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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
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)688-6679

G Gross receipts $ 444,266,338

F Name and address of principal officer
PATRICK MCCABE
267 GRANT ST
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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,964
6	Total number of volunteers (estimate if necessary)	**6**	448
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**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,993,835	2,774,608
	9 Program service revenue (Part VIII, line 2g)	409,614,594	420,615,529
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,478,243	1,616,983
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,064,187	13,972,534
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	420,150,859	438,979,654
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	11,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	194,072,672	198,130,576
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	192,164,527	210,631,559
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	386,237,199	408,773,135
	19 Revenue less expenses Subtract line 18 from line 12	33,913,660	30,206,519

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	328,429,551	389,784,478
	21 Total liabilities (Part X, line 26)	209,614,015	266,526,575
	22 Net assets or fund balances Subtract line 21 from line 20	118,815,536	123,257,903

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-08-10 Date

▶ PATRICK MCCABE TREASURER,SR VP,CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CHRISTOPHER B BOGGS | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00032493

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP
111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204

EIN ▶ 34-6565596

Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

4a (Code) (Expenses $ 346,176,551 including grants of $) (Revenue $ 434,193,304)

SCHEDULE OBRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000 OUTPATIENTS A YEAR 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 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 200 RESIDENT PHYSICIANS AND FELLOWS A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING, WHICH GRADUATES MORE NURSES THAN ANY OTHER NURSING SCHOOL IN CONNECTICUT DURING FISCAL YEAR (FY) 2012, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY $58 5 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $36 6 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), $17 6 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER $4 3 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $104,000 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 $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 346,176,551

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	385		
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**	2,964		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

MICHAEL KRAHN
789 HOWARD AVENUE
NEW HAVEN, CT 06519
(203) 688-6679

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								6,763,280	3,145,263	2,054,198

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 248

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CARDIAC SPECIALISTS 1305 POST RD FAIRFIELD, CT 06824	MEDICAL SERVICE	4,823,150
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64141	MEDICAL SERVICE	2,858,711
NOVAMED 30 NUTMEG DRIVE TRUMBULL, CT 06611	BIOMEDICAL SVC	1,951,607
UNITEX TEXTILE RENTAL 155 SOUTH TERRACE AVE MOUNT VERNON, NY 10550	LAUNDRY/SERVICE	1,796,984
SECURITAS SECURITY SERVICES PO BOX 409412 ATLANTA, GA 30384	SECURITY	1,696,501
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 115		

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	2,774,608			
	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		2,774,608			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE	621990	244,771,558	244,771,558		
	b	OUTPATIENT REVENUE	621990	175,843,971	175,843,971		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		420,615,529			
	3	Investment income (including dividends, interest and other similar amounts)		774,442			774,442
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	1,221,421				
	b	Less rental expenses	826,662				
	c	Rental income or (loss)	394,759				
	d	Net rental income or (loss)		394,759			394,759
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	5,278,963	23,600			
	b	Less cost or other basis and sales expenses	4,460,022	0			
	c	Gain or (loss)	818,941	23,600			
	d	Net gain or (loss)		842,541			842,541
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 OTHE	900099	5,951,332	5,951,332		
	b	PEDIATRIC ANCILLARY RE	900099	5,901,390	5,901,390		
	c	OTHER ANCILLIARY SERVI	900099	1,725,053	1,725,053		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		13,577,775			
	12	**Total revenue.** See Instructions		438,979,654	434,193,304	0	2,011,742

