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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

C Name of organization
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 $ 421,129,894

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BRIDGEPORTHOSPITAL ORG

K Form 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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,783
6	Total number of volunteers (estimate if necessary)	**6**	472
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,115,151	2,993,835
9	Program service revenue (Part VIII, line 2g)	359,062,488	409,614,594
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	853,546	1,478,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,869,807	6,064,187
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,900,992	420,150,859
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	175,778,296	194,072,672
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)	176,333,083	192,164,527
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	352,111,379	386,237,199
19	Revenue less expenses Subtract line 18 from line 12	16,789,613	33,913,660

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	298,260,449	328,429,551
21	Total liabilities (Part X, line 26)	195,161,996	209,614,015
22	Net assets or fund balances Subtract line 21 from line 20	103,098,453	118,815,536

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-08-13

PATRICK MCCABE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
		2012-08-10		

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204 — Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 319,546,580 including grants of $) (Revenue $ 415,285,808)

SEE SCHEDULE O BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 425-BED URBAN TEACHING HOSPITAL SERVING MORE THAN 19,000 INPATIENTS AND OVER 195,000 OUTPATIENTS A YEAR RECOGNIZED FOR ITS 602 EXPERT PHYSICIANS AND QUALITY OF CARE, BRIDGEPORT HOSPITAL IS BEST IN FAIRFIELD COUNTY FOR GERIATRICS ACCORDING TO U S NEWS & WORLD REPORT'S 2011-2012 BEST HOSPITALS RANKINGS THE HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE, THE HEART INSTITUTE, INCLUDING THE CONNECTICUT CARDIAC ARRHYTHMIA CENTER, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAINING OF MORE THAN 235 RESIDENT PHYSICIANS AND FELLOWS A MEMBER OF YNHHS SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING THE HOSPITAL IS COMMITTED TO PROVIDING ACCESS TO HEALTH CARE SERVICES AND EDUCATION TO THE UNDERSERVED AND COMMUNITY AT LARGE, AND TO BEING A LEADER IN HEALTH CARE ADVOCACY AND COMMUNITY BUILDING DURING FISCAL YEAR (FY) 2011, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 54 1 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 33 5 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 17 1 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 3 5 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL 235,000 DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING BRIDGEPORT HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

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

SEE SCHEDULE O

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

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 319,546,580

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	287		
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		
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	2,783		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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 ▶

MICHAEL KRAHN
267 GRANT STREET
BRIDGEPORT, CT 06610
(203) 384-3268

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,727,023	2,367,002	1,522,856

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 109

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITEX TEXTILE RENTAL 155 SOUTH TERRACE AVE MOUNT VERNON, NY 10550	LAUNDRY/SERVICE	2,145,199
NOVAMED 30 NUTMEG DRIVE TRUMBULL, CT 06611	BIOMEDICAL SVC	1,666,772
SECURITAS SECURITY SERVICES PO BOX 409412 ATLANTA, GA 30384	SECURITY	1,464,028
SCHINDLER ELEVATOR CORPORATION 120 MAIN STREET DALLAS, TX 75202	REPAIR SERVICES	1,258,164
MJ OROSS ELECTRICAL 360 SNIFFEN LANE STRATFORD, CT 06615	CONSTRUCTION SV	1,070,258

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 105

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,993,835			
	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		2,993,835			
Program Service Revenue		Business Code				
	2a INPATIENT REVENUE		262,970,138	262,970,138		
	b OUTPATIENT REVENUE		146,644,456	146,644,456		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		409,614,594			
	3 Investment income (including dividends, interest and other similar amounts)		1,409,141			1,409,141
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	1,194,913				
	b Less rental expenses	801,940				
	c Rental income or (loss)	392,973				
	d Net rental income or (loss)		392,973			392,973
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	246,197				
	b Less cost or other basis and sales expenses	177,095				
	c Gain or (loss)	69,102				
	d Net gain or (loss)		69,102			69,102
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 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 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	900099	5,671,214	5,671,214		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		5,671,214			
	12 **Total revenue.** See Instructions		420,150,859	415,285,808		1,871,216

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				
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	5,852,854		5,852,854	
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	141,237,278	111,505,751	29,731,527	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	558,042	435,273	122,769	
9 Other employee benefits	36,172,389	28,214,293	7,958,096	
10 Payroll taxes	10,252,109	7,996,645	2,255,464	
a Fees for services (non-employees) Management				
b Legal	740,953	577,943	163,010	
c Accounting	355,028	276,922	78,106	
d Lobbying	18,397	18,397		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	73,957,689	64,888,983	9,068,706	
12 Advertising and promotion				
13 Office expenses	55,600,176	53,683,554	1,916,622	
14 Information technology				
15 Royalties				
16 Occupancy	17,694,394	13,801,627	3,892,767	
17 Travel	380,055	296,443	83,612	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,109,607	2,425,493	684,114	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,878,711	13,945,395	3,933,316	
23 Insurance	6,583,675	6,417,703	165,972	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BAD DEBT EXPENSE	12,302,040	12,302,040		
b PUBLIC RELATIONS	1,486,130	1,159,181	326,949	
c OTHER MISC EXPENSES	913,449	708,883	204,566	
d DUES, FEES AND MEMBERSHIP	598,819	466,639	132,180	
e BOOKS, SUBSCRIPTIONS	372,437	290,501	81,936	
f All other expenses	172,967	134,914	38,053	
25 **Total functional expenses.** Add lines 1 through 24f	386,237,199	319,546,580	66,690,619	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,000	1	8,000
	2	Savings and temporary cash investments		48,834,924	2	41,493,165
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		29,145,624	4	41,819,156
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,852,178	8	3,786,057
	9	Prepaid expenses and deferred charges		7,979,477	9	18,285,928
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 389,016,333			
	b	Less accumulated depreciation	10b 264,951,962	116,853,231	10c	124,064,371
	11	Investments—publicly traded securities		20,409,768	11	20,408,068
	12	Investments—other securities See Part IV, line 11		20,572,056	12	23,757,516
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		50,605,191	15	54,807,290
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		298,260,449	16	328,429,551
Liabilities	17	Accounts payable and accrued expenses		38,245,867	17	40,756,922
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		50,090,000	20	53,272,397
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		106,826,129	25	115,584,696
	26	**Total liabilities.** Add lines 17 through 25		195,161,996	26	209,614,015
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		62,528,776	27	74,738,033
	28	Temporarily restricted net assets		23,261,865	28	24,996,762
	29	Permanently restricted net assets		17,307,812	29	19,080,741
		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		103,098,453	33	118,815,536
	34	Total liabilities and net assets/fund balances		298,260,449	34	328,429,551

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	420,150,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,237,199
3	Revenue less expenses Subtract line 2 from line 1	3	33,913,660
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	103,098,453
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,196,577
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	118,815,536

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		78,717
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		37,270
j	Total lines 1c through 1i			116,487
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2011 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 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 422,377 GREENWICH HOSPITAL EIN 06-0646659 129,304

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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 for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	32,083,000	26,634,000	28,740,000		
b Contributions	1,805,000	5,076,000	1,551,000		
c Investment earnings or losses	1,209,000	1,260,000	-2,608,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	-655,000	-887,000	-1,049,000		
f Administrative expenses					
g End of year balance	34,442,000	32,083,000	26,634,000		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 55 000 %
- c Term endowment ▶ 45 000 %

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) Accumulated depreciation	(d) Book value
1a Land		1,654,818		1,654,818
b Buildings		123,594,454	93,843,438	29,751,016
c Leasehold improvements				
d Equipment		245,236,607	171,108,524	74,128,083
e Other		18,530,454		18,530,454
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				124,064,371

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) L-TIP INVESTMENT	20,140,941	F
(B) DEBT SERVICE FUND	3,616,575	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	23,757,516	

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

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

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

(a) Description	(b) Book value
(1) INTEREST IN FOUNDATION, INC	48,588,250
(2) THIRD PARTY RECEIVABLES	2,403,085
(3) DEFERRED ISSUANCE COSTS	1,731,569
(4) OTHER RECEIVABLES	1,627,856
(5) DUE FROM AFFILIATES	456,530
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	54,807,290

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION OBLIGATION	51,982,542
THIRD PARTY PAYABLE	17,776,781
SELF INSURANCE	17,167,702
DUE TO AFFILIATES	13,833,845
ASSET RETIREMENT OBLIGATIONS	13,353,763
DEFERRED COMPENSATION	1,153,149
LEASE PAYABLE	316,914
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	115,584,696

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	420,150,859
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	386,237,199
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,913,660
4	Net unrealized gains (losses) on investments	4	-417,181
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	509,127
9	Total adjustments (net) Add lines 4 - 8	9	91,946
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	34,005,606

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	417,284,030
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-417,181		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,330,235		
e	Add lines **2a** through **2d**			2e	913,054
3	Subtract line **2e** from line **1**			3	416,370,976
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	3,779,883		
c	Add lines **4a** and **4b**			4c	3,779,883
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	420,150,859

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

1	Total expenses and losses per audited financial statements			1	383,278,424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	801,940		
e	Add lines **2a** through **2d**			2e	801,940
3	Subtract line **2e** from line **1**			3	382,476,484
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	3,760,715		
c	Add lines **4a** and **4b**			4c	3,760,715
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	386,237,199

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
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 BRIDGEPORT HOSPITAL POOLED INVESTMENT POLICY, TO PROVIDE FREE CARE BASED ON DONORS WISHES
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BRIDEPORT HOSPITAL FOUNDATION -277,552 BANQUEST,GIFTS & GRANTS -223,000 ASSETS RELEASED FROM RESTRICTIONS 1,830,787 INVESTMENT GAIN FROM CHANGE IN NET ASSETS -821,108 CONTRIBUTIONS - 2,770,835 RENTAL INCOME -187,940 RENTAL EXPENSE - 801,940 CONTRIBUTION RECLASS FROM RECOVERY OF EXPENSE 2,770,835 RENTAL INCOME 989,880
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	BRIDEPORT HOSPITAL FOUNDATION -277,552 BANQUEST,GIFTS & GRANTS -223,000 ASSETS RELEASED FROM RESTRICTIONS 1,830,787
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT GAIN FROM CHANGE IN NET ASSETS 821,108 CONTRIBUTIONS 2,770,835 RENTAL INCOME 187,940
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENTAL EXPENSE 801,940
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	CONTRIBUTION RECLASS FROM RECOVERY OF EXPENSE 2,770,835 RENTAL INCOME 989,880

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **2.50000 %**	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other **%**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	1	13,583	15,881,355	7,353,355	8,528,000	2 280 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	90,948	97,472,000	72,444,000	25,028,000	6 690 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	2	104,531	113,353,355	79,797,355	33,556,000	8 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	12	144,676	2,290,801	636,424	1,654,377	0 440 %
f Health professions education (from Worksheet 5)	4	239	25,112,203	7,981,016	17,131,187	4 580 %
g Subsidized health services (from Worksheet 6)	2	6,329	10,776,628	9,452,270	1,324,358	0 350 %
h Research (from Worksheet 7)	2	50	362,684		362,684	0 100 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	5	27,425	119,943		119,943	0 030 %
j **Total** Other Benefits	25	178,719	38,662,259	18,069,710	20,592,549	5 500 %
k **Total.** Add lines 7d and 7j	27	283,250	152,015,614	97,867,065	54,148,549	14 470 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	1		26,482		26,482	0 010 %
3	Community support	3	444	40,558		40,558	0 010 %
4	Environmental improvements	1		151,546	1	151,545	0 040 %
5	Leadership development and training for community members						
6	Coalition building	1		5,912		5,912	
7	Community health improvement advocacy						
8	Workforce development	1	126	10,392		10,392	
9	Other						
10	**Total**	7	570	234,890	1	234,889	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,845,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	144,858,060
6	Enter Medicare allowable costs of care relating to payments on line 5	6	148,191,270
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-3,333,210
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT,CT 06610	X	X	X	X			X		

Part V **Facility Information** *(continued)*

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

How many non-hospital facilities did the organization operate during the tax year? **24**

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

Part VI Supplemental Information

Complete this part to provide the following information

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

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	BAD DEBT EXPENSES OF 12302040 WERE EXCLUDED FROM THE TOTAL EXPENSES BEFORE CALCULATING OF TOTAL EXPENSES IN PART I AND II COLUMN F

