT, THE HOSPITAL EXPERIENCED AN INCREASING NUMBER OF PATIENTS APPLYING FOR FREE CARE OR WHO SIMPLY COULD NOT PAY THEIR HOSPITAL BILLS FOR PATIENTS WITH HOUSEHOLD INCOMES BETWEEN 250 PERCENT AND 400 PERCENT OF THE FEDERAL POVERTY GUIDELINES (BETWEEN 55,125 AND 88,200 FOR A FAMILY OF FOUR), CARE WAS DISCOUNTED TO COST IN ADDITION, ANY PATIENTS, REGARDLESS OF INCOME, RECEIVED FINANCIAL ASSISTANCE IF THEIR AGGREGATE HOSPITAL BILLS EXCEEDED 10 PERCENT OF HOUSEHOLD INCOME "MEDICAID UNDERPAYMENT - BRIDGEPORT HOSPITAL'S SERVICE AREA INCLUDES THE CITY OF BRIDGEPORT, CONNECTICUT'S MOST POPULOUS CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% FOR THE WHOLE STATE IN FY 2009, THE BRIDGEPORT HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISITS THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 0 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES "CARE FOR THE UNDERSERVED - BEYOND FREE AND UNDER-REIMBURSED CARE, BRIDGEPORT HOSPITAL PROVIDED A NUMBER OF HEALTHCARE SERVICES TO LOW-INCOME AND UNDERSERVED PATIENTS AND FAMILIES ON A REGIONAL AND EVEN STATEWIDE BASIS FOLLOWING ARE SOME LEADING EXAMPLES THE DR ANDREW AND HENRIETTA PANETTIERI BURN CENTER AT BRIDGEPORT HOSPITAL IS THE ONLY DEDICATED BURN CENTER IN CONNECTICUT RECOGNIZED FOR MEETING THE HIGHEST STANDARDS OF CARE BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION, IT IS ONE OF ONLY 44 VERIFIED ADULT BURN CENTERS IN THE UNITED STATES IN FISCAL YEAR 2009, THE BURN CENTER TREATED 363 INPATIENTS, 36 4% OF WHOM WERE MEDICAID OR UNINSURED THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FY 2009, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 71,678 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH NEARLY 10,000 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 29,000 IDENTIFIED AS MEDICAID BENEFICIARIES THE BRIDGEPORT HOSPITAL PRIMARY CARE CENTER IS AN ESSENTIAL COMPONENT OF THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE THE PRIMARY CARE CENTER HAS THREE COMPONENTS MEDICAL/SURGICAL, PEDIATRIC AND OBSTETRICS/GYNECOLOGY IN ADDITION, THERE ARE A TOTAL OF 20 ADULT AND PEDIATRIC SUBSPECIALTY CLINICS, INCLUDING ONES FOR CARDIOLOGY, DERMATOLOGY, GASTROENTEROLOGY, HEMATOLOGY, IMMUNOLOGY, NEUROLOGY, ORTHOPEDICS AND PULMONARY DISEASES THE PRIMARY CARE CENTER PROVIDES OUTPATIENT TREATMENT TO INDIVIDUALS WHO ARE SICK, COMPLETE CARE FOR PREGNANT WOMEN AND IMMUNIZATIONS AND WELL CARE FOR ADULTS AND CHILDREN IN FY 2009, THERE WERE 35,020 VISITS TO THE PRIMARY CARE CENTER, 83% OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSIST THE SELF PAY POPULATION AT THE PRIMARY CARE CLINIC ENROLL IN PUBLIC PROGRAMS LAST YEAR, 156 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE SCREENING AND APPLICATION REVIEW IN ADDITION TO OPERATING ITS OWN PRIMARY CARE CENTER, THE HOSPITAL PARTNERS WITH THE TWO BRIDGEPORT BASED FEDERALLY QUALIFIED HEALTHCARE CENTERS (FQHC), OPTIMUS HEALTH CARE AND THE