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,000	11,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,403,072		6,403,072	
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	144,373,236	118,187,053	26,186,183	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	559,425	449,810	109,615	
9	Other employee benefits	35,997,861	28,943,651	7,054,210	
10	Payroll taxes	10,796,982	8,681,403	2,115,579	
11	Fees for services (non-employees)				
a	Management				
b	Legal	825,143	663,463	161,680	
c	Accounting	317,913	255,621	62,292	
d	Lobbying	11,726	11,726		
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	89,616,485	79,676,351	9,940,134	
12	Advertising and promotion				
13	Office expenses	17,679,825	16,194,070	1,485,755	
14	Information technology				
15	Royalties . .				
16	Occupancy	16,965,545	13,641,287	3,324,258	
17	Travel	634,553	494,951	139,602	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,724,137	2,190,365	533,772	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,175,196	16,222,034	3,953,162	
23	Insurance	2,890,190	2,750,747	139,443	
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	MEDICAL SUPPLIES	37,138,279	37,138,279		
b	BAD DEBT EXPENSE	16,622,861	16,622,861		
c	DEFERRED ISSUANCE COSTS	1,798,525	1,446,119	352,406	
d	PUBLIC RELATIONS	1,054,666	848,013	206,653	
e					
f	All other expenses	2,176,515	1,747,747	428,768	
25	**Total functional expenses.** Add lines 1 through 24f	408,773,135	346,176,551	62,596,584	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		41,493,165	2	29,560,746
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,819,156	4	42,982,977
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,786,057	8	3,617,848
	9	Prepaid expenses and deferred charges		18,285,928	9	25,463,841
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 411,657,184			
	b	Less accumulated depreciation	10b 283,721,413	124,064,371	10c	127,935,771
	11	Investments—publicly traded securities		20,408,068	11	11,742,894
	12	Investments—other securities See Part IV, line 11		23,757,516	12	39,304,780
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		54,807,290	15	109,167,621
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		328,429,551	16	389,784,478
Liabilities	17	Accounts payable and accrued expenses		40,756,922	17	41,239,465
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		45,815,000	20	40,298,906
	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		7,774,311	23	10,946,983
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		115,267,782	25	174,041,221
	26	**Total liabilities.** Add lines 17 through 25		209,614,015	26	266,526,575
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		74,738,033	27	74,553,766
	28	Temporarily restricted net assets		24,996,762	28	28,832,421
	29	Permanently restricted net assets		19,080,741	29	19,871,716
		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		118,815,536	33	123,257,903
	34	Total liabilities and net assets/fund balances		328,429,551	34	389,784,478

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	438,979,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	408,773,135
3	Revenue less expenses Subtract line 2 from line 1	3	30,206,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,815,536
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,764,152
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	123,257,903

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	

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			
PETER F HURST VICE CHAIR/DIRECTOR	1 00	X		X				0	0	0
GEORGE P CARTER VICE CHAIR/DIRECTOR	1 00	X		X				0	0	0
MEREDITH B REUBEN CHAIRMAN/DIRECTOR	1 00	X		X				0	0	0
RICHARD HOYT VICE CHAIR/DIRECTOR	1 00	X		X				0	0	0
HOWARD TAUBIN VICE CHAIR/DIRECTOR	1 00	X		X				0	0	0
WILLIAM M JENNINGS PRESIDENT & CEO/DIRECTOR	36 00	X		X				478,067	53,118	303,580
DAVID BINDERGLASS DIRECTOR	1 00	X						0	0	0
EMILY E BLAIR DIRECTOR	1 00	X						0	0	0
GAYLE L CAPOZZALO DIRECTOR	1 00	X						0	1,217,519	203,569
JANET M HANSEN DIRECTOR	1 00	X						0	0	0
NEWMAN M MARSILIUS III DIRECTOR	1 00	X						0	0	0
RICHARD M FREEDMAN DIRECTOR	1 00	X						0	0	0
RONALD B NOREN DIRECTOR	1 00	X						0	0	0
WILLIAM G HULCHER DIRECTOR	1 00	X						0	0	0
JOHN FALCONI DIRECTOR	1 00	X						0	0	0
PATRICIA L MCDERMOTT DIRECTOR	1 00	X						0	0	0
DUNCAN M O'BRIEN JR DIRECTOR	1 00	X						0	0	0
RUSSELL FUCHS DIRECTOR	1 00	X						0	0	0
FRED MCKINNEY DIRECTOR	1 00	X						0	0	0
PETER TORTORA DIRECTOR	1 00	X						0	0	0
ROBERT S FOLMAN THRU 12012 DIRECTOR	2 00	X						28,838	0	0
JEFFREY P PINO THRU 52012 DIRECTOR	1 00	X						0	0	0
PATRICK MCCABE SENIOR VP, CFO & TREASURER	24 00			X				307,906	204,843	172,336
MICHAEL IVY SENIOR VP	40 00			X				353,758	0	46,810
MARYELLEN KOSTURKO SENIOR VP	40 00			X				289,348	0	34,479