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM TSI TO CALCULATE THE AMOUNTS PRESENTED IN PART I LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	BRIDGEPORT HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUN ITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY CBISA DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEV ELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION CHA IN ORDER TO CATALOG THESE BENEFITS THESE T WO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NONFORPR OFIT 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 B UILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS POV ERTY HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT D ISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING ECONOMIC DEVELOPMENT COMMUNITY SU PPORT ENVIRONMENTAL IMPROVEMENTS LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS COALITION BUILDING ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND WORKFORCE DEVELOPMENT I N FISCAL YEAR 2011 THE COMMUNITY BUILDING ACTIVITIES THAT BRIDGEPORT HOSPITAL PROVIDED TOT ALED 234900 DOLLARS HIGHLIGHTS OF THESE ACTIVITIES ARE INCLUDED BELOW BY CATEGORY WHERE AP PLICABLE PHYSICAL IMPROVEMENTS AND HOUSING HOSPITAL LEADERSHIP CONTINUED TO PARTICIPATE ON TWO CITY OF BRIDGEPORT NEIGHBORHOOD REVITALIZATION ZONE STRATEGIC PLANNING COMMITTEES SER VING THE EAST END AND EAST SIDE OF BRIDGEPORT THESE COMMITTEES WERE FORMED AS PART OF AN O NGOING CITYWIDE URBAN RENEWAL EFFORT AND HAVE RESULTED IN COMPREHENSIVE PLANS FOR COMMUNIT Y ENHANCEMENT FOR THE NEIGHBORHOODS AS PART OF NATIONAL NURSES WEEK NURSES FROM BRIDGEPORT HOSPITAL HEADED OUT TO SEASIDE PARK IN BRIDGEPORT TO GIVE BACK TO THE COMMUNITY AND HELP CLEAN UP THE PARK APPROXIMATELY 20 STAFF MEMBERS AND THEIR FAMILIES PARTICIPATED IN THE EV ENT WHICH WAS HELD IN MAY 2011 IN COLLABORATION WITH THE CITYS PARKS AND RECREATION DEPART MENT OVER 10 BAGS OF LOOSE GARBAGE PLUS LARGER ITEMS WERE COLLECTED AT THE SITE THE 375 AC RE PARK WHICH WAS REGISTERED ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 1982 WAS DESIG NED BY FREDERICK LAW OLMSTED ECONOMIC DEVELOPMENT BRIDGEPORT HOSPITAL IS ONE OF THE LARGES T EMPLOYERS IN THE CITY OF BRIDGEPORT IN FISCAL YEAR 2011 THE HOSPITAL EMPLOYED 2538 PEOPL E MEMBERS OF THE HOSPITALS LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPME NT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL BRIDGEPORT CHAMBER OF COMMERCE AND PARTICIPATING IN THE ROTARY CLUBS IN BOTH BRIDGEPORT AND TRUMBULL THROUGH THESE ORGANIZATIONS BRIDGEPORT HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA COMMUNITY SUPPORT BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST EMPLO YERS 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 SOC IOECONOMIC CONDITIONS TO ONES HEALTH SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING EDUCATI ON EMPLOYMENTEMPLOYABILITY AND NEIGHBORHOOD CONDITIONS THE HOSPITAL DEVELOPED A UNIQUE PRO GRAM CALLED THE BRIDGEPORT HOSPITAL ADOPTABLOCK COMMUNITY PARTNERSHIP WHICH IS PART OF AN EFFORT LAUNCHED OVER FOUR YEARS AGO TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITYOFLIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL OVER 900 NEIGHBORHOOD RESIDENTS RECEIVE INVITATIONS TO ATTEND THE HOSPITALSPONSORED MEETINGS THE RESIDENTS IDENT IFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGHBORHOOD AND THE HOSPITAL WORKED WI TH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES SUC H AS INCREASING THE POLICE PRESENCE IN NEIGHBORHOODS IDENTIFIED BY CITY RESIDENTS IMPROVIN G TRASH HAULING AND REDUCING BLIGHT OVER THE PAST YEAR 90 COMMUNITY MEMBERS ATTENDED MEETI NGS FACILITATED BY THE HOSPITAL ONE MEETING FOCUSED ON SAFETY INCLUDED THE CHIEF OF POLICE TWO OTHER OFFICERS AND A MEMBER OF THE K9 UNIT AS GUEST SPEAKERS ANOTHER FOCUSED ON PROVI DING INFORMATION RELATED TO ELDER LAW TO RESIDENTS COVERING THE AREAS OF DURABLE POWERS OF ATTORNEY TRUSTS AND ESTATES TAX GROUPS AND MEDICAID ELIGIBILITY REQUIREMENTS A SCHOOL SUP PLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL HOSPITAL EMP LOYEES CONTRIBUTED NOTEBOOKS BINDERS BACKPACKS RULERS PACKAGES OF PAPER CRAYONS AND PENCIL S AND OTHER ITEMS TO HELP ASSIST THE 350 STUDENTS TO BEGIN THEIR SCHOOL YEAR THE PASTORAL CARE DEPARTMENT SPONSORS AN ANNUAL HOLIDAY TOY DRIVE FOR CHILDREN RESIDING IN THE EAST END NEIGHBORHOOD OF BRIDGEPORT MORE THAN 200 TOYS GAMES AND BOOKS WERE DONATED BY HOSPITAL EM PLOYEES DURING THE DRIVE ENVIRONMENT IMPROVEMENTS BRIDGEPORT HOSPITAL TRANSFERRED OWNERSHI P OF THE REGIONS FIRST AND ONLY LEADSAFE HOUSE TO THE BRIDGEPORT NEIGHBORHOOD TRUST BNT IN LATE SUMMER 2011 OPERATED SINCE 1995 THE LEADSAFE HOUSE SERVES AS A TEMPORARY RESIDENCE F OR CHILDREN UNDERGOING TREATMENT FOR LEAD POISONIN

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	G AND THEIR FAMILIES BNT WILL CONTINUE TO MAINTAIN TEMPORARY QUARTERS FOR FAMILIES AFFECTE D BY LEAD CONTAMINATION AND MAKE USE OF OTHER APARTMENTS IN THE HOUSE TO MEET THE CITYS GE NERAL AFFORDABLE HOUSING NEEDS THE HOUSE WHICH WAS SOLD TO BNT FOR 1 WAS VALUED AT 134438 COALITION BUILDING THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANI ZATIONS AS A RESULT THE HOSPITAL PROVIDED OVER 50000 OF INKIND SUPPORT TO ORGANIZATIONS SU CH AS OPTIMUS HEALTHCARE THE BRIDGEPORT REGIONAL BUSINESS COUNCIL HEALTHCARE COUNCIL LEADE RSHIP GREATER BRIDGEPORT BRIDGEPORT CHAMBER OF COMMERCE BRIDGEPORT ROTARY TRUMBULL ROTARY CITY OF BRIDGEPORT NEIGHBORHOOD REVITALIZATION ZONES RONALD MCDONALD HOUSE OF CT BARNUM MU SEUM DEPARTMENT OF CHILDREN AND FAMILIES THE PRIMARY CARE ACTION GROUP THE COALITION TO EN D OBESITY IN BRIDGEPORT AND STRATFORD UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOA RD VNS OF CONNECTICUT STRATFORD BOARD OF EDUCATION HARDING HIGH SCHOOL AND THE GREATER BRI DGEPORT ADOLESCENT PREGNANCY PROGRAM THROUGH ITS INVOLVEMENT IN THE BRIDGEPORT PRIMARY CAR E ACTION GROUP HOSPITAL SENIOR LEADERS ASSISTED IN OPENING THE HOPE DISPENSARY OF GREATER BRIDGEPORT A PHARMACY FOR PEOPLE WHO NEED PRESCRIPTIONS BUT HAVE NO INSURANCE COVERAGE AND LACK RESOURCES TO BUY THEM DURING FY 2011 THE HOPE DISPENSARY OF GREATER BRIDGEPORT ASSIS TED OVER 100 PATIENTS IN GAINING ACCESS TO NECESSARY PRESCRIPTIONS FOR A TOTAL BENEFIT OF OVER 18000 ANOTHER PRIMARY CARE ACTION GROUP INITIATIVE THE COALITION TO ELIMINATE OBESITY IN BRIDGEPORT AND STRATFORD WHICH IS LED BY THE HOSPITAL GAINED MOMENTUM IN JULY WITH THE LAUNCH OF COMMUNITY TASK FORCES TO ADDRESS HEALTHY EATING PHYSICAL ACTIVITY AND SUPPORT S YSTEMS THE LAUNCH MEETING WAS FUNDED BY A 10000 GRANT FROM THE UNITED WAY OF COASTAL FAIRF IELD COUNTY IN ADDITION HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION AMERICAN CANCER SOCIETY SUSAN G KOM EN FOR THE CURE CANCERCARE AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION THE EVENTS SU PPORT RESEARCH AND PATIENT EDUCATION INITIATIVES WHICH IN TURN BENEFITED PATIENTS AT BRIDG EPORT HOSPITAL ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS BRIDGEPORT HOSPITAL PLAYED A LEA D ROLE IN WORKING WITH LOCAL STATE AND FEDERAL LEGISLATORS AND GOVERNMENT AGENCIES TO IMPR OVE ACCESS FOR PATIENTS TO AFFORDABLE HEALTH INSURANCE AND HEALTHCARE SERVICES TWO HOSPITA L REPRESENTATIVES CONTINUE TO CHAIR THE HEALTH CARE COUNCIL OF THE BRIDGEPORT REGIONAL BUS INESS COUNCIL IN FY 2011 THE COUNCIL HELD A WELLNESS EVENT TO HELP EMPLOYERS FIND WAYS TO KEEP THEIR EMPLOYEES HEALTHY A HEALTH CARE PANEL WITH KEY POLITICAL PRESENTERS WHO EDUCATE D THE BUSINESS COMMUNITY ABOUT HEALTH CARE REFORM AND ITS IMPLICATIONS PUBLISHED THREE HEA LTH CARE NEWSLETTERS FOCUSED ON WELLNESS INITIATIVES AND HEALTH CARE POLICY AND RAN A 1000 0 STEPS WELLNESS PROGRAM TO ENCOURAGE EMPLOYERS TO MOTIVATE THEIR EMPLOYEES TO WEAR PEDOME TERS AND WALK AT LEAST 10000 STEPS PER DAY IN ADVANCE OF THE LEGISLATIVE SESSION THE HOSPI TAL HELD ITS ANNUAL JOINT LEGISLATIVE DINNER WITH ST VINCENTS MEDICAL CENTER THE DISCUSSIO N FOCUSED ON THE SAFETY AND PROGRAM ENHANCEMENTS AT THE HOSPITALS THE DIFFICULT STEPS TAKE N TO RECOVER FINANCIALLY FROM THE TOUGH ECONOMIC YEARS AND THE IMPORTANCE OF MAINTAINING C URRENT FUNDING LEVELS FOR MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS WORKFORCE DEVELOPME NT HOSPITAL STAFF FORM VARIOUS DEPARTMENTS INCLUDING THE EMERGENCY DEPARTMENT WOMENS CARE CENTER SURGICAL SERVICES CENTRAL STERILE PROCESSING FOOD AND NUTRITION SERVICES AND PHYSIC AL THERAPY PARTICIPATED IN MENTORING PROGRAMS COORDINATED THROUGH THE HOSPITALS HUMAN RESO URCES AND VOLUNTEER SERVICES DEPARTMENTS OVER 50 AREA HIGH SCHOOL STUDENTS PARTICIPATED IN THE PROGRAMS WHICH INCLUDE EMENTORING AN INTERNSHIP PROGRAM AND TEEN CAMP FOCUSED ON PROV IDING BASIC KNOWLEDGE AND INSIGHT INTO T

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	FOOTNOTE FROM AUDITED 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 ANDOR 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 165 MILLION AND 155 MILLION IN 2011 AND 2010 RESPECTIVELY ADDITIONALLY THE HOSPITAL INCURRED LOSSES RELATED TO THE STATE MEDICAID PROGRAM OF APPROXIMATELY 277 MILLION AND 214 MILLION IN 2011 AND 2010 RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE AND MEDICAID LOSSES WERE DETERMINED USING HOSPITALSPECIFIC DATA 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 2011 AND 2010 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 182 MILLION AND 170 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 NONENGLISH 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 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 COSTING METHODOLOGY 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 THE HOSPITALS COST ACCOUNTING SYSTEM UTILIZES PATIENTSPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Identifier	ReturnReference	Explanation
MEDICARE EXPLANATION	PART III LINE 8	THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES IRS REVENUE RULING 69545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS REDUCING THE BURDEN ON THE GOVERNMENT AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITALS COST ACCOUNTING SYSTEM TSI

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	IF AT ANY TIME THE HOSPITAL OR A COLLECTION AGENCY OR LAW FIRM RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM THE HOSPITAL COLLECTION AGENCY OR LAW FIRM SHALL CONSISTENT WITH CONNECTICUT LAW CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENTS ELIGIBILITY FOR ASSISTANCE