SOUTHWEST COMMUNITY HEALTH CENTER BRIDGEPORT HOSPITAL IS THE PRIMARY INPATIENT FACILITY FOR BOTH FQHCS MORE THAN 1,379 INPATIENT ADMISSIONS WERE REFERRED DIRECTLY TO BRIDGEPORT HOSPITAL FROM PHYSICIANS AT THESE TWO CENTERS IN FY 2009, 78 5% OF WHOM WERE UNINSURED OR MEDICAID PATIENTS THE HOSPITAL FUNDS A STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES EMPLOYEE TO WORK ON SITE AT THE HOSPITAL TO HELP PATIENTS ENROLL IN MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS MEDICAID BENEFITS IN THE STATE OF CONNECTICUT INCLUDE ACUTE CARE SERVICES, FEDERALLY QUALIFIED HEALTH CENTER SERVICES, CLINICAL SERVICES, MENTAL HEALTH SERV
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	COMMUNITY BUILDING AND LEADERSHIP ACTIVITIES - BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CITY OF BRIDGEPORT AND THEREFORE HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES THERE IS CONSIDERABLE RESEARCH LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NEIGHBORHOOD CONDITIONS IN FISCAL YEAR 2009, THE COMMUNITY BUILDING ACTIVITIES THAT BRIDGEPORT HOSPITAL PROVIDED TOTALED 71,190 DOLLARS THE HOSPITAL'S COMMUNITY ADVISORY COMMITTEE HELPS TO ESTABLISH AND MAINTAIN A DIALOGUE WITH THE VARIOUS CONSTITUENCIES SERVED BY THE HOSPITAL FOR THE BETTERMENT OF ITS PATIENTS AND THE COMMUNITY THIS GROUP MET FOUR TIMES DURING FY 2009 TO LEARN ABOUT HOSPITAL PROGRAMS AND TO PROVIDE FEEDBACK FROM THE COMMUNITY TO ENHANCE HOSPITAL SERVICES THE MEMBERS OF THE BRIDGEPORT HOSPITAL COMMUNITY VOLUNTEER DEPARTMENT CONTINUE TO SUPPORT THE HOSPITAL'S EFFORT TO PROVIDE EXCELLENT CARE THROUGH THE WORK OF ITS MANY VOLUNTEERS DURING FY 2009, 434 VOLUNTEERS CONTRIBUTED MORE THAN 58,000 HOURS OF SERVICE TO THE HOSPITAL THE HOSPITAL DEVELOPED A UNIQUE PROGRAM CALLED THE BRIDGEPORT HOSPITAL ADOPT-A-BLOCK COMMUNITY PARTNERSHIP, WHICH IS PART OF AN EFFORT LAUNCHED LAST YEAR TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL OVER 900 NEIGHBORHOOD RESIDENTS RECEIVED INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS THE RESIDENTS IDENTIFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGHBORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES SUCH AS INCREASING THE POLICE PRESENCE IN NEIGHBORHOODS IDENTIFIED BY CITY RESIDENTS, INCREASING TRASH HAULING AND REDUCING BLIGHT IN ADDITION, THE HOSPITAL FACILITATED A SESSION WITH THE NEIGHBORS AND CITY PLANNERS TO DISCUSS ECONOMIC DEVELOPMENT PRIORITIES FOR THE SPECIFIC NEIGHBORHOOD HOSPITAL LEADERSHIP CONTINUED TO PARTICIPATE ON TWO CITY OF BRIDGEPORT NEIGHBORHOOD REVITALIZATION ZONE STRATEGIC PLANNING COMMITTEES SERVING THE EAST END AND EAST SIDE OF BRIDGEPORT THESE COMMITTEES WERE FORMED AS PART OF AN ONGOING CITYWIDE URBAN RENEWAL EFFORT AND HAVE RESULTED IN COMPREHENSIVE PLANS FOR COMMUNITY ENHANCEMENT FOR THE NEIGHBORHOODS - IN FY 2009, THE HOSPITAL PROVIDED DEFIBRILLATOR TRAINING FOR AREA RESIDENTS IN DIRECT RESPONSE TO A REQUEST FROM THE THEN