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			
CAROLYN SALSGIVER SENIOR VP	40 00			X				340,040	0	125,435
JOSEPH JANELL SENIOR VP	40 00			X				368,828	0	100,295
BRUCE MCDONALD SENIOR VP	1 00			X				0	518,760	57,690
MELLISA TURNER SENIOR VP	1 00			X				0	284,974	114,524
MARC BRUNETTI OTHER VP	40 00			X				200,371	0	47,536
RYAN O'CONNELL OTHER VP	1 00			X				0	244,783	45,986
PATRICK SCHMINCKE OTHER VP	40 00			X				198,241	0	40,689
JOHN SKELLY OTHER VP	1 00			X				0	514,325	189,517
NORMAN G ROTH EXECTIVE VP, COO & SECRETARY	34 00			X				605,996	106,941	196,451
MICHAEL WERDMANN PHYSICIAN	40 00					X		349,143	0	94,569
JONATHAN MAISEL PHYSICIAN	40 00					X		335,707	0	60,641
JAMES SIRLEAF PHYSICIAN	40 00					X		310,117	0	54,481
THOMAS LAMONTE PHYSICIAN	40 00					X		314,194	0	64,544
GUILLERMO KATIGBAK PHYSICIAN	40 00					X		302,095	0	70,533
HOPE JUCKEL-REGAN THRU 62011 FORMER OFFICER	0 00						X	759,395	0	30,533
ROBERT J TREFRY THRU 92010 FORMER OFFICER	0 00						X	1,221,236	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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 **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

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

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		58,818
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities? If "Yes," describe in Part IV	Yes		36,156
j	Total lines 1c through 1i			95,474
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2012 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 $ 431,000 GREENWICH HOSPITAL EIN 06-0646659 $ 78,433

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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	34,442,000	32,083,000	26,634,000	28,740,000	
b	Contributions	874,000	1,805,000	5,076,000	1,551,000	
c	Investment earnings or losses	2,394,000	1,209,000	1,260,000	-2,608,000	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-104,000	-655,000	-887,000	-1,049,000	
f	Administrative expenses					
g	End of year balance	37,606,000	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 ▶ 24 000 %
- c Term endowment ▶ 76 000 %

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		

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,654,817		1,654,817
b Buildings		123,594,455	98,506,504	25,087,951
c Leasehold improvements		124,939,173	65,918,721	59,020,452
d Equipment		144,305,590	119,296,188	25,009,402
e Other		17,163,149		17,163,149
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				127,935,771

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) MONEY MARKET FUND	930,521	F
(B) MUTUAL FUNDS	5,065,756	F
(C) EQUITY SECURITIES	4,981,985	F
(D) HEDGE FUNDS	3,886,940	F
(E) YALE ENDOWMENT POOL	24,439,578	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	39,304,780	

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) DUE FROM AFFILIATES	824,140
(2) DEFERRED ISSUANCE COSTS	914,175
(3) INTEREST IN FOUNDATION, INC	55,179,328
(4) OTHER RECEIVABLES	1,626,690
(5) THIRD PARTY RECEIVABLES	8,093,288
(6) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	42,530,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	109,167,621

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE	18,153,719
ASSET RETIREMENT OBLIGATIONS	12,812,713
PENSION OBLIGATION	60,816,249
DEFERRED COMPENSATION	513,531
THIRD PARTY PAYABLE	21,038,273
DUE TO AFFILIATES	18,176,736
MALPRACTICE GROSS LIABILITY	42,530,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	174,041,221

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	438,979,654
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	408,773,135
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,206,519
4	Net unrealized gains (losses) on investments	4	1,334,921
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-27,099,073
9	Total adjustments (net) Add lines 4 - 8	9	-25,764,152
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,442,367

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	438,854,787
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,334,921		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	4,154,124		
e	Add lines **2a** through **2d**			2e	5,489,045
3	Subtract line **2e** from line **1**			3	433,365,742
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	5,613,912		
c	Add lines **4a** and **4b**			4c	5,613,912
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	438,979,654

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

1	Total expenses and losses per audited financial statements			1	403,987,223
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	826,662		
e	Add lines **2a** through **2d**			2e	826,662
3	Subtract line **2e** from line **1**			3	403,160,561
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	5,612,574		
c	Add lines **4a** and **4b**			4c	5,612,574
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	408,773,135