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	PART VI LINE 2 BRIDGEPORT HOSPITAL BH WORKS COLLABORATIVELY WITH LOCAL ORGANIZATIONS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN FY 2010 THE HOSPITAL CONDUCTED A COMMUNITY NEEDS ASSESSMENT THROUGH THE PRIMARY CARE ACTION GROUP THE PRIMARY CARE ACTION GROUP IS A COMMUNITYWIDE 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 FOR INSURED PATIENTS WAS SPECIFICALLY COMPARED TO THAT OF UNINSURED PATIENTS TO IDENTIFY DIFFERENCES ADDITIONAL DATA WAS COLLECTED UTILIZING EMERGENCY DEPARTMENT UTILIZATION TO ANALYZE THE UNDERLYING CLINICAL REASONS THAT UNINSURED PATIENTS COME TO THE EMERGENCY DEPARTMENT AND ARE SUBSEQUENTLY ADMITTED TO THE HOSPITAL A GRID WAS DEVELOPED COMPARING ALL THE VARIOUS STUDIES AND IDENTIFYING THE KEY HEALTH ISSUES FOLLOWED BY A LISTING OF SIGNIFICANT HEALTH ISSUES THE DATA FROM THE PRIMARY CARE ACTION GROUP COMMUNITY ASSESSMENT WAS UTILIZED BY THE CITY OF BRIDGEPORT TO CREATE SPECIFIC QUESTIONS FOR THE CITYS COMMUNITY NEEDS ASSESSMENT WHICH WAS CONDUCTED IN SEPTEMBER AND OCTOBER 2011 BRIDGEPORT COMMUNITY ALLIED TO REACH HEALTH EQUITY CARES WAS MORE THAN A SURVEY AS IT SOUGHT TO ENGAGE BRIDGEPORT YOUNG PEOPLE AND RESIDENTS IN THE PROCESS THIRTY SURVEYORS WERE RECRUITED FROM AREA TEEN PARENTING PROGRAMS LOCAL HIGH SCHOOLS AND THE WORKPLACE YOUTHWORKS PROGRAM WHICH PROVIDES SUMMER WORK OPPORTUNITIES TO YOUNG PEOPLE INVOLVED IN THE JUVENILE JUSTICE SYSTEM DCF OR OTHER ATRISK GROUPS PRIOR TO THE WORK BEING APPROVED BY BRIDGEPORTS CITY COUNCIL THE SURVEYORS RECEIVED TRAINING ON HEALTH EQUITY SURVEY METHODS AND PERFORMED COMMUNITY SERVICE PROJECTS WORKING IN AREA SOUP KITCHENS RECLAIMING A NEGLECTED COMMUNITY GARDEN SITE AND BRINGING PRODUCE TO THE SOUP KITCHEN AND HAVING EDUCATIONAL SESSIONS AND ACTIVITIES TO UNDERSTAND THE IMPORTANCE OF HAVING A BANK ACCOUNT ENTREPRENEURSHIP AND OTHER LIFE SKILLS THE SURVEYS WERE CONDUCTED BY TEAMS THAT ALTERNATED WORK IN THE FIELD GOING DOOR TO DOOR AND WORKING ON THE PHONES USING A RANDOM DIGIT DIAL METHODOLOGY SURVEYS WERE CONDUCTED IN BOTH ENGLISH AND SPANISH IT WAS DECIDED THAT THE SURVEY SHOULD OVER SAMPLE NEIGHBORHOODS THAT WERE UNDER SAMPLED IN PREVIOUS EFFORTS AS SURVEYS WERE COMPLETED AND ENTERED INTO THE DATABASE THE SAMPLING METHODOLOGIES SHIFTED TO ENSURE THAT THE FINAL SAMPLE WOULD BE REPRESENTATIVE OF THE CITY AS A WHOLE THE SAME GROUP WHO HAD BEEN ENGAGED IN THE SURVEY DESIGN PARTICIPATED IN THE SURVEY ANALYSIS THREE MEETINGS WERE HELD TO REVIEW SURVEY RESULTS AND TO PROVIDE INPUT INTO THE ANALYSIS AND OUTCOMES GIVEN THE ENORMOUS DENSITY OF THE AVAILABLE INFORMATION THE GROUP RECOMMENDED THE DEVELOPMENT OF FACT SHEETS ON TOPICS OF INTEREST TO PARTICULAR GROUPS FACT SHEETS WERE CREATED FOR THE FOLLOWING PRIORITY AREAS OBESITY HISPANICS CHRONIC DISEASE DIABETES AND ASTHMA LEAD TESTING ISSUES RELATED TO CHILDREN HOMELESSNESS SMOKING AND FOOD INSECURITY BRIDGEPORT HOSPITAL AND OTHER COMMUNITY PARTNERS WHO ARE MEMBERS OF THE PRIMARY CARE ACTION GROUP FORMED THE COALITION TO ELIMINATE OBESITY IN BRIDGEPORT AND STRATFORD BASED ON THESE RESULTS PURSUED A FEDERAL GRANT ARE UTILIZING THIS AND OTHER DATA TO DEVELOP IMPLEMENTATION STRATEGIES TO ADDRESS THE NEEDS OF THE COMMUNITY

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	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 HOSPITALS FRONT ACCESSREGISTRATION 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 WRITTENOFF TO THE APPROPRIATE ALLOWANCE CODE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	PART VI LINE 4 THE HOSPITALS 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 142546 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 19854 WHICH IS 16921 BELOW THE STATE OF CONNECTICUT PER CAPITA INCOME OF 36775 ABOUT 208 OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 92 FOR THE WHOLE STATE 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 URBANSUBURBAN DIVIDE IN THE AREA THERE ARE THREE HOSPITALS IN THE PRIMARY SERVICE AREA BRIDGEPORT HOSPITAL ST VINCENTS MEDICAL CENTER AND MILFORD HOSPITAL BRIDGEPORT AND ST VINCENTS ARE LARGE COMMUNITY TEACHING HOSPITALS OF EQUIVALENT SIZE LOCATED IN THE URBAN CENTER OF BRIDGEPORT HOWEVER BRIDGEPORT HOSPITAL HAS MORE EXTENSIVE TEACHING PROGRAMS THE STATES ONLY BURN CENTER IS THE WOMENS AND CHILDRENS HOSPITAL FOR THE AREA AND HAS A MUCH HIGHER MIX OF UNDER AND UNINSURED PATIENTS NEARLY A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL 6288 PATIENTS 33 OF TOTAL WERE MEDICAID OR UNINSURED IN FY 2011 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 2011 THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 75672 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH 8173 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 34185 IDENTIFIED AS MEDICAID BENEFICIARIES

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	PART VI LINE 5 BRIDGEPORT HOSPITAL IS A NOTFORPROFIT 425BED TEACHING HOSPITAL LOCATED IN B RIDGEPORT CONNECTICUT AND IS A TEACHING AFFILIATE OF THE YALE SCHOOL OF MEDICINE BRIDGEPOR T HOSPITAL IS A FULL SERVICE ACUTE CARE COMMUNITY TEACHING HOSPITAL THAT OFFERS MORE THAN 60 SUBSPECIALTIES IN FISCAL YEAR 2011 THE HOSPITAL RECORDED 19058 INPATIENT DISCHARGES AND OVER 195112 OUTPATIENT ENCOUNTERS INCLUDING 65670 TREATED AND DISCHARGED VISITS FROM THE HOSPITALS EMERGENCY DEPARTMENT OVER 645 OF THE OUTPATIENTS TREATED IN THE EMERGENCY DEPART MENT WERE MEDICAIDINSURED AND UNINSURED PATIENTS BRIDGEPORT HOSPITAL IS THE SITE OF THE ON LY SPECIALIZED BURN FACILITY BETWEEN NEW YORK AND BOSTON AND A REGIONAL AMERICAN COLLEGE O F SURGEONSAPPROVED TRAUMA CENTER IT IS ALSO THE SITE OF SOUTHERN CONNECTICUTS ONLY MULTIPE RSON HYPERBARIC OXYGEN THERAPY CHAMBER WHICH AIDS IN THE TREATMENT OF STUBBORN WOUNDS CAUS ED BY DIABETES CIRCULATORY PROBLEMS RADIATION TRAUMATIC INJURY AND OTHER CONDITIONS OTHER SPECIALTIES AT BRIDGEPORT HOSPITAL INCLUDE THE HEART INSTITUTE THE NORMA F PFRIEM CANCER I NSTITUTE THE NORMA F PFRIEM BREAST CARE CENTER THE BIRTHPLACE A PEDIATRIC INTENSIVE CARE U NIT PEDIATRIC ASTHMA CENTER AND A CHILDRENS EMERGENCY CENTER THE JOINT RECONSTRUCTION CENT ER ADVANCED NEUROSURGICAL SERVICESMENTAL HEALTH SERVICES INCLUDING INPATIENT CARE A 24HOUR EMERGENCY CRISIS SERVICE GERIATRIC ASSESSMENT SERVICE AND DAY HOSPITAL PROGRAMS A BLOODLE SS MEDICINE AND SURGERY PROGRAM AND OCCUPATIONAL HEALTH PROGRAMS FOR AREA EMPLOYERS DURING FISCAL YEAR FY 2011 BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 541 MILLION DOLLARS IN COM MUNITY BENEFITS THIS FIGURE INCLUDES 335 MILLION DOLLARS IN CHARITY CARE AND UNREIMBURSED MEDICAID AT COST 171 MILLION IN HEALTH PROFESSIONS EDUCATION AND OVER 35 MILLION IN COMMUN ITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES SUBSIDIZED SERVICES AND INKIND CONTRIBUTIO NS TO COMMUNITY GROUPS THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS ED UCATION ON AN ANNUAL BASIS FOR 106 MEDICAL PROFESSIONALS THIS INCLUDES GRADUATE AND INDIRE CT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS MEDI CAL STUDENTS THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURS E ANESTHETIST PROGRAM ALLIED HEALTH EDUCATION RADIOLOGY RESIDENCY PROGRAM PASTORAL CARE RE SIDENCY PROGRAM AND A PHARMACY PROGRAM IN ADDITION THE HOSPITAL PROVIDES A CLINICAL SETTIN G FOR UNDERGRADUATE TRAINING TO APPROXIMATELY 133 STUDENTS ENROLLED IN PROGRAMS OUTSIDE TH E ORGANIZATION IN THE AREAS OF NURSING DIETARY PROFESSIONALS PHYSICAL AND OCCUPATIONAL THE RAPISTS TECHNICIANS AND OTHER NON CLINICAL AREAS SUCH AS MARKETING AND PUBLIC RELATIONS BR IDGEPORT HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPME NT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF C OMMUNITY PROGRAMS AND SERVICES THAT PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW THE HOSPI TALS COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSERVED PATIENTS TO OBTAIN EXP ENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS A FULLTIME DEDICATED COORDINATOR FOR THE PROGRAM ASSIST ED 55 PATIENTS IN THE COMMUNITY IN FY 2011 ACHIEVING AN OUTOFPOCKET COST SAVINGS FOR THESE PATIENTS OF MORE THAN 527165 THE HOSPITALS CHILDFIRST IS AN EARLY CHILDHOOD MENTAL HEALTH INITIATIVE THAT IDENTIFIES ATRISK CHILDREN AND ARRANGES THE APPROPRIATE INTERVENTION AND SUPPORT SUPPORTED BY GRANTS FROM A COALITION OF FUNDING PARTNERS INCLUDING THE ROBERT WOOD JOHNSON FOUNDATION CHILDFIRST SERVED MORE THAN 700 CHILDREN AND 250 FAMILIES DURING THE Y EAR THE COST OF RUNNING THE PROGRAM IN FY 2011 WAS 10 MILLION DOLLARS WHICH WAS PRIMARILY OFFSET BY GRANT FUNDING THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FO R FIRSTTIME PARENTS WHO LIVE IN BRIDGEPORT THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AN D GOOD PARENTING AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHI NG ROUTINES WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS BRAIN EYE AND MOTOR AREAS AND PROPER N UTRITION THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES THE N ORMA F PFRIEM BREAST CARE CENTERS UNDERSERVED PROGRAM PROVIDED MORE THAN 539000 IN EDUCATI ON OUTREACH AND OTHER BREAST CARE SERVICES TO 609 UNINSURED WOMEN IN THE BRIDGEPORT COMMUN ITY SERVICES INCLUDED MAMMOGRAPHY AND OTHER DIAGNOSTIC SCREENINGS PHYSICIAN VISITS WIGS PR OSTHETICS AND MANY OTHER TYPES OF CARE FOR WOMEN AND THEIR FAMILIES INCLUDING BREAST CANCE R EDUCATION AND SUPPORT GROUPS THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INS TITUTE ASSISTED 190 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCI ES THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION FINAN CIAL ASSISTANCE SUPPORT SERVICES AND HEAD COVERINGS THROUGH THESE REFERRALS INDIVIDUALS RE CEIVED NEARLY 40000 IN FINANCIAL GRANTS FROM ORGAN