PRESIDENT OF THE GREATER BRIDGEPORT CHAPTER OF THE NAACP DEFIBRILLATOR TRAINING COURSES ARE DESIGNED TO EDUCATE TRAINEES TO RESPOND TO AN EMERGENCY SITUATION WITHOUT DELAY OVER 20 PEOPLE ATTENDED THESE FREE TRAINING SESSIONS BRIDGEPORT HOSPITAL SPONSORED THREE BLOOD DRIVES IN FY 2009 IN WHICH 115 DONORS PARTICIPATED AS MANY AS 345 PEOPLE BENEFITED FROM THE DONATIONS A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 500 NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 265 STUDENTS TO BEGIN THEIR SCHOOL YEAR THE PASTORAL CARE DEPARTMENT SPONSORED A HOLIDAY TOY DRIVE FOR CHILDREN IN THE HOSPITAL'S BRIDGEPORT EAST END NEIGHBORHOOD MORE THAN 200 TOYS, GAMES AND BOOKS WERE DONATED BY HOSPITAL EMPLOYEES DURING THE DRIVE -BRIDGEPORT HOSPITAL WAS ONE OF MANY COMMUNITY ORGANIZATIONS AND DONORS THAT CAME TOGETHER TO PROVIDE FINANCIAL SUPPORT FOR THE BUILDING OF A PLAYGROUND AT DUNBAR SCHOOL IN BRIDGEPORT THE DUNBAR SCHOOL IS A K-8 INNER CITY SCHOOL WITH OVER 550 STUDENTS AND THE ONLY SCHOOL IN BRIDGEPORT WITHOUT A PLAYGROUND AT THE OPENING OF THE PLAYGROUND IN MAY OF 2009, BRIDGEPORT MAYOR BILL FINCH STATED, "WE'RE THRILLED THAT THE CHILDREN ON THE EAST END NOW HAVE A SAFE PLACE TO PLAY AND REALLY BE CHILDREN IT'S SOMETHING THAT WILL PROVIDE JOY FOR MANY, MANY YEARS " HEALTHCARE ADVOCACY - BRIDGEPORT HOSPITAL PLAYED A LEAD ROLE IN WORKING WITH LOCAL, STATE AND FEDERAL LEGISLATORS AND GOVERNMENT AGENCIES TO IMPROVE ACCESS FOR PATIENTS TO AFFORDABLE HEALTH INSURANCE AND HEALTHCARE SERVICES THE HOSPITAL PROVIDED LEADERSHIP IN EFFORTS TO ACHIEVE A PHASED-IN APPROACH TO CHANGES TO THE MEDICARE INPATIENT RULE WHICH WILL REDUCE MEDICARE FUNDING TO THE STATE OF CONNECTICUT AND ADVOCATED FOR RATIONALE HEALTH CARE REFORM WHICH INCLUDED INCREASED ACCESS TO AFFORDABLE HEALTH INSURANCE FOR ALL CITIZENS THE HOSPITAL HELD ITS JOINT LEGISLATIVE DINNER WITH ST VINCENT'S MEDICAL CENTER IN JANUARY THE DISCUSSION FOCUSED ON PATIENT SAFETY AND CLINICAL PROGRAM ENHANCEMENTS AT THE HOSPITALS, THE DIFFICULT STEPS TAKEN TO RECOVER FINANCIALLY FROM THE TOUGH ECONOMIC YEAR AND THE IMPORTANCE OF MAINTAINING CURRENT FUNDING LEVELS FOR MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS THE HOSPITAL CONTINUED ITS SUPPORT OF THE BRIDGEPORT DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AREA ADVISORY COUNCIL THE GROUP SUPPORTED A REORGANIZATION BY DCF TO CREATE REGIONAL DIRECTORS IN THE STATE WHO WOULD HAVE MORE AUTHORITY TO DETERMINE NECESSARY SERVICES IN EACH REGION, AND SUPPORTED THE BRIDGEPORT AREA DIRECTOR TO BE CHOSEN AS THE LOCAL REGIONAL DIRECTOR THE GROUP ALSO ADVOCATED FOR AN APPROPRIATE RESTRUCTURING OF THE EMERGENCY MOBILE PSYCHIATRY SERVICE, WHICH RESULTED IN A MUCH MORE EFFECTIVE PROGRAM RESTRUCTURING THAT ENSURED THE CONTINUATION OF THIS CRITICAL SERVICE, AND PARTICIPATED IN A FEDERAL REVIEW OF THE BRIDGEPORT OFFICE A HOSPITAL REPRESENTATIVE CONTINUED TO CO-CHAIR THE HEALTH CARE