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INTENDED USES FOR ENDOWMENT FUNDS 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
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION 2,843,000 INCREASE IN TEMP RESTRICTED NET ASSETS 992,000 INCREASE IN PERM RESTRICTED NET ASSETS 791,000 TRANSFER FROM YALE NEW HAVEN HEALTH 900,000 TRANSFER FROM BRIDGEPORT HOSPITAL FOUNDATION 1,117,804 NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS 522,000 PENSION LIABILITY ADJUSTMENT -24,104,000 TRANSFER FROM BRIDGEPORT HOSPITAL & BRIDGEPORT HOSPITAL HEALTH SERVICES -13,487,000 NET CHANGE IN INTEREST IN BHF 2,315,700 RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS 1,838,423 RECLASS THE INCOME TO INVESTMENT -828,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -27,099,073
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET CHANGE IN INTEREST IN BHF 2,315,701 RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS 1,838,423
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS CONTRIBUTION 2,774,608 RECLASS REFINANCE FEE TO EXPENSE 1,798,525 RECLASS THE INCOME TO INVESTMENT 828,000 RECLASS NET RENTAL INCOME AND EXPENSE 212,779
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS RENTAL EXPENSE 826,662
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASS CONTRIBUTION 2,774,608 RECLASS REFINANCE FEE TO EXPENSE 1,798,525 RECLASS RENTAL INCOME 1,039,441

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **250.000000000000 %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		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	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		2,448	11,160,000	2,241,000	8,919,000	2 270 %
b Medicaid (from Worksheet 3, column a)		94,934	102,743,000	75,023,000	27,720,000	7 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		97,382	113,903,000	77,264,000	36,639,000	9 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	10	3,528	1,994,634	916,368	1,078,266	0 270 %
f Health professions education (from Worksheet 5)	4	265	25,986,651	8,419,238	17,567,413	4 480 %
g Subsidized health services (from Worksheet 6)	2	6,850	8,986,997	6,689,017	2,297,980	0 590 %
h Research (from Worksheet 7)	2	0	341,084	0	341,084	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	25,200	87,883	0	87,883	0 020 %
j **Total** Other Benefits	21	35,843	37,397,249	16,024,623	21,372,626	5 450 %
k **Total.** Add lines 7d and 7j	21	133,225	151,300,249	93,288,623	58,011,626	14 790 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	0	17,972		17,972	0 %
2	Economic development	1	0	26,349		26,349	0 010 %
3	Community support	3	445	46,105		46,105	0 010 %
4	Environmental improvements	1		1,212		1,212	0 %
5	Leadership development and training for community members						
6	Coalition building	1	0	1,956		1,956	0 %
7	Community health improvement advocacy						
8	Workforce development	1	71	10,316		10,316	0 %
9	Other						
10	**Total**	8	516	103,910		103,910	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	6,582,653		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	148,619,790
6	Enter Medicare allowable costs of care relating to payments on line 5	6	154,946,283
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,326,493
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	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 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 B. Facility Policies and Practices.

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

BRIDGEPORT HOSPITAL

Name of Hospital Facility:

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

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

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

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

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7 COSTING METHODOLOGY EXPLANATION 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
		PART I, L7 COL(F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $16,622,861