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	IZATIONS SUCH AS THE AMERICAN CANCER SOCIETY CANCER CARE CONNECTICUT SPORTS FOUNDATION AGA INST 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 S UPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER HEART DISEASE LUNG DISEASE STROKE AND OT HER CONDITIONS NEARLY 450 PEOPLE PARTICIPATED IN THESE GROUPS DURING FY 2011 MORE THAN 200 0 PEOPLE ATTENDED FREE HOSPITALSPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SU CH AS BACK PAIN DIABETES GYNECOLOGICAL ISSUES HEADACHES MENTAL HEALTH AND SMOKING CESSATIO N THE FOURTH ANNUAL CELEBRATE LIFE CANCER SURVIVORS EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 300 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION A ND TREATMENT 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 I MPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITYBASED BOARD OF DIRECTORS WITH THE MAJORITY OF THE MEMBERS RESIDING IN THE HOSPITALS PRIMARY AND SECONDARY SERVICE AREA T OWNS OF FAIRFIELD TRUMBULL EASTON STRATFORD NEWTOWN AND WESTPORT THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY A TOTAL OF 52 PHYSI CIANS JOINED THE HOSPITALS MEDICAL STAFF IN FISCAL YEAR 2011 WHICH NOW TOTALS 762 MEMBERS THE HOSPITAL AS A NOTFORPROFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE MEDIC AL EDUCATION AND RESEARCH FY 2011 EXAMPLES INCLUDED THE FOLLOWING YALENEW HAVEN CHILDRENS HOSPITAL AND BRIDGEPORT HOSPITAL JOINTLY INITIATED A PROCESS TO INTEGRATE THEIR TWO PEDIAT RIC SERVICES CREATING TWO INPATIENT CAMPUSES OPERATING UNDER THE YALENEW HAVEN HOSPITAL LI CENSE WITH A GOAL OF INCREASING SAFETY AND QUALITY THROUGH A SINGLE STANDARD OF CARE THE I NTEGRATION OF THESE TWO PEDIATRIC SERVICES WILL ALLOW FOR THE COMPREHENSIVE EXPANSION OF S ERVICES FOR THE BRIDGEPORT COMMUNITY THE CREATION OF A LARGER CONTINUUM OF CARE AND THE PR OVISION OF BROAD ACCESS TO A WIDER VARIETY OF SPECIALTY SERVICES THE NORMA F PFRIEM CANCER INSTITUTE BEGAN CONSTRUCTION ON A NEW OUTPATIENT RADIATION ONCOLOGY CENTER IN TRUMBULL AD JACENT TO OTHER CANCER SERVICES ON PARK AVENUE THE NEW CENTER WILL ALLOW THE HOSPITAL TO C ONSOLIDATE ITS RADIATION ONCOLOGY SERVICE INTO ONE CONVENIENT WELCOMING NEW BUILDING THAT WILL HOUSE A NEW STATEOFTHEART LINEAR ACCELERATOR FOR A VARIETY OF RADIATION ONCOLOGY TREA TMENTS COMPLETION OF THE CENTER IS EXPECTED IN THE FALL OF 2012 THE NORMA F PFRIEM BREAST CARE CENTER INTRODUCED EXPANDED WOMENS WELLNESS SERVICES AT ITS FAIRFIELD SITE ON BEACH RO AD THESE SERVICES INCLUDED YOGA MASSAGE MENTAL HEALTH COUNSELING NATUROPATHIC MEDICINE NUT RITION COUNSELING AND PILATES THE BREAST CARE CENTER WAS ALSO ACCREDITED BY THE AMERICAN C OLLEGE OF SURGEONS NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS BRIDGEPORT HOSPITALS CENTER FOR GERIATRICS NAMED BEST IN FAIRFIELD COUNTY FOR GERIATRICS BY US NEWS AND WORLD R EPORTS 201112 BEST HOSPITALS RANKINGS RECRUITED A FIFTH GERIATRICIAN AND EXPANDED ITS GERI ATRIC EMERGENCY MEDICINE PROGRAM THE CENTER FOR GERIATRICS ALSO RECRUITED A DEDICATED ADVA NCED PRACTICE REGISTERED NURSE TO COORDINATE ITS PALLIATIVE CARE PROGRAM BRIDGEPORT HOSPIT ALS DA VINCI ROBOTASSISTED MINIMALLY INVASIVE SURGERY PROGRAM LAUNCHED IN JANUARY 2007 REA CHED ITS 1000TH PROCEDURE MILESTONE THE MOST DONE AT ANY HOSPITAL IN FAIRFIELD COUNTY THE HEART INSTITUTE AT BRIDGEPORT HOSPITAL REPACKAGED ITS HEART RHYTHM SERVICES INTO THE NEW C ONNECTICUT CARDIAC ARRHYTHMIA CENTER CCAC IN JUNE CCAC PHYSICIANS PERFORMED NEW ENGLANDS F IRST HYBRID ABLATION FOR ATRIAL FIBRILLATION AN INNOVATIVE PROCEDURE THAT COMBINES THE BES T MINIMALLY INVASIVE SURGICAL AND CATHETERBASED APPROACHES A RENOVATED ELECTROPHYSIOLOGY E P LABORATORY OPENED ON JULY 1ST IN THE HOSPITALS 10TH FLOOR ANGIOPLASTYEP SUITE THE NEW LA B IS MORE SPACIOUS AND INCLUDES ADVANCED

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE INFORMATION	PART VI	PART VI LINE 6 THE YALE NEW HAVEN HEALTH SYSTEMS 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 NETWORKS 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 WELLBEING OF THEIR COMMUNITIES AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CAN NOT AFFORD THE NECESSARY SERVICES

Identifier	ReturnReference	Explanation
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	CONNECTICUT

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **24** Name and address	Type of Facility (Describe)
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
THE CENTER FOR SLEEP MEDICINE 999 SILVER LANE TRUMBULL,CT 06610	CARDIAC TESTING
BRIDGEPORT HOSPITAL OUTPATIENT CARD 1305 POST ROAD FAIRFIELD,CT 06824	CARDIAC REHAB/CARDIAC TESTING/LAB
BRIDGEPORT HOSPITAL OUTPATIENT CARD 25 GERMANTOWN ROAD DANBURY,CT 06810	CARDIAC TESTING
FAIRFIELD URGENT CARE CENTER 309 STILISON ROAD FAIRFIELD,CT 06825	URGENT CARE/LAB
AHLBINS REHABILIATION CENTER 3585 MAIN ST STRATFORD,CT 06614	OCC HEALTH/PT/REHAB
GERIATRIC PARTIAL HOSPITAL 305 BOSTON AVE STRAFORD,CT 06614	BEHAVIORAL CLINIC
PSYCHIATRIC AUDULT PARTIAL HOSPITAL 305 BOSTON AVE STRAFORD,CT 06614	BEHAVIORAL CLINIC
305 BOSTON AVE STRAFORD,CT 06614	
AHLBINS REHABILIATION CENTER 2600 POST ROAD SOUTHPORT,CT 06890	OCC HEALTH/PT/REHAB/LAB
CHILD PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD,CT 06614	BEHAVIORAL CLINIC
AHLBINS REHABILIATION CENTER 4 CORPORATE DRIVE SHELTON,CT 06484	OCC HEALTH/PT/REHAB
BRIDGEPORT HOSPITAL OUTPATIENT CARD 30 PROSPECT ST RIDGEFIELD,CT 06877	CARDIAC TESTING
AHLBINS REHABILIATION CENTER 2750 RESERVOIR AVE TRUMBULL,CT 06611	OCC HEALTH/PT/REHAB
NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD,CT 06824	CANCER/DI/WELLNESS/WOMENS HEALTH
THE HUNTINGTON WALK-IN MEDICAL CTR 887 BRIDGEPORT AVE SHELTON,CT 06484	URGENT CARE/LAB
WOUND CAREHYPERBARIC CHAMBER 141 MILL HILL AVE BRIDGEPORT,CT 06610	WOUND CARE/HYPERBARIC OXYGEN
TRUMBULL ONCOLOCY CENTER 15 CORPORATE DRIVE TRUMBULL,CT 06610	CANCER TREATMENT/LAB
BRIDGEPORT HOSPITAL BLOOD DRAW STAT 3115 MAIN ST STRAFORD,CT 06614	LAB
BRIDGEPORT HOSPITAL BLOOD DRAW STAT 15 CORPORATE DRIVE TRUMBULL,CT 06611	LAB
GREENWICH HOSPITAL BLOOD DRAW STATI 225 MAIN ST WESTPORT,CT 06880	LAB
BRIDGEPORT HOSPITAL BLOOD DRAW STAT 4775 MAIN ST BRIDGEPORT,CT 06606	LAB
RADIATION REHAB 5520 PARK AVE TRUMBULL,CT 06611	LAB
SLEEP CENTER 1070 MAIN ST BRIDGEPORT,CT 06604	SLEEP CENTER
CENTER FOR GERIATRICS 95 ARMORY ROAD STRAFORD,CT 06614	GERIATRICS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAYLE CAPOZZALO GAYLE CAPOZALO	(i) (ii)	655,732	188,910	279,037	140,600	15,203	1,279,482	65,864
(2) WILLIAM M JENNINGS WILLIAM M JENNINGS	(i) (ii)	117,079	170,000	10,161	35,167	3,150	335,557	
(3) NORMAN G ROTH NORMAN G ROTH	(i) (ii)	486,760	183,188	66,215	195,866	15,206	947,235	23,359
(4) BRUCE MCDONALD MD BRUCE MCDONALD MD	(i) (ii)	395,970	94,715	16,475	32,488		539,648	
(5) PATRICK MCCABE PATRICK MCCABE	(i) (ii)	329,826	89,032	52,697	160,334	33,048	664,937	
(6) HOPE JUCKEL-REGAN 63011	(i) (ii)	290,525	94,105	36,828	90,952	24,203	536,613	
(7) JOSEPH JANELL JOSEPH JANELL	(i) (ii)	234,879	74,492	53,335	92,416	26,642	481,764	
(8) MICHAEL IVY MD MICHAEL IVY MD	(i) (ii)	287,775	43,648	16,500	12,438	40,197	400,558	
(9) LYN SALSGIVER LYN SALSGIVER	(i) (ii)	207,232	64,737	42,751	106,732	29,638	451,090	
(10) MARYELLEN KOSTURKO MARYELLEN KOSTURKO	(i) (ii)	198,121	43,851	21,900	20,598	8,819	293,289	
(11) MICHAEL WERDMANN MD	(i) (ii)	307,548	286	22,651	24,500	61,716	416,701	
(12) JONATHAN MAISEL MD	(i) (ii)	269,494	31,056	22,000	24,217	51,019	397,786	
(13) JAMES SIRLEAF MD JAMES SIRLEAF MD	(i) (ii)	273,229	31,468	13,419	17,150	35,195	370,461	
(14) THOMAS LAMONTEMD THOMAS LAMONTE MD	(i) (ii)	275,256	2,047	13,250	24,500	21,544	336,597	
(15) GUILLERMO KATIGBAK	(i) (ii)	270,359	1,978	15,396	22,050	40,486	350,269	
(16) ROBERT J TREFRY 9302010	(i) (ii)	879,883	535,259	282,970	105,379	11,403	1,814,894	376,312

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	WILLIAM M JENNINGS 0 34,300 0 NORMAN G ROTH 0 116,916 0 PATRICK MCCABE 0 89,275 0 HOPE JUCKEL-REGAN (6/30/11) 0 61,582 0 JOSEPH JANELL 0 65,466 0 LYN SALSGIVER 0 56,942 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 INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2010 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2010 CALENDAR YEAR FORM W-2S GAYLE CAPAZZALO 189,156 ROBERT TREFRY 447,587 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)

Additional Data

Return to Form

Software ID:
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				
GAYLE CAPOZZALO GAYLE CAPOZALO	(I) (II)	655,732	188,910	279,037	140,600	15,203	1,279,482	65,864
WILLIAM M JENNINGS WILLIAM M JENNINGS	(I) (II)	117,079	170,000	10,161	35,167	3,150	335,557	
NORMAN G ROTH NORMAN G ROTH	(I) (II)	486,760	183,188	66,215	195,866	15,206	947,235	23,359
BRUCE MCDONALD MD BRUCE MCDONALD MD	(I) (II)	395,970	94,715	16,475	32,488		539,648	
PATRICK MCCABE PATRICK MCCABE	(I) (II)	329,826	89,032	52,697	160,334	33,048	664,937	
HOPE JUCKEL-REGAN 63011	(I) (II)	290,525	94,105	36,828	90,952	24,203	536,613	
JOSEPH JANELL JOSEPH JANELL	(I) (II)	234,879	74,492	53,335	92,416	26,642	481,764	
MICHAEL IVY MD MICHAEL IVY MD	(I) (II)	287,775	43,648	16,500	12,438	40,197	400,558	
LYN SALSGIVER LYN SALSGIVER	(I) (II)	207,232	64,737	42,751	106,732	29,638	451,090	
MARYELLEN KOSTURKO MARYELLEN KOSTURKO	(I) (II)	198,121	43,851	21,900	20,598	8,819	293,289	
MICHAEL WERDMANN MD	(I) (II)	307,548	286	22,651	24,500	61,716	416,701	
JONATHAN MAISEL MD	(I) (II)	269,494	31,056	22,000	24,217	51,019	397,786	
JAMES SIRLEAF MD JAMES SIRLEAF MD	(I) (II)	273,229	31,468	13,419	17,150	35,195	370,461	
THOMAS LAMONTEMD THOMAS LAMONTE MD	(I) (II)	275,256	2,047	13,250	24,500	21,544	336,597	
GUILLERMO KATIGBAK	(I) (II)	270,359	1,978	15,396	22,050	40,486	350,269	
ROBERT J TREFRY 9302010	(I) (II)	879,883	535,259	282,970	105,379	11,403	1,814,894	376,312