COUNCIL OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL IN FY 2009, THE HEALTH CARE COUNCIL PLANNED AND IMPLEMENTED A "10,000 STEPS A DAY" HEALTH CHALLENGE AMONG 30 LOCAL BUSINESSES WHICH WAS AN OVERWHELMING SUCCESS THE COUNCIL ALSO HELD A HEALTHCARE PANEL WITH KEY POLITICAL PRESENTERS WHO EDUCATED THE BUSINESS COMMUNITY ABOUT HEALTHCARE REFORM AND ITS IMPLICATIONS, PUBLISHED A HEALTHCARE NEWSLETTER AND CONDUCTED A WELLNESS EVENT FOR LOCAL BUSINESSES TO INTRODUCE THEM TO WAYS TO ENCOURAGE HEALTH AND WELLNESS AMONG THEIR EMPLOYEES THE HOSPITAL CONTINUED ITS PARTICIPATION IN THE BRIDGEPORT-BASED PRIMARY CARE ACTION GROUP (PCAG), WHICH FOCUSES ON LOCAL ISSUES REGARDING ACCESS, HEALTH INSURANCE COVERAGE AND CARE FOR THE UNINSURED COMMUNITY IN FY 2009, THE PCAG CONDUCTED A COMMUNITY NEEDS ASSESSMENT, SPONSORED AWARENESS EVENTS DURING COVER THE UNINSURED WEEK TO RAISE AWARENESS OF THAT IMPORTANT ISSUE, AND BEGAN IMPLEMENTATION OF A LOCAL REGIONAL HEALTH INFORMATION ORGANIZATION THAT WOULD ALLOW SHARING OF KEY DEMOGRAPHIC AND CLINICAL DATA AMONG ALL LOCAL PROVIDERS FOR ALL UNINSURED AND UNDERINSURED PATIENTS TO BETTER COORDINATE CARE, REDUCE DUPLICATIVE TESTS AND ENCOURAGE PATIENTS TO CHOOSE A MEDICAL HOME LEADERSHIP - HOSPITAL STAFF CONTINUED TO TAKE LEADERSHIP ROLES WITH SEVERAL ORGANIZATIONS OVER THE PAST YEAR BY SERVING ON BOARDS AND TAKING THE INITIATIVE TO ORGANIZE EVENTS HOSPITAL EMPLOYEES RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY, SUSAN B KOMEN FUND, CANCERCARE AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES, WHICH IN TURN BENEFITED PATIENTS AT BRIDGEPORT HOSPITAL THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS AS A RESULT, THE HOSPITAL PROVIDED OVER 5,000 OF IN-KIND SUPPORT TO ORGANIZATIONS SUCH AS OPTIMUS HEALTHCARE, THE BRIDGEPORT REGIONAL BUSINESS COUNCIL HEALTHCARE COUNCIL, DEPARTMENT OF CHILDREN AND FAMILIES, THE PRIMARY CARE ACTION GROUP, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD, VNS OF CONNECTICUT, STRATFORD BOARD OF EDUCATION, HARDING HIGH SCHOOL AND THE GREATER BRIDGEPORT ADOLESCENT PREGNANCY PROGRAM

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE SOLE MEMBER OF BRIDGEPORT HOSPITAL IS BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE HOSPITAL SHALL BE GOVERNED BY ITS BOARD OF DIRECTORS, WHICH SHALL ELECT THE PERSONS TO SERVE ON SUCH BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC SHALL HAVE THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES A)TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS, PROGRAMS AND EXPENDITURES REQUIRING CERTIFICATE OF NEED APPROVAL BY APPROPRIATE GOVERNMENTAL BODIES, AND PLANS THAT MATERIALLY AFFECT THE GROWTH, OPERATING AND DEVELOPMENT OF THE HOSPITAL B)TO VOTE UPON ALL MATTERS ON WHICH MEMBERS ARE ENTITLED TO VOTE UNDER THE CONNECTICUT REVISED NONSTOCK CORPORATION ACT, AS AMENDED, SUPPLEMENTED OR OTHERWISE MODIFIED FROM TIME TO TIME C)TO ELECT AND