Identifier	ReturnReference	Explanation
	PART II - COMMUNITY BUILDING ACTIVITIES	BRIDGEPORT HOSPITAL (BH) IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,477 EMPLOYEE S IN 2012 THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNI TY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GRE ATER BRIDGEPORT AREA MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPO RT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNC IL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES THER E IS CONSIDERABLE RESEARCH LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NE IGHBORHOOD CONDITIONS BRIDGEPORT HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNT RY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DE VELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIE S AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATA LOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BEN EFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNIT Y BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES O F HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVIT IES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMP ROVEMENTS, AND WORKFORCE DEVELOPMENT WHILE BH'S VISION IS TO BE THE PREFERRED HEALTHCARE PROVIDER IN THE REGION, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPA CT THE HEALTH OF INDIVIDUALS AND COMMUNITIES A PERSON'S HEALTH AND CHANCES OF BECOMING SI CK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, IN COME, NUTRITION, HOUSING AND NEIGHBORHOODS DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL P ROVIDED $104,000 IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT JOB TRAINING, ECONOMIC DEVE LOPMENT AND OTHER ESSENTIAL SERVICES THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES REVITALIZING OUR NEIGHBORHOODSSEVERAL YEARS AGO, THE CITY OF BRIDGEPORT ORGANIZED NEIGHBORHOOD REVITALIZATI ON ZONES (NRZ) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCO ME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS THE NRZS RECEIVED TECHNICAL ASSISTANCE FRO M THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGE NEIGHBORHOOD RESIDENTS, NON-PROFITS, AND FA ITH-BASED ORGANIZATIONS TO MEET AND FORM STAKEHOLDER GROUPS THESE GROUPS IDENTIFY THE PRI ORITIES AND NEEDS OF THE NEIGHBORHOODS AND ARE ELIGIBLE TO BORROW STATE MONEY TO PURCHASE BLIGHTED PROPERTIES OR OFFER LOW-INTEREST LOANS TO QUALIFYING BUSINESSES FOR FACADE IMPROV EMENTS HOSPITAL LEADERSHIP HAS BEEN ACTIVELY ENGAGED IN THE NRZ PROCESS FROM THE ONSET WI TH REPRESENTATIVES SERVING ON COMMITTEES ORGANIZED IN THE CITY'S EAST END AND EAST SIDE, W HICH ARE BOTH LOCATED NEAR THE HOSPITAL DURING 2012, BRIDGEPORT HOSPITAL WORKED CLOSELY W ITH THE CITY OF BRIDGEPORT TO DEVELOP AND IMPLEMENT AN NRZ IN THE MILL HILL NEIGHBORHOOD, WHICH DIRECTLY SURROUNDS THE HOSPITAL IN ORDER TO BE RECOGNIZED AS AN NRZ, THE GROUP MUST RECEIVE APPROVAL FROM THE CITY COUNCIL AND DEVELOP A REVITALIZATION OR STRATEGIC PLAN FOR THE NEIGHBORHOOD THE PROCESS FOR THE MILL HILL AREA TO BECOME AN NRZ WAS INITIATED THROU GH A NEIGHBORHOOD WORKSHOP HELD ON JUNE 30, 2013 SIX YEARS AGO, PRIOR TO THE CITY'S EFFOR T TO DEVELOP AN NRZ IN MILL HILL, THE HOSPITAL CREATED WHAT IS NOW CALLED THE BRIDGEPORT H OSPITAL COMMUNITY PARTNERSHIP THIS UNIQUE PROGRAM WAS DEVELOPED TO IMPLEMENT MEASURABLE A ND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL OVER 900 NEIGHBORHOOD RESIDENTS RECEIVE INVITATIONS TO ATTEND THE HOSPITAL-SPONS ORED MEETINGS THE RESIDENTS IDENTIFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGH BORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANI ZATIONS TO ADDRESS THESE ISSUES IN 2012, EXPERT SPEAKERS AT COMMUNITY PARTNERSHIP MEETING S PROVIDED INFORMATION ABOUT SUCCESSFUL AGING, ECONOMIC DEVELOPMENT INITIATIVES IN THE NEI GHBORHOOD SUCH AS PLANS FOR THE FORMER GE COMPLEX ON BOSTON AVENUE AND THE PROPOSED GRANT STREET PLAZA TO IMPROVE SAFETY THE HOSPITAL ALSO PROVIDED OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS THE EAST END COMMUN