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EASTERN BAG AND PAPER GROUP	SEE SCHEDULE O	126,261	SEE SCHEDULE O		No
(2) CENTURY FINANCIAL SERVICES INC	SEE SCHEDULE O	327,798	SEE SCHEDULE O		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	INFORMATION FOR PART V OF SCHEDULE L PART IV COLUMN D BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS NAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES INC OFFICER PATRICK MCCABE IS AN OFFICER AND 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 HOSPITALS CORPORATE PARENT BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES INC AMOUNT OF TRANSACTION 327798 NAME OF INTERESTED PERSON EASTERN BAG AND PAPER GROUP 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 AMOUNT OF TRANSACTION 12625096

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART I, LINE 4 & PART VI, LINE IB NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 12 VOTING MEMBERS ARE INDEPENDENT

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 425-BED URBAN TEACHING HOSPITAL SERVING MORE THAN 19,000 INPATIENTS AND OVER 195,000 OUTPATIENTS A YEAR RECOGNIZED FOR ITS 602 EXPERT PHYSICIANS AND QUALITY OF CARE, BRIDGEPORT HOSPITAL IS BEST IN FAIRFIELD COUNTY FOR GERIATRICS ACCORDING TO U S NEWS & WORLD REPORT'S 2011-2012 BEST HOSPITALS RANKINGS THE HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE, THE HEART INSTITUTE, INCLUDING THE CONNECTICUT CARDIAC ARRHYTHMIA CENTER, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAINING OF MORE THAN 235 RESIDENT PHYSICIANS AND FELLOWS A MEMBER OF YNHHS SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING THE HOSPITAL IS COMMITTED TO PROVIDING ACCESS TO HEALTH CARE SERVICES AND EDUCATION TO THE UNDERSERVED AND COMMUNITY AT LARGE, AND TO BEING A LEADER IN HEALTH CARE ADVOCACY AND COMMUNITY BUILDING DURING FISCAL YEAR (FY) 2011, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY 54 1 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 33 5 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 17 1 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER 3 5 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL 235,000 DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING BRIDGEPORT HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	PART VI, LINE 2 BUSINESS RELATIONS BETWEEN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES TRUSTEES GEORGE CARTER, JENET HANSEN, AND RICHARD HOYT ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS AND TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES OR JOINT VENTURES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS AND TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES OR JOINT VENTURES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES AND JOINT VENTURES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS AND TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS INCLUDE YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION AND MYCARE, LLC

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	SEE ABOVE

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 IS GOVERNED BY ITS BOARD OF DIRECTORS, WHICH ELECTS 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 PROVISIONS OF THE 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 11B	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE ADMINISTRATIVE DIRECTOR OF 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 DIRECTORS VIA A WEB PORTAL

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 OF 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 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 HOSPITAL 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 HOSPITAL 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 THE LEGAL AND RISK SERVICES DEPARTMENT 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	SCHEDULE J - FOR INDIVIDUALS WHO RECEIVE COMPENSATION FROM RELATED ORGANIZATIONS OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET CHANGE IN INTEREST IN BHF, INC (1,285,000) INCREASE IN TEMP RESTRICTED NET ASSETS (450,000) INCREASE IN PERM RESTRICTED NET ASSETS (1,773,000) TRANSFER FROM YNHHSC (900,000) OTHER TRANSFERS (168,477) NET ASSETS RELEASED FOR CAPITAL ACQUISITIONS (535,000) PENSION LIABILITY ADJUSTMENT 14,167,000 TRANSFERS TO BHHS AND HSC 9,233,000 RECLASSIFICATION IN CHANGE OF NET ASSETS (91,946) ---------- OTHER CHANGES (18,196,577) ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to 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	Yes	

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

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

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 06-0646554
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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
SOUTHERN CT HEALTH SYSTEM PROP INC 267 GRANT STREET BRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501C2		BHHS	Yes	
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVENUE NEW HAVEN, CT06519 22-2529464	SUPPORT	CT	501C3	11A	NA		No
NORMA F PFRIEM BREAST CENTER INC 111 BEACH ROAD FAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501C3	11A	BH	Yes	
BRIDGEPORT HOSPITAL AND HEALTHCARE 267 GRANT STREET BRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501C3	11A	YNHHSC		No
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT06610 22-2908698	SUPPORT	CT	501C3	7	BHHS	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT06610 06-6042500	SUPPORT	CT	501C3	11A	BHHS	Yes	
GREENWICH HOSP ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1526642	SUPPORT	CT	501C3	11B	GHCS INC	Yes	
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 22-2593399	SUPPORT	CT	501C3	11B	YNHHSC		No
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-0646659	HEALTHCARE	CT	501C3	3	GHCS INC	Yes	
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1207316	SUPPORT	CT	501C3	11B	GHCS INC	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501C3	9	YNHHSC	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 35-2380180	HEALTHCARE	CT	501C3	11A	NEMG	Yes	

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	**No**
YNH NETWORK CORP 789 HOWARD AVENUE NEW HAVEN, CT06519 06-1513687	SUPPORT	CT	501C3	11A	YNHHSC		No
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT06504 06-0646652	HEALTHCARE	CT	501C3	3	YNHNETWORK	Yes	

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEUROSUR CTR GREENWICH 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEUROSUR CTR GREENWICH 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ORTHO & NEUROSUR CTR GREENWICH 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEUROSUR CTR GREENWICH 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	

Form 990, Schedule R, 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
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SERV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CENTER PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SERV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SERV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				

Form 990, Schedule R, 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
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CENTER PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SERV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SERV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				

Form 990, Schedule R, 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
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CENTER PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SERV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YALE NEW HAVEN AMBULATORY SERV CORP 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CENTER PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUPATION HEALTH SERV PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	BRIDGEPORT HOSPITAL & HEALTHCARE	Q	7,107,472	TRANSACTION REVIEW
(2)	BRIDGEPORT HOSPITAL & HEALTHCARE	I	304,022	COMPARABLE MARKET VALUE
(3)	BRIDGEPORT HOSPITAL FOUNDATION	P	1,080,692	TRANSACTION REVIEW
(4)	BRIDGEPORT HOSPITAL FOUNDATION	I	4,200	COMPARABLE MARKET VALUE
(5)	BRIDGEPORT HOSPITAL FOUNDATION	K	349,168	TRANSACTION REVIEW
(6)	SCHS PROPERTIES INC	J	135,763	TRANSACTION REVIEW
(7)	YALE NEW HAVEN HEALTH SERVICES CORP	O	5,830,000	TRANSACTION REVIEW
(8)	YALE NEW HAVEN HEALTH SERVICES CORP	L	40,121,633	COMPARABILE MARKET VALUE
(9)	SCHS PROPERTIES INC	P	15,024	TRANSACTION REVIEW
(10)	SCHS PROPERTIES INC	K	45,202	TRANSACTION REVIEW
(11)	YALE NEW HAVEN HEALTH SERVICES CORP	R	6,914,760	CASH
(12)	BRIDGEPORT HOSPITAL FOUNDATION INC	R	2,454,959	TRANSACTION REVIEW
(13)	SCHS PROPERTIES INC	Q	50,000	TRANSACTION REVIEW
(14)	NORTHEAST MEDICAL GROUP INC	L	8,273,836	TRANSACTION REVIEW
(15)	NORMA PFRIEM BREAST CARE CTR INC	R	1,129,816	CASH
(16)	BRIDGEPORT HOSPITAL & HEALTHCARE	Q	7,107,472	TRANSACTION REVIEW
(17)	BRIDGEPORT HOSPITAL & HEALTHCARE	I	304,022	COMPARABLE MARKET VALUE
(18)	BRIDGEPORT HOSPITAL FOUNDATION	P	1,080,692	TRANSACTION REVIEW
(19)	BRIDGEPORT HOSPITAL FOUNDATION	I	4,200	COMPARABLE MARKET VALUE
(20)	BRIDGEPORT HOSPITAL FOUNDATION	K	349,168	TRANSACTION REVIEW
(21)	SCHS PROPERTIES INC	J	135,763	TRANSACTION REVIEW
(22)	YALE NEW HAVEN HEALTH SERVICES CORP	O	5,830,000	TRANSACTION REVIEW
(23)	YALE NEW HAVEN HEALTH SERVICES CORP	L	40,121,633	COMPARABILE MARKET VALUE
(24)	SCHS PROPERTIES INC	P	15,024	TRANSACTION REVIEW
(25)	SCHS PROPERTIES INC	K	45,202	TRANSACTION REVIEW
(26)	YALE NEW HAVEN HEALTH SERVICES CORP	R	6,914,760	CASH
(27)	BRIDGEPORT HOSPITAL FOUNDATION INC	R	2,454,959	TRANSACTION REVIEW
(28)	SCHS PROPERTIES INC	Q	50,000	TRANSACTION REVIEW
(29)	NORTHEAST MEDICAL GROUP INC	L	8,273,836	TRANSACTION REVIEW
(30)	NORMA PFRIEM BREAST CARE CTR INC	R	1,129,816	CASH

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	BRIDGEPORT HOSPITAL & HEALTHCARE	Q	7,107,472	TRANSACTION REVIEW
(32)	BRIDGEPORT HOSPITAL & HEALTHCARE	I	304,022	COMPARABLE MARKET VALUE
(33)	BRIDGEPORT HOSPITAL FOUNDATION	P	1,080,692	TRANSACTION REVIEW
(34)	BRIDGEPORT HOSPITAL FOUNDATION	I	4,200	COMPARABLE MARKET VALUE
(35)	BRIDGEPORT HOSPITAL FOUNDATION	K	349,168	TRANSACTION REVIEW
(36)	SCHS PROPERTIES INC	J	135,763	TRANSACTION REVIEW
(37)	YALE NEW HAVEN HEALTH SERVICES CORP	O	5,830,000	TRANSACTION REVIEW
(38)	YALE NEW HAVEN HEALTH SERVICES CORP	L	40,121,633	COMPARABILE MARKET VALUE
(39)	SCHS PROPERTIES INC	P	15,024	TRANSACTION REVIEW
(40)	SCHS PROPERTIES INC	K	45,202	TRANSACTION REVIEW
(41)	YALE NEW HAVEN HEALTH SERVICES CORP	R	6,914,760	CASH
(42)	BRIDGEPORT HOSPITAL FOUNDATION INC	R	2,454,959	TRANSACTION REVIEW
(43)	SCHS PROPERTIES INC	Q	50,000	TRANSACTION REVIEW
(44)	NORTHEAST MEDICAL GROUP INC	L	8,273,836	TRANSACTION REVIEW
(45)	NORMA PFRIEM BREAST CARE CTR INC	R	1,129,816	CASH

Bridgeport Hospital
Form 990 Attachment

Section 409A Document Corrections under Sections VA. and VII E., including the transition relief under Section XI A., of Notice 2010-6 (as modified by Notice 2010-80).

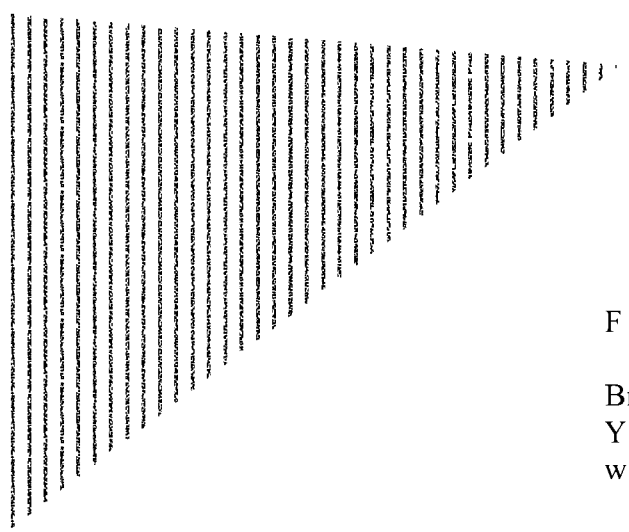
1. Service Provider Affected:

One service provider affected (identifying information available upon request)

2. Non-qualified Deferred Compensation Plan: Supplemental Retirement Benefit Agreement

3. The document failures are eligible for correction under the terms of Sections VA. and VII E. respectively, including the transition relief under Section XI A, of Notice 2010-6 (as modified by Section III E. of Notice 2010-80); and the service recipient has taken all actions required and has otherwise met all requirements for such correction as of September 30, 2011, the last day of the service recipient's taxable year in which the correction was made. The correction was made on December 23, 2010, and no event caused the inclusion of an amount in income under Section 409A by the affected service provider.

4. The total amount involved in each document failure was $26,068, the amount subject to Section 409A to which the service provider was entitled under the plan. The plan was operated in accordance with the applicable requirements of Section 409A, and no amount was required to be included in income under Section 409A(a) as part of the correction.