REMOVE THE DIRECTORS AND NON-VOTING PHYSICIAN DIRECTORS IN ACCORDANCE WITH THE PROVISIONS BY THESE BYLAWS D)TO ELECT AND REMOVE THE OFFICERS AND THE HOSPITAL IN ACCORDANCE WITH THE PROVISION OF THESE BYLAWS E)TO ACT ON ANY OTHER MATTERS ON WHICH ACTION BY MEMBERS IS REQUIRED OR PERMITTED BY THESE BYLAWS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE FINANCE SUBSEQUENTLY IT IS SENT TO ERNST & YOUNG US, LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US, LLP FOR FINAL REVIEW PRIOR TO FILING THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF DIRECTOR

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BRIDGEPORT HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SERVICES CORP CONFLICT IF INTEREST POLICY THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE MANAGEMENT AFFAIRS COMMITTEE OF THE BRIDGEPORT HOSPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE MANAGEMENT AFFAIRS COMMITTEE IS AUTHORIZED UNDER THE BRIDGEPORT HOSPUITAL BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL BRIDGEPORT HOSPITAL BOARD ON AN ANNUAL BASIS IN ADDITION, THE MANAGEMENT AFFAIRS COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE MANAGEMENT AFFAIRS COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE MANAGEMENT AFFAIRS COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE MANAGEMENT AFFAIRS COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE MANAGEMENT AFFAIRS COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE MANAGEMENT AFFAIRS COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE MANAGEMENT AFFAIRS COMMITTEE OF THE BRIDGEPORT HORPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE MANAGEMENT AFFAIRS COMMITTEE IS AUTHORIZED UNDER THE BRIDGEPORT HOSPUITAL BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL BRIDGEPORT HOSPITAL BOARD ON AN ANNUAL BASIS IN ADDITION, THE MANAGEMENT AFFAIRS COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE MANAGEMENT AFFAIRS COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE MANAGEMENT AFFAIRS COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE MANAGEMENT AFFAIRS COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE MANAGEMENT AFFAIRS COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE MANAGEMENT AFFAIRS COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	PART VII, COLUMN B OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	PART VI, LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES GEORGE CARTER, JANET HANSEN, AND RICHARD HOYT ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SCHEDULE L, PART IV, COLUMN D BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS OFFICER AND KEY EMPLOYEE PATRICK MCCABE IS A DIRECTOR OF CENTURY FINANCIAL SERVICES, INC CENTURY FINANCIAL SERVICES, INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL CENTURY FINANCIAL SERVICES, INC IS PARTIALLY OWNED BY THE HOSPITAL'S CORPORATE PARENT, BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC TRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CEO OF EASTERN BAG AND PAPER GROUP AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS, WHICH INCLUDED A COMPARISON TO COMPETITIVE ALTERNATIVES AVAILABLE IN THE MARKETPLACE AND IN WHICH MS REUBEN WAS NOT INVOLVED, THE HOSPITAL PURCHASED JANITORIAL AND FOOD SERVICE SUPPLIES AND SERVICES FROM EASTERN BAG AND PAPER GROUP TRUSTEE SHANE FITZSIMONS IS AN OFFICER OF GENERAL ELECTRIC CO AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS, WHICH INCLUDED A COMPARISON TO COMPETITIVE ALTERNATIVES AVAILABLE IN THE MARKETPLACE AND IN WHICH MR FITZSIMONS WAS NOT INVOLVED, THE HOSPITAL ENGAGED GENERAL ELECTRIC CO AND/OR ITS AFFILIATES OR DIVISIONS TO PROVIDE A VARIETY OF GOODS AND SERVICES, INCLUDING MEDICAL SUPPLIES, SERVICE, AND RELATED SUPPORT TRUSTEE DAVID BINDELGLASS IS A PRINCIPAL OF ORTHOPEDIC SPECIALTY GROUP THE HOSPITAL ENGAGED ORTHOPEDIC SPECIALTY GROUP TO PROVIDE TRAUMA MANAGEMENT AND ORTHOPEDIC PHYSICIAN ASSISTANT SUPERVISION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

		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?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 06-0646554
Name: BRIDGEPORT HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVENUE NEW HAVEN, CT06519 22-2529464	HEALTH SRV	CT	501	11A	NA
AHLBIN CENTERS FOR REHABILITATION 267 GRANT STREET BRIDGEPORT, CT06610 06-0646591	HEALTHCARE	CT	501	3	BHHS
BRIDGEPORT HOSPITAL AND HEALTHCARE 267 GRANT STREET BRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501	11A	YNHHSC
BRIDGPORT HOSPITAL FOUNDATION 267 GRANT STREET BRIDGEPORT, CT06610 22-2593399	SUPPORT	CT	501	7	BHHS
NORMA F PFRIEM BREAST CENTER INC 111 BEACH ROAD FAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501	11A	NA
MILL HILL MEDICAL CONSULTANTS 226 MILL HILL AVENUE BRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501	3	NA
SOUTHERN CONNECTICUT HEALTH SYSTEM 267 GRANT STREET BRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501		BHHS
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT06610 06-6042500	SUPPORT	CT	501	11A	BHHS
WOMEN'S STAFF FOR CHILDRENS WARD OF 120 COLUMBINE DRIVE TRUMBULL, CT06611 06-6048427	SUPPORT	CT	501	11A	NA

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	BRIDGEPORT HOSPITAL & HEALTHCARE	Q	1,800,000
(2)	AHLBIN CENTER FOR REHABILITATION	P	130,064
(3)	AHLBIN CENTER FOR REHABILITATION	I	6,000
(4)	BRIDGEPORT HOSPITAL FOUNDATION	R	4,284,424
(5)	BRIDGEPORT HOSPITAL FOUNDATION	K	1,264,435
(6)	BRIDGEPORT HOSPITAL FOUNDATION	I	4,200
(7)	MILL HILL MEDICAL CONSULTANTS INC	P	5,419,133
(8)	MILL HILL MEDICAL CONSULTANTS INC	L	12,586,792
(9)	SCHS PROPERTIES INC	J	126,111
(10)	YALE NEW HAVEN HEALTH SERVICES CORP	O	9,813,000
(11)	YALE NEW HAVEN HEALTH SERVICES CORP	L	23,982,050

Additional Data

Software ID:
Software Version:
EIN: 06-0646554
Name: BRIDGEPORT HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT J TREFRY ROBERT J TREFRY	40	X		X				1,490,411	0	148,956