Identifier	ReturnReference	Explanation
	PART II - COMMUNITY BUILDING ACTIVITIES	ITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROU GH VARIOUS INITIATIVES INCLUDING SAFE STREETS, FOOD PANTRIES, ANNUAL TOY DRIVES AND A LITT LE LEAGUE TEAM BRIDGEPORT HOSPITAL, ALONG WITH OTHER AREA BUSINESSES, IS A FOUNDING MEMBER OF THE SEAVIEW AVENUE BUSINESS ALLIANCE THE SEAVIEW AVENUE BUSINESS ALLIANCE IS A NON-PR OFIT ORGANIZATION DEDICATED TO IMPROVING STREETSCAPES AND IMPROVING THE AREA ALONG THE SEA VIEW AVENUE CORRIDOR THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS GRADU ATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE IN 2012, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS CREATING EDUCATIONAL OPPORTUNITIESSINCE HI GHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPA RITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION I N RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO THE BRIDGEPORT CHI LD ADVOCACY COALITION, ONLY 70% OF BRIDGEPORT'S GRADUATING CLASS OF 2012 WENT ON TO POST-S ECONDARY EDUCATION, COMPARED TO 86% STATEWIDE RESULTS FROM THE CONNECTICUT MASTERY TEST C ONSISTENTLY DEMONSTRATE AN ACHIEVEMENT GAP BETWEEN BRIDGEPORT YOUTH AND THEIR STATEWIDE PE ERS REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE Y EAR ONE EXAMPLE IS THE NEWLY CREATED YALE-BRIDGEPORT GEAR UP PARTNERSHIP, WHICH PROVIDES EARLY EXPOSURE TO CAREER OPPORTUNITIES FOR STUDENTS TO IMPROVE THEIR ENGAGEMENT AND MOTIVA TION IN SCHOOL THE FUNDING FOR THIS PROJECT TARGETS BRIDGEPORT STUDENTS WHO ARE IN THE GR ADUATING CLASSES OF 2014 AND 2017 AND WILL FOLLOW THOSE STUDENTS FROM SEVENTH GRADE THROUG H THEIR FRESHMAN YEAR IN COLLEGE AS PART OF A RESEARCH STUDY THROUGH YALE UNIVERSITY OVER 45 SEVENTH GRADERS ATTENDED A CAREER FAIR AND TOUR OF BRIDGEPORT HOSPITAL AS PART OF THE PROGRAM ADDITIONAL PARTNERS INCLUDE THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, ST VINCENT 'S MEDICAL CENTER, UNITED WAY OF COASTAL FAIRFIELD COUNTY, PEOPLE'S BANK, FAIRFIELD UNIVER SITY, SACRED HEART UNIVERSITY, UNIVERSITY OF BRIDGEPORT, HOUSATONIC COMMUNITY COLLEGE AND NORWALK COMMUNITY COLLEGE HOSPITAL STAFF FROM VARIOUS DEPARTMENTS INCLUDING THE EMERGENCY DEPARTMENT, WOMEN'S CARE CENTER, SURGICAL SERVICES, CENTRAL STERILE PROCESSING, FOOD AND N UTRITION SERVICES, AND PHYSICAL THERAPY PARTICIPATED IN MENTORING PROGRAMS COORDINATED THR OUGH THE HOSPITAL'S HUMAN RESOURCES AND VOLUNTEER SERVICES DEPARTMENTS OVER 30 AREA HIGH SCHOOL STUDENTS PARTICIPATED IN THE PROGRAMS, WHICH INCLUDE E-MENTORING, AN INTERNSHIP PRO GRAM AND TEEN CAMP FOCUSED ON PROVIDING BASIC KNOWLEDGE AND INSIGHT INTO THE SKILLS REQUIR ED FOR A NUMBER OF CAREERS IN HEALTHCARE A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FO R STUDENTS AT THE HALL ELEMENTARY SCHOOL HOSPITAL EMPLOYEES CONTRIBUTED NOTEBOOKS, BINDER S, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIS T THE 350 STUDENTS TO BEGIN THEIR SCHOOL YEAR HALL ELEMENTARY SCHOOL IS LOCATED IN THE MI LL HILL NEIGHBORHOOD OF BRIDGEPORT AS MENTIONED IN THE PREVIOUS SECTION, BRIDGEPORT HOSPI TAL THROUGH THE SEAVIEW AVENUE BUSINESS ALLIANCE PROVIDED SCHOLARSHIPS TO SENIORS FROM HAR DING HIGH SCHOOL WHO WILL BE ATTENDING COLLEGE THE HOSPITAL IS ALSO A MEMBER OF THE BRIDG EPORT CHILD ADVOCACY COALITION, WHICH IS A COALITION OF ORGANIZATIONS, PARENTS AND OTHER C ONCERNED INDIVIDUALS COMMITTED TO IMPROVING THE WELL-BEING OF BRIDGEPORT'S CHILDREN THROUG H RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION

Identifier	ReturnReference	Explanation
		PART III, LINE 4 FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS 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 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 TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY $17 7 MILLION AND $16 5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS $11 2 MILLION AND $11 7 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS ESTIMATED USING THE RATIO OF COST TO GROSS CHARGES APPLIED TO THE GROSS UNCOMPENSATED COST ASSOCIATED WITH PROVIDING CHARITY CARE FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT CHARGES, WAS $16 6 MILLION AND $12 3 MILLION, RESPECTIVELY THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THE HOSPITAL RECEIVED $20 0 MILLION AND $5 0 MILLION, RESPECTIVELY, IN DISTRIBUTIONS FROM CDSHP, OF WHICH APPROXIMATELY $12 6 MILLION AND $3 5 MILLION WAS RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO CDSHP OF $16 9 MILLION AND $4 2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT 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 THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF BRIDGEPORT PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM 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 COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE EXPLANATION 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 69-545 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 HOSPITAL'S COST ACCOUNTING SYSTEM, TSI