FINANCIAL STATEMENTS

Bridgeport Hospital
Years Ended September 30, 2011 and 2010
with Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Bridgeport Hospital

Financial Statements

Years Ended September 30, 2011 and 2010

Contents

Ernst & Young LLP
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Fax: +1 860 725 6049
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Report of Independent Auditors

The Board of Directors
Bridgeport Hospital

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

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

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

Ernst & Young LLP

December 21, 2011

Bridgeport Hospital

Balance Sheets

	September 30 2011	2010
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	**$ 37,123**	$ 44,477
Short term investments	**18,455**	17,550
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $18,248 in 2011 and $17,020 in 2010	**41,819**	29,146
Other receivables	**1,628**	1,231
Prepaid expenses and other current assets	**6,759**	6,158
Assets limited as to use	**3,616**	1,446
Third-party payor receivables	**2,403**	1,411
Total current assets	**111,803**	101,419
Assets limited as to use	**5,788**	5,788
Long-term investments	**20,685**	20,564
Interest in Bridgeport Hospital Foundation, Inc.	**48,588**	45,642
Other assets	**15,604**	6,707
Long-term third party payor receivable	**1,898**	1,288
Property, plant and equipment:		
Land and land improvements	**3,532**	3,532
Buildings and fixtures	**121,717**	121,788
Equipment	**245,237**	235,427
	370,486	360,747
Less accumulated depreciation and amortization	**264,952**	248,840
	105,534	111,907
Construction in progress	**18,530**	4,946
	124,064	116,853
Total assets	**$ 328,430**	$ 298,261

	September 30	
	2011	**2010**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 13,294**	$ 11,257
Accrued expenses	**41,298**	34,944
Current portion of long-term debt	**3,832**	2,945
Third-party payor liabilities	**3,987**	2,857
Total current liabilities	**62,411**	52,003
Long-term debt, net of current portion	**49,757**	47,145
Professional and general insurance liabilities	**13,033**	13,400
Long-term third party payor liabilities	**13,790**	14,960
Accrued pension obligation	**51,983**	49,237
Other long-term liabilities	**18,642**	18,417
Total liabilities	**209,616**	195,162
Commitments and contingencies		
Net assets:		
Unrestricted	**74,736**	62,529
Temporarily restricted	**24,997**	23,262
Permanently restricted	**19,081**	17,308
Total net assets	**118,814**	103,099
Total liabilities and net assets	**$ 328,430**	$ 298,261

See accompanying notes

Bridgeport Hospital

Statements of Operations and Changes in Net Assets

	Years Ended September 30	
	2011	**2010**
	(In Thousands)	
Operating revenue:		
Net patient service revenue	**$ 409,615**	$ 359,062
Other revenue	**5,876**	5,877
Net assets released from restrictions used for operations	**1,831**	1,077
Total operating revenue	**417,322**	366,016
Operating expenses:		
Salaries and benefits	**187,168**	170,691
Supplies and other expenses	**162,819**	145,192
Depreciation and amortization	**17,879**	17,768
Bad debts	**12,302**	13,505
Interest	**3,110**	3,059
Total operating expenses	**383,278**	350,215
Income from operations	**34,044**	15,801
Non-operating (losses) gains:		
Net changes in interest in Bridgeport Hospital Foundation, Inc.	**(278)**	741
Net realized gains and investment income	**657**	485
Change in unrealized gains and losses on investments	**(417)**	540
Excess of revenue over expenses	**34,006**	17,567

(Continued on next page)

Bridgeport Hospital

Statements of Operations and Changes in Net Assets (continued)

	Years Ended September 30	
	2011	**2010**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue over expenses	**$ 34,006**	$ 17,567
Net change in interest in Bridgeport Hospital Foundation, Inc.— other transfers	**166**	1,279
Net assets released from restrictions used for capital acquisitions	**535**	2,151
Pension liability adjustment	**(14,167)**	(6,619)
Transfers to Bridgeport Hospital and Healthcare Service, Inc.	**(9,233)**	(1,847)
Transfers from Yale-New Haven Health Services Corporation	**900**	–
Increase in unrestricted net assets	**12,207**	12,531
Temporarily restricted net assets:		
Net changes in the interest in Bridgeport Hospital Foundation, Inc.:		
Change in unrealized gains on investments	**(232)**	384
Net assets released from restrictions used for operations— Bridgeport Hospital Foundation, Inc.	**(2,820)**	(3,058)
Bequests, contributions, and grants	**5,390**	2,238
Net realized investment gains and losses	**446**	312
Other changes in net assets	**631**	(1,256)
Transfers to Bridgeport Hospital	**(2,130)**	(3,153)
Net change in interest in Bridgeport Hospital Foundation, Inc.	**1,285**	(4,533)
Net assets released from restrictions used for operations	**(1,831)**	(1,077)
Change in unrealized gains and losses on investments	**30**	851
Bequests, contributions, and grants	**223**	29
Net realized investment gains and losses	**821**	368
Net assets released from restriction used for capital acquisition	**(535)**	(2,151)
Transfers from Bridgeport Hospital Foundation	**2,130**	3,153
Other changes in net assets	**(388)**	–
Increase (decrease) in temporarily restricted net assets	**1,735**	(3,360)
Permanently restricted net assets:		
Net change in the interest in Bridgeport Hospital Foundation, Inc.:		
Bequests, contributions, and grants	**1,773**	5,076
Increase in permanently restricted net assets	**1,773**	5,076
Increase in net assets	**15,715**	14,247
Net assets at beginning of year	**103,099**	88,852
Net assets at end of year	**$ 118,814**	$ 103,099

See accompanying notes

Bridgeport Hospital

Statements of Cash Flows

	Years Ended September 30	
	2011	**2010**
	(In Thousands)	
Cash flows from operating activities		
Increase in net assets	**$ 15,715**	$ 14,247
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in net interest in Bridgeport Hospital Foundation, Inc	**(2,946)**	(2,563)
Depreciation and amortization	**17,879**	17,768
Bad debts	**12,302**	13,505
Bequests, contributions, and grants	**(7,386)**	(7,343)
Changes in unrealized gains and losses on investments	**387**	(1,391)
Net assets released from restrictions used for capital acquisitions	**535**	(2,151)
Net realized gains and investment income	**(1,478)**	(866)
Transfer to Bridgeport Hospital and Healthcare Services, Inc	**9,233**	1,843
Change in pension obligation	**14,167**	6,619
Changes in operating assets and liabilities		
Accounts receivable, net	**(24,975)**	(9,550)
Other receivables	**(397)**	(92)
Prepaid expenses and other assets	**(10,816)**	(2,327)
Accounts payable	**2,037**	2,895
Accrued expenses	**6,354**	(367)
Net change in Third-party payors	**(1,642)**	8,271
Net change in pension	**(11,421)**	(5,874)
Professional and general insurance and other long-term liabilities	**(142)**	(2,146)
Net cash provided by operating activities	**17,406**	30,478
Cash flows from investing activities		
Net change in investments	**(1,413)**	(10,545)
Assets limited as to use	**(2,170)**	114
Acquisitions of property, plant and equipment, net	**(23,772)**	(14,260)
Gain on sale of assets	**–**	(14)
Net realized gains and investment income	**1,478**	866
Net cash used in investing activities	**(25,877)**	(23,839)
Cash flows from financing activities		
Issuance of long-term debt	**6,607**	–
Repayments of long-term debt	**(3,108)**	(2,785)
Transfer to Bridgeport Hospital and Healthcare Service, Inc	**(9,233)**	(1,843)
Bequests, contributions, and grants	**7,386**	7,343
Net assets released from restrictions for capital acquisitions	**(535)**	2,151
Net cash provided by financing activities	**1,117**	4,866
Net (decrease) increase in cash and cash equivalents	**(7,354)**	11,505
Cash and cash equivalents, beginning of year	**44,477**	32,972
Cash and cash equivalents, end of year	**$ 37,123**	$ 44,477

See accompanying notes

1. Organization and Significant Accounting Policies

Bridgeport Hospital (the "Hospital") is a voluntary association incorporated under the General Statutes of the State of Connecticut. Bridgeport Hospital & Healthcare Services, Inc. ("BHHS"), a Connecticut not-for-profit corporation, is the sole member of the following not-for-profit, non-stock corporations: the Hospital, Bridgeport Hospital Foundation, Inc. (the "Foundation"), Southern Connecticut Health System Properties, Inc. ("Properties"). BHHS had a controlling interest in Mill Hill Medical Consultants, Inc. ("Mill Hill"), a not-for-profit non-stock organization, through its elected representatives on the Mill Hill Board of Directors.

Effective April 1, 2010, control of Mill Hill was assumed by Yale-New Haven Health Services Corporation ("YNHHSC"), and the organization began operations as Northeast Medical Group, Inc. ("NEMG").

Yale-New Haven Health Services Corporation ("YNHHSC") is the sole member of BHHS and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional health care providers and related entities. Under the terms of an agreement with YNHHSC, BHHS and the Hospital continue to operate autonomously with separate boards, management and medical staff; however, YNHHSC approves the Hospital's strategic plans, operating and capital budgets, and Board appointments.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated receivables and payables to third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

During fiscal 2011 the Hospital recorded a change in estimate of approximately $5.0 million related to favorable third-party settlements and during fiscal 2010 recorded a change in estimate of approximately $5.5 million related to unfavorable third-party settlements.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. See Notes 5 and 6 for additional information relative to temporarily and permanently restricted net assets.

1. Organization and Significant Accounting Policies (continued)

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value on the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use or restricted or held in the long-term investment portfolio.

Cash and cash equivalents are maintained with domestic financial institutions with deposits which exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Accounts Receivable

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

The amount of the allowances for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

Investments and Investment Income

The Hospital has designated all investments reported in the accompanying balance sheets as trading securities. As such, unrealized gains and losses are included in the excess of revenue and over expenses.

Investments in marketable equity securities with readily determinable fair market values and all investment in debt securities (marketable investments) are measured at fair value based on quoted market prices.

1. Organization and Significant Accounting Policies (continued)

Effective January 1, 2010, the Hospital transferred some of its investments into the newly formed Yale New Haven Health System Investment Trust (the "Trust"), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools: the Long-Term Investment Pool ("L-TIP") and the Intermediate-Term Investment Pool ("I-TIP"). Governance of the Trust is performed by the Yale New Haven Health System Investment Committee.

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2011, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2012. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Certain alternative investments (nontraditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests and are accounted for under the equity method. Individual investment holdings with the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of these investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner, and for "funds of funds" investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Generally, fair value reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. These investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors.

Net realized gains and losses on investments, interest and dividends are included in excess of revenue over expenses unless the income or loss is restricted by donor or law. The change in unrealized gains and losses on all investments is included in the excess of revenue over expenses unless the income or loss is restricted by the donor.

1. Organization and Significant Accounting Policies (continued)

Assets Limited as to Use

Assets limited as to use include assets held by trustee under bond indenture agreements. Amounts required to meet current liabilities are reported as current assets. These funds primarily consist of U.S. Government obligations, corporate obligations, mutual funds and money market funds. Changes in unrealized gains and losses are recorded in the excess of revenue over expenses.

Inventories

Inventories, included in prepaid expenses and other current assets, are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain long-term financing. Amortization of the costs is provided using a method that approximates the interest method over the remaining term of the applicable indebtedness. Refer to Note 7 for additional information relative to debt-related matters.

Benefits and Insurance

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. Liabilities have been accrued for claims, including claims incurred but not reported ("IBNRs"), which are based on Hospital-specific experience. At September 30, 2011 and 2010, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately $1.3 million and is included in accrued expenses in the accompanying balance sheets.

The Hospital is effectively self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on Hospital-specific experience. At September 30, 2011 and 2010, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 3.5% in 2011 and 4% in 2010, aggregated approximately $4.1 million and $3.8 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

1. Organization and Significant Accounting Policies (continued)

Property, Plant and Equipment

Property, plant and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at the date of contribution. The carrying amounts of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Depreciation of property, plant and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 40 years.

Goodwill

In 2011, the Hospital acquired certain tangible and intangible assets of Cardiac Specialists, P.C. for $1.6 million. As a result of the transaction, goodwill in the amount of approximately $800,000 was recorded and is included in other assets at September 30, 2011.

The Hospital is required to perform an annual review of its goodwill for impairment. Based on the Hospital's review at September 30, 2011 and 2010, goodwill was determined not to be impaired.

Excess of Revenue Over Expenses

The accompanying statements of operations and changes in net assets include excess revenue over expenses. Activities, other than those connected with providing health care services, are considered to be non-operating. Changes in unrestricted net assets, which are excluded from excess revenue over expenses, consistent with industry practice, primarily include contributions of, or restricted to, property, plant and equipment, net change in interest in Bridgeport Hospital Foundation, Inc. arising from other transfers, transfer of assets to and from affiliates for other than goods and services, and change in pension liability adjustments.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal or state income taxes on related income pursuant to Section 501(a) of the Code.

1. Organization and Significant Accounting Policies (continued)

Professional and General Insurance

The Hospital accesses modified claims made insurance for professional and comprehensive general risk through Yale-New Haven Hospital ("YNHH") owned captive insurance company. The Hospital has no ownership interest in the captive insurance company and records the actuarially determined liabilities for incurred but not reported professional and comprehensive general liabilities on a discounted basis.

Interest in Bridgeport Hospital Foundation, Inc.

The Hospital recognizes its accumulated interest in the net assets held by the Foundation as interest in Bridgeport Hospital Foundation, Inc. The Hospital recognizes the periodic change in such interest in its statements of operations and changes in net assets (net change in interest in Bridgeport Hospital Foundation, Inc.).