GAYLE CAPOZZALO GAYLE CAPOZALO	1	X						0	1,039,490	316,593
CHARLES E WELCH CHARLES E WELCH	1	X						0	0	0
DAVID BINDELGLASS MD DAVID BINDELGLASS MD	1	X						0	0	0
EMILY E BLAIR DO EMILY E BLAIR DO	1	X						0	0	0
GEORGE P CARTER GEORGE P CARTER	1	X						0	0	0
HOWARD L TAUBIN MD HOWARD L TAUBIN MD	1	X						0	0	0
JANET M HANSEN JANET M HANSEN	1	X						0	0	0
JEFFERY P PINO JEFFERY P PINO	1	X						0	0	0
MERIDETH B REUBEN MERIDETH B REUBEN	1	X						0	0	0
NEWMAN MARSILIUS II NEWMAN MARSILIUS II	1	X						0	0	0
PETER F HURST PETER F HURST	1	X						0	0	0
RICHARD FREEDMAN RICHARD FREEDMAN	1	X						0	0	0
RICHARD M HOYT RICHARD M HOYT	1	X						0	0	0
ROBERT FOLMAN , DIRECTOR	1	X						0	0	0
RONALD B NOREN ESQ RONALD B NOREN ESQ	1	X						0	0	0
SHANE FITZSIMONS , DIRECTOR	1	X						0	0	0
WILLIAM HULCHER WILLIAM HULCHER	1	X						0	0	0
BRUCE MCDONALD MD BRUCE MCDONALD MD	1			X				0	497,026	141,512
PATRICK MCCABE PATRICK MCCABE	40			X				437,203	0	185,903
HOPE JUCKEL-REGAN HOPE JUCKEL-REGAN	40			X				392,998	0	95,587
JOSEPH JANELL JOSEPH JANELL	40			X				348,626	0	107,785
LYN SALSGIVER LYN SALSGIVER	40			X				336,978	0	123,759
MICHAEL IVY MD MICHAEL IVY MD	40			X				297,394	0	30,479
MARYELLEN KOSTURKO MARYELLEN KOSTURKO	40			X				216,499	0	18,734
MICHAEL WERDMANN MD , CHIEF-ER PHY	40					X		323,024	0	56,504
JONATHAN MAISEL MD , ER PHYSICIAN	40					X		308,983	0	51,265
JAMES SIRLEAF MD JAMES SIRLEAF MD	40					X		296,473	0	41,100
BRIAN JORDAN MD BRIAN JORDAN MD	40					X		281,679	0	37,264
GUILLERMO KATIGBAK MD , ER PHYSICIAN	40					X		280,621	0	45,686

Additional Data

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Software Version:
EIN: 06-0646554
Name: BRIDGEPORT HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT J TREFRY ROBERT J TREFRY	(I) (II)	618,365	189,371	682,675	134,373	14,583	1,639,367	10,531
GAYLE CAPOZZALO GAYLE CAPOZALO	(I) (II)	568,277	174,637	296,576	298,440	18,153	1,356,083	14,788
BRUCE MCDONALD MD BRUCE MCDONALD MD	(I) (II)	379,563	65,790	51,673	123,394	18,118	638,538	
PATRICK MCCABE PATRICK MCCABE	(I) (II)	315,842	70,968	50,393	153,627	32,276	623,106	
HOPE JUCKEL-REGAN HOPE JUCKEL-REGAN	(I) (II)	285,390	67,000	40,608	81,767	13,820	488,585	
JOSEPH JANELL JOSEPH JANELL	(I) (II)	231,023	59,253	58,350	94,484	13,301	456,411	4,909
LYN SALSGIVER LYN SALSGIVER	(I) (II)	200,235	95,366	41,377	103,952	19,807	460,737	
MICHAEL IVY MD MICHAEL IVY MD	(I) (II)	281,894		15,500	7,301	23,178	327,873	
MARYELLEN KOSTURKO MARYELLEN KOSTURKO	(I) (II)	176,027	30,155	10,317	14,445	4,289	235,233	
MICHAEL WERDMANN MD	(I) (II)	302,175		20,849	22,381	34,123	379,528	
JONATHAN MAISEL MD	(I) (II)	293,124		15,859	20,656	30,609	360,248	
JAMES SIRLEAF MD JAMES SIRLEAF MD	(I) (II)	283,266		13,207	16,100	25,000	337,573	
BRIAN JORDAN MD BRIAN JORDAN MD	(I) (II)	265,872		15,807	18,400	18,864	318,943	
GUILLERMO KATIGBAK MD	(I) (II)	265,376		15,245	20,700	24,986	326,307	