Identifier	ReturnReference	Explanation
		PART III, LINE 9B COLLECTION PRACTICES EXPLANATION 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 PATIENT'S ELIGIBILITY FOR ASSISTANCE

Identifier	ReturnReference	Explanation
BRIDGEPORT HOSPITAL		PART V, SECTION B, LINE 19D ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP-ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREE CARE, THEY WOULD NOT BE BILLED THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

Identifier	ReturnReference	Explanation
BRIDGEPORT HOSPITAL		PART V, SECTION B, LINE 21 ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP-ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREE CARE, THEY WOULD NOT BE BILLED THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

Identifier	ReturnReference	Explanation
	PART VI, LINE 2 - NEEDS ASSESSMENT	BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP (PCAG) FORMED NEARLY TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS/DISTRICTS, THREE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS IN FISCAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A PLAN AND STARTING THE INITIAL WORK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT THE ASSESSMENT REQUIRES AN ANALYSIS OF MAJOR HEALTH NEEDS IN THE HOSPITAL'S SERVICE AREA AS WELL AS A PLAN TO ADDRESS KEY FINDINGS THE PCAG COMMUNITY HEALTH NEEDS ASSESSMENT SUBCOMMITTEE, WHICH INCLUDES THE PCAG MEMBERS AND ALL LOCAL TOWN HEALTH DEPARTMENTS IN A SUCCESSFUL COMMUNITY-WIDE COLLABORATION, INITIATED THE FIRST PHASE OF THE CHNA BY COMPLETING A COMPREHENSIVE INVENTORY OF EXISTING HEALTH STATUS INDICATORS AND ASSET MAPPING HEALTH SCORECARDS WERE COMPLETED FOR EACH TOWN BASED ON HEALTHY PEOPLE 2020 BENCHMARKS, DATA GAPS WERE IDENTIFIED AND A CONSULTANT WAS SELECTED TO ASSIST WITH FILLING IN THE DATA GAPS AND LEADING THE DEVELOPMENT OF THE RESULTING COMMUNITY HEALTH IMPROVEMENT PLAN THE CONSULTANT WORK PLAN FOR FY 2013 INCLUDES THE DEVELOPMENT OF A SURVEY TOOL TO BE USED FOR PRIMARY DATA COLLECTION, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS LOCAL PCAG REPRESENTATIVES WERE ALSO VERY INVOLVED AT THE STATE LEVEL TO DEVELOP A STATE-WIDE APPROACH COMMUNITY HEALTH NEEDS ASSESSMENTS TO FACILITATE FUTURE ALIGNMENT ACROSS THE STATE OF CONNECTICUT THE 2012 EFFORTS OF THE PRIMARY CARE ACTION GROUP IS MEANT TO COMPLIMENT AND EXPAND PREVIOUS EFFORTS INCLUDING THE 2010 BRIDGEPORT HOSPITAL LED REVIEW OF 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 IN THE COMMUNITY WHERE POSSIBLE, DATA FOR INSURED PATIENTS WAS SPECIFICALLY COMPARED TO THAT OF UNINSURED PATIENTS TO IDENTIFY DIFFERENCES THIS DATA WAS ALSO UTILIZED BY THE CITY OF BRIDGEPORT TO CREATE SPECIFIC QUESTIONS FOR A 2011 ASSESSMENT THAT RESULTED IN THE CREATION OF FACT SHEETS FOR PRIORITY AREAS INCLUDING OBESITY, CHRONIC DISEASE DIABETES AND ASTHMA, LEAD TESTING, ISSUES RELATED TO CHILDREN, HOMELESSNESS, SMOKING AND FOOD INSECURITY

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

Identifier	ReturnReference	Explanation
	PART VI, LINE 4 - COMMUNITY INFORMATION	THE HOSPITAL'S PRIMARY GEOGRAPHIC AREA IS COMPRISED OF EIGHT CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT, EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL, 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 142,