Asset Retirement Obligation

The Hospital maintains an asset retirement obligation liability related to the estimated future costs to remediate environmental liabilities in certain buildings. The asset and asset retirement obligation liability were approximately $0.5 million and $13.3 million, respectively, at September 30, 2011 and approximately $0.6 million and $13.2 million, respectively, at September 30, 2010.

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2010 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2011 presentation.

1. Organization and Significant Accounting Policies (continued)

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standard Update 2010-24, *"Topic 954 – Presentation of Insurance Claims and Related Insurance Recoveries "* The amendments in this update clarify that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The Hospital will adopt the presentation changes to the statement of financial position for periods beginning after December 15, 2010.

In July 2011, the FASB also issued Accounting Standards Update No. 2011-07, *"Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities"*("ASU 2011-07"). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations for periods beginning after December 15, 2011.

In August 2010, the Financial Accounting Standards Board (FASB) issued amended guidance relating to measuring charity care for disclosures. The amended guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The System will be required to adopt the disclosures required by the amended guidance for periods beginning after December 15, 2010.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

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

Revenue from Medicare and Medicaid programs accounted for approximately 36% and 19%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011 and 37% and 20%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2010. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 37% and 32% respectively, for the year ended September 30, 2011 and 37% and 30%, respectively, for the year ended September 30, 2010. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2006 for Medicare and 1994 for Medicaid. Other years remain open for settlement.

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party agreements. The significant concentrations of accounts receivable for services to patients include 32% from Medicare, 19% from Medicaid, and 49% from non-governmental payors at September 30, 2011 and 32 % from Medicare, 23% from Medicaid, and 45% from non-governmental payors at September 30, 2010.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue (continued)

Net patient service revenue is comprised of the following for the years ended September 30, 2011 and 2010 (in thousands):

	2011	2010
Gross revenue from patients	**$ 1,300,540**	$ 1,185,590
Deductions:		
Contractual allowances	**861,347**	802,426
Charity and free care (at charges)	**29,578**	24,102
Net patient service revenue	**$ 409,615**	$ 359,062

3. Uncompensated Care and Community Benefit Expense

The Hospital's 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 Hospital's 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 $16.5 million and $15.5 million in 2011 and 2010, respectively. Additionally, the Hospital incurred losses related to the State Medicaid program of approximately $27.7 million and $21.4 million in 2011 and 2010, respectively. The estimated cost of uncompensated care and Medicaid losses were determined using Hospital-specific data.

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, 2011 and 2010, the amount estimated by management to represent the Hospital's 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 $18.2 million and $17.0 million, respectively.

3. Uncompensated Care and Community Benefit Expense (continued)

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 Hospital's 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.

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 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. 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.

4. Investments and Assets Limited as to Use

Investments are stated at fair value. The composition of assets limited as to use as of September 30 is set forth in the following table (in thousands):

	2011	2010
Assets limited as to use:		
U.S. government	**$ 3,616**	$ 1,442
Corporate debt	**5,788**	5,792
	$ 9,404	$ 7,234

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

The composition of investments, including investments held by the Trust, as of September 30 is set forth in the following table (in thousands):

	2011	2010
Money market funds	**$ 1,527**	$ 1,439
U.S. equity securities	**1,868**	1,968
U.S. equity securities – common collective trusts	**1,427**	2,570
International equity securities (a)	**1,606**	3,039
Fixed income:		
U.S. government	**10,209**	10,038
U.S. government – common collective trusts	**2,105**	3,055
Corporate debt	**4,672**	4,791
International government (b)	**1,224**	440
Commodities	**43**	45
Hedge funds:		
Absolute return (c)	**1,549**	2,256
Long/short equity (d)	**542**	514
Real estate (e)	**435**	392
Interest in Yale University endowment pool (f)	**11,933**	7,567
Total	**$ 39,140**	$ 38,114

(a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.

(b) Investments with external commodities futures manager.

(c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions

(d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.

(e) Investments with external direct real estate managers and fund of funds managers. Investment vehicles both closed end REITs and limited partnerships.

(f) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.

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

The Hospital's ownership percentage of the Trust was approximately 3.5% and 3.8% as of September 30, 2011, and 2010, respectively. The Hospital's prorata portion of the Trust's investments are included in the above table. Primarily all of the above investments are deemed to be available for satisfying donor restrictions as they become due.

The composition and presentation of investment income, gains from investments and the net change in unrealized gains and losses, are as follows for the years ended September 30, 2011 and 2010 (in thousands):

	2011	2010
Interest and dividend income, net	**$ 1,012**	$ 456
Realized gains on investments, net	**466**	410
Change in unrealized gains and losses investments	**(387)**	1,395
	$ 1,091	$ 2,261

5. Endowment

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (CUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

5. Endowment (continued)

Changes in endowment net assets for the fiscal year ended September 30, 2011 are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	**$ 80**	**$ 14,695**	**$ 17,308**	**$ 32,083**
Investment returns:				
Investment income	**9**	**889**	**–**	**898**
Net appreciation (realized and unrealized)	**(2)**	**(245)**	**–**	**(247)**
Total investment return	**7**	**644**	**–**	**651**
Appropriation of endowment assets for expenditure	**–**	**(97)**	**–**	**(97)**
Other changes:				
Contribution bequests	**–**	**32**	**1,773**	**1,805**
Endowment net assets, end of year	**$ 87**	**$ 15,274**	**$ 19,081**	**$ 34,442**

Changes in endowment net assets for the fiscal year ended September 30, 2010 are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 71	$ 13,623	$ 12,232	$ 25,926
Investment returns:				
Investment income	6	776	–	782
Net appreciation (realized and unrealized)	3	475	–	478
Total investment return	9	1,251	–	1,260
Appropriation of endowment assets for expenditure	–	(179)	–	(179)
Other changes:				
Contribution bequests	–	–	5,076	5,076
Endowment net assets, end of year	$ 80	$ 14,695	$ 17,308	$ 32,083

5. Endowment (continued)

From time to time, the fair value of assets associated with permanently restricted endowment funds may fall below the level determined under Connecticut UPMIFA.

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets as of September 30 are available for the following purposes:

	2011	2010
	(In Thousands)	
Indigent care	**$ 15,538**	$ 12,855
Capital campaign	**16**	75
Other health care services	**9,443**	10,332
	$ 24,997	$ 23,262

Permanently restricted net assets of approximately $19.1 million and $17.3 million for the years ended September 30, 2011 and 2010, respectively, consists of donor-restricted endowment principal. The income generated from permanently restricted funds is expendable for purposes designated by donors, including the support of various health care services.

7. Long-Term Debt and Line of Credit

A summary of long-term debt at September 30 is as follows:

	2011	2010
	(In Thousands)	
Tax-exempt revenue bonds:		
Series A, fixed interest rates ranging from 3.5% to 6.625%	**$ 11,390**	$ 12,640
Series C, fixed interest rates ranging from 3.75% to 5.375%	**35,755**	37,450
Term loan, (3.22% fixed interest rate)	**6,127**	–
Capital lease obligation	**317**	–
	53,589	50,090
Less current portion	**3,832**	2,945
	$ 49,757	$ 47,145

7. Long-Term Debt (continued)

The Hospital's Series A and C tax-exempt revenue bonds were issued through the State of Connecticut Health and Educational Facilities Authority ("CHEFA") under a Master Trust Indenture. The bonds are due serially or via mandatory sinking fund redemptions through July 1, 2025. The bonds are collateralized by a pledge of the gross receipts of the Hospital and the Foundation (the "Obligated Group") and a first mortgage on substantially all property, plant and equipment of the Hospital. The Master Trust Indenture also places certain limits on the incurrence of additional borrowings of the Obligated Group and requires the Obligated Group to satisfy certain measures of financial performance while the revenue bonds are outstanding. The Series A and C bonds are insured by commercial bond insurers to maturity.

In November 2010, the Hospital obtained a $6.6 million term loan from CHEFA. The proceeds of the loan are to be used for the purchase and installation of energy savings equipment and various renovations and improvements to the Hospital's infrastructure. The loan is to be paid in monthly installments over 10 years at a fixed interest rate of 3.22%.

Scheduled principal payments on all long-term debt, including capital lease obligations, are as follows (in thousands):

	Long-Term Debt	Capital Lease Obligations
2012	$ 3,699	$ 148
2013	3,903	80
2014	4,118	47
2015	4,338	47
2016	4,569	8
Thereafter	32,645	–
	$ 53,272	330
Less interest		(13)
Total capital lease obligation		$ 317

Cash paid on interest for the years ended September 30, 2011 and 2010 approximated $3.1 million and $3.0 million, respectively.

In connection with Series A and C bonds, the Hospital is required to maintain certain financial covenants. At September 30, 2011 and 2010, the Hospital was in compliance with its financial debt covenants.

7. Long-Term Debt (continued)

Assets recorded under the capital lease obligations totaled $0.3 million as of September 30, 2011. Accumulated depreciation for the capital lease obligations totaled $0.1 million September 30, 2011.

Line of Credit

As of September 30, 2010, the Hospital had an unsecured revolving line of credit of $5.0 million with a local bank. The annual interest rate for this line of credit is variable and is based on the bank's prime rate or LIBOR plus 1%. The Hospital had no amounts outstanding under this line of credit at September 30, 2010 and the line of credit expired during 2011.

8. Retirement Benefit Plans

The Hospital and certain other affiliates of BHHS have a defined benefit pension plan covering substantially all employees. The benefits are based on years of service and employees' average compensation as defined by the plan documents. The Hospital and affiliates of BHHS make contributions in amounts sufficient to meet the required benefits to be paid to plan participants as they become due as required under the Employee Retirement Income Security Act of 1974.

On June 30, 2006, the Hospital and certain other affiliates of BHHS froze their defined benefit plan. On October 1, 2006 the Hospital and certain other affiliates of BHHS instituted a defined contribution plan covering substantially all employees. The Hospital matches employee 403(b) contributions on a bi-weekly basis, as defined by the defined contribution plan documents, and provides an annual contribution to the employees' accounts based on each employee's year of service and compensation. The Hospital expensed approximately $10.1 million and $9.8 million relating to the defined contribution plan for the years ended September 30, 2011 and 2010, respectively. Amounts due to the defined contribution plan amounted to $5.8 million and $5.5 million at September 30, 2011 and 2010, respectively, and are included in accrued expenses.

8. Retirement Benefit Plans (continued)

The following table sets forth the funded status of the Hospital and affiliates of BHHS's plans as of September 30:

	Pension Benefits	
	2011	**2010**
	(In Thousands)	
Change in benefit obligation		
Benefit obligation, beginning of year	**$ (159,195)**	$ (149,498)
Interest cost	**(8,423)**	(8,348)
Actuarial loss	**(4,026)**	(6,630)
Benefits paid	**5,532**	5,281
Benefit obligation, end of year	**$ (166,112)**	$ (159,195)
Change in plan assets		
Fair value of plan assets, beginning of year	**$ 103,733**	$ 95,277
Actual return on plan assets	**(2,276)**	8,737
Employer contribution	**11,979**	5,000
Benefits paid	**(5,532)**	(5,281)
Fair value of plan assets, end of year	**$ 107,904**	$ 103,733
Accrued obligation	**$ (58,208)**	$ (55,462)
Net amounts allocated to Parent	**6,225**	6,225
Accrued benefit cost	**$ (51,983)**	$ (49,237)

The accrued benefit obligation allocated to Parent is determined using the participant data of each entity.

The actuarial loss in 2011 and 2010 primarily relates to a decrease in the discount rate used to measure the benefit obligation.

8. Retirement Benefit Plans (continued)

Accumulated Benefit Obligation

The projected benefit obligation, accumulated benefit obligations and fair value of plan assets were as follows for September 30:

	2011	2010
	(In Thousands)	
Projected benefit obligation	**$ 166,112**	$ 159,195
Accumulated benefit obligation	**166,112**	159,195
Fair value of plan assets	**107,904**	103,733

The following table provides the components of the net periodic benefit cost for the plan for the years ended September 30:

	Pension Benefits	
	2011	2010
	(In Thousands)	
Components of net periodic benefit cost		
Interest cost	**$ 8,423**	$ 8,348
Expected rate of return on plan assets	**(8,761)**	(9,575)
Recognized net actuarial loss	**896**	447
Periodic benefit expense (credit) for measurement period	**558**	(780)
Less amounts allocated to affiliates	**–**	94
Benefit expense (credit)	**$ 558**	$ (874)

Assumptions

Weighted-average assumptions used to determine benefit obligations at September 30 are as follows:

	Pension Benefits	
	2011	2010
Discount rate	**5.2%**	5.4%

8. Retirement Benefit Plans (continued)

Weighted-average assumptions used to determine net periodic benefit cost for years ended September 30 are as follows:

	Pension Benefits	
	2011	**2010**
Discount rate	**5.4%**	5.7%
Expected long-term return on plan assets	**6.75**	7.75

Measurement Date

The measurement date used to determine pension benefits is September 30 in 2011 and 2010.

Plan Assets

The asset allocations of the Hospital's pension plan at September 30 are as follows:

	Target Allocation	Percentage of Plan Assets	
	2012	**2011**	**2010**
Asset category:			
Equity securities	10%	**14%**	11%
Debt securities	75	**73**	77
Alternative investments	15	**13**	12
Total	100%	**100%**	100%

Financial assets carried at fair value as of September 30, 2011 and 2010 are classified in the following tables in one of the three categories described in footnote 13 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 3,812**	**$ –**	**$ –**	**$ 3,812**
U S equity securities	**14,623**	**–**	**–**	**14,623**
International equity securities	**–**	**–**	**5,312**	**5,312**
Fixed income				
U S government	**31,939**	**7,719**	**–**	**39,658**
Corporate debt	**17,933**	**16,666**	**–**	**34,599**
International government	**360**	**–**	**–**	**360**
Private equity	**–**	**–**	**9,540**	**9,540**
Total Investments as of September 30, 2011	**$ 68,667**	**$ 24,385**	**$ 14,852**	**$ 107,904**

8. Retirement Benefit Plans (continued)

	Level 1	Level 2	Level 3	Total
Money market funds	$ 10,545	$ –	$ –	$ 10,545
U S equity securities	11,964	–	–	11,964
Fixed income				
U S government	36,632	11,308	–	47,940
Corporate debt	–	19,329	–	19,329
International government	1,632	–	–	1,632
Private equity	–	–	9,330	9,330
Hedge funds				
Long/short equity	–	–	2,993	2,993
Total Investments as of September 30, 2010	$ 60,773	$ 30,637	$ 12,323	$ 103,733

The composition and presentation of financial assets categorized as Level 3 investments in the tables above for the fiscal year ended September 30, 2011 and 2010 are as follows (in thousands):

	Private Equity	International Equity	Hedge Funds	Total
Beginning balance as of October 1, 2010	**$ 9,330**	**$ –**	**$ 2,993**	**$ 12,323**
Realized gains	–	–	–	–
Unrealized gains (losses)	**65**	**(688)**	**(93)**	**(716)**
Purchases, sales, issuance, settlements, transfers, other	**145**	**6,000**	**(2,900)**	**3,245**
Ending balance as of September 30, 2011	**$ 9,540**	**$ 5,312**	**$ –**	**$ 14,852**

	Private Equity	International Equity	Hedge Funds	Total
Beginning balance as of October 1, 2009	$ 8,906	$ –	$ 2,900	$ 11,806
Realized gains	–	–	–	–
Unrealized gains	424	–	93	517
Purchases, sales, issuance, settlements, transfers, other	–	–	–	–
Ending balance as of September 30, 2010	$ 9,330	$ –	$ 2,993	$ 12,323

The Hospital's investment strategy for its pension assets, balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term while ensuring security of principal to meet near term expenses and obligations through the fixed income allocation. The allocations of the investment pool to various sectors of the markets are designed to reduce volatility in the portfolio.

8. Retirement Benefit Plans (continued)

The Hospital's pension portfolio return assumption of 6.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses.

Cash Flows

Contributions: The Hospital and its affiliates expected contribution to the defined benefit pension plan in fiscal year 2012 is approximately $15.4 million.

Estimated future benefit payments: The Hospital and its affiliates expect to pay the following benefit payments as appropriate in thousands:

2012	$ 6,705
2013	6,843
2014	7,160
2015	7,428
2016	7,850
2017 to 2022	48,319

In addition, certain employees participate in a Hospital sponsored nonqualified pension benefit program. Included in other long-term liabilities in the accompanying balance sheets at September 30, 2011 and 2010 is approximately $1.2 million and $1.3 million, respectively, related to the obligation for the nonqualified benefits. The Hospital has established a trust with fair values of approximately $1.1 million and $0.8 million at September 30, 2011 and 2010, respectively, to fund the obligation. Such amounts are included in other assets in the accompanying balance sheets.

9. Professional Liability and Self-Insurance Arrangements

YNHH and a number of academic medical centers are shareholders in The Medical Center Insurance Company, Ltd. (the "Captive"). The Captive was formed to insure for professional and comprehensive general liability risks of its shareholders and certain affiliated entities of the shareholders. On October 1, 1997, the Hospital was added to the YNHH program as an additional insured. The Captive and its wholly-owned subsidiary write direct insurance and reinsurance for varying levels of per claim limit exposure. The Captive has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, and the Captive. The Hospital pays insurance premiums to YNHHSC.

9. Professional Liability and Self-Insurance Arrangements (continued)

The estimated undiscounted professional liabilities for incurred but not reported professional and comprehensive general liabilities as of September 30, 2011 and 2010 was approximately $15.5 million and $16.6 million, respectively, and is reflected at the actuarially determined present value of approximately $13.3 million and $13.8 million, respectively, based on a discount rate of 3.5% in 2011 and 4.0% in 2010.

10. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcome of these lawsuits cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or results of operations of the Hospital.

The Hospital has an irrevocable letter of credit with a bank to provide coverage to the State of Connecticut for workers compensation claims. There were no amounts outstanding under this letter of credit during fiscal years 2011 and 2010.

The Hospital has obtained a surety bond to provide coverage to the State of Connecticut for unemployment compensation in 2011 and 2010. There are no amounts outstanding during fiscal years 2011 and 2010.

The Hospital has various lease agreements. Lease expense for the fiscal years 2011 and 2010 was approximately $3.1 million, respectively. Future minimum payments under these leases are as follows:

2012	$ 3,089
2013	2,570
2014	2,290
2015	1,292
2016	1,227
Thereafter	4,639
	$ 15,107

11. Functional Expenses

The Hospital provides general health care services to residents within its geographic location, including pediatric care, cardiac catheterization and outpatient surgery. Net expenses related to providing these services for the year ended September 30 are as follows:

	2011	2010
	(In Thousands)	
Health care services	**$ 297,515**	$ 273,168
General and administrative	**85,763**	77,047
	$ 383,278	$ 350,215

12. Related Party Transactions

The Hospital provides management services and purchases support and management services and participates in service contracts, lease agreements and other consulting contracts with affiliated organizations. The related amounts for the years ended September 30 were as follows:

	2011	2010
	(In Thousands)	
Services to affiliates:		
NEMG	**$ 529**	$ 257
SCHS Properties	**15**	15
BHHS	**10**	10
Mill Hill	**–**	257
	$ 554	$ 539
Services from affiliates:		
YNHH	**$ 3,193**	$ 2,520
BHHS	**20**	17
Mill Hill	**–**	5,801
SCHS Properties	**136**	129
NEMG	**14,277**	5,158
YNHHSC	**28,729**	26,073
	$ 46,355	$ 39,698

12. Related Party Transactions (continued)

The Hospital purchased certain services for the year ended September 30 from YNHHSC as follows:

	2011	2010
	(In Thousands)	
Operating expenses:		
Professional and general liability insurance	**$ 5,830**	$ 8,357
Information systems	**3,466**	2,952
System business office	**6,357**	6,164
Other business services	**18,906**	16,957
	$ 34,559	$ 34,430

The Hospital funds certain capital assets purchased by YNHHSC. Included in prepaid expenses and other assets were approximately $9.2 million at September 30, 2011 and approximately $1.3 million at September 30, 2010.

Included in depreciation and amortization expense for the years ended September 30, 2011 and 2010 is approximately $0.3 million and $0.4 million, respectively, of costs allocated from YNHHSC for shared capital projects.

Accounts receivable from and payable to related organizations included in prepaid expenses and other assets, and accrued expenses, respectively, in the accompanying balance sheets for the years ended September 30 are as follows:

	2011	2010
	(In Thousands)	
Accounts receivable:		
Properties	**$ 23**	$ 99
Foundation	**353**	325
NEMG	**2,780**	–
	$ 3,156	$ 424
Accounts payable:		
BHHS	**$ 6,168**	$ 1,022
YNHHSC	**10,004**	6,325
NEMG	**–**	170
YNHH	**362**	433
	$ 16,534	$ 7,950

13. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets carried at fair value as of September 30, 2011 and 2010 are classified in the following tables in two of the three categories described above (in thousands):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 37,123	$ –	$ –	$ 37,123
Money market funds	1,527	–	–	1,527
U S equity securities	1,868	–	–	1,868
International equity securities	1,606	–	–	1,606
Fixed income				
U S government	13,825	–	–	13,825
Corporate debt	10,460	–	–	4,672
International government	1,224	–	–	1,224
Interest in Yale University endowment pool	–	11,933	–	11,933
Investments at fair value	$ 67,633	$ 11,933	$ –	79,566
Common collective trusts				3,532
Alternative investments				2,569
Investments not at fair value				6,101
Total investments as of September 30, 2011				$ 85,667

13. Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 44,477	$ –	$ –	$ 44,477
Money market funds	1,439	–	–	1,439
U S equity securities	1,968	–	–	1,968
International equity securities	3,039	–	–	3,039
Fixed income				
U S government	11,480	–	–	11,480
Corporate debt	10,584	–	–	10,584
International government	440	–	–	440
Interest in Yale University endowment pool	–	7,567	–	7,567
Investments at fair value	$ 73,427	$ 7,567	$ –	80,994
Common collective trusts				5,624
Alternative investments				3,207
Investments not at fair value				8,831
Total investments as of September 30, 2010				$ 89,825

Fair values of the Hospital's long-term debt are based on current borrowing rates for similar types of debt using undiscounted cash flow analyses. The fair value of the long-term debt at September 30, 2011 and 2010 is $59.2 million and $53.0 million.

The Hospital's alternative investments and common collective trusts are reported using the equity method of accounting (see note 1).

14. Subsequent Events

Subsequent events have been evaluated through December 21, 2011, which is the date the financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the financial statements.

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GAYLE CAPOZZALO GAYLE CAPOZALO DIRECTOR	1 00	X						0	1,123,679	155,803
WILLIAM M JENNINGS WILLIAM M JENNINGS PRESIDENT-CE	40 00	X		X				297,240	0	38,317
WILLIAM G HULCHER WILLIAM G HULCHER DIRECTOR	1 00	X						0	0	0
GEORGE P CARTER GEORGE P CARTER VICE CHAIR/D	1 00	X		X				0	0	0
JANET M HANSEN JANET M HANSEN DIRECTOR	1 00	X						0	0	0
JEFFERY P PINO JEFFERY P PINO DIRECTOR	1 00	X						0	0	0
MERIDETH B REUBEN MERIDETH B REUBEN CHAIRMAN	1 00	X		X				0	0	0
NEWMAN MARSILIUS III NEWMAN MARSILIUS III DIRECTOR	1 00	X						0	0	0
PETER F HURST PETER F HURST DIRECTOR	1 00	X		X				0	0	0
RICHARD FREEDMAN RICHARD M FREEDMAN DIRECTOR	1 00	X						0	0	0
RICHARD M HOYT RICHARD M HOYT VICE CHAIRMA	1 00	X		X				0	0	0
ROBERT S FOLMAN DIRECTOR	1 00	X						0	0	0
RONALD B NOREN ESQ RONALD B NOREN ESQ DIRECTOR	1 00	X						0	0	0
PATRICIA L MCDERMOTT PATRICIA L MCDERMOTT DIRECTOR	1 00	X						0	0	0
DUNCAN M O'BRIEN JR DUNCAN M O'BRIEN JR DIRECTOR	1 00	X						0	0	0
HOWARD L TAUBIN HOWARD L TAUBIN VICE CHAIRMA	1 00	X		X				0	0	0
DAVID BINDELGLASS DAVID BINDELGLASS DIRECTOR	1 00	X						0	0	0
EMILY E BLAIR EMILY E BLAIR DIRECTOR	1 00	X						0	0	0
JOHN FALCONI JOHN FALCONI DIRECTOR	1 00	X						0	0	0
CHARLES E WELCH 102810 DIRECTOR	1 00	X						0	0	0
SHANE FITZSIMONS 12910 DIRECTOR	1 00	X						0	0	0
NORMAN G ROTH NORMAN G ROTH EXEC VP & SE	1 00			X				0	736,163	211,072
BRUCE MCDONALD MD BRUCE MCDONALD MD SR VP	1 00			X				0	507,160	32,488
PATRICK MCCABE PATRICK MCCABE TREASURER,SR	40 00			X				471,555	0	193,382
HOPE JUCKEL-REGAN 63011 SECRETARY	40 00			X				421,458	0	115,155

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH JANELL JOSEPH JANELL SR VP	40 00			X				362,706	0	119,058
MICHAEL IVY MD MICHAEL IVY MD VP	40 00			X				347,923	0	52,635
LYN SALSGIVER LYN SALSGIVER SR VP	40 00			X				314,720	0	136,370
MARYELLEN KOSTURKO MARYELLEN KOSTURKO SR VP	40 00			X				263,872	0	29,417
MICHAEL WERDMANN MD CHIEF-ER PHY	40 00					X		330,485	0	86,216
JONATHAN MAISEL MD ER PHYSICIAN	40 00					X		322,550	0	75,236
JAMES SIRLEAF MD JAMES SIRLEAF MD ER PHYSICIAN	40 00					X		318,116	0	52,345
THOMAS LAMONTEMD THOMAS LAMONTE MD ER PHYSICIAN	40 00					X		290,553	0	46,044
GUILLERMO KATIGBAK ER PHYSICIAN	40 00					X		287,733	0	62,536
ROBERT J TREFRY 9302010 FORMER OFFIC							X	1,698,112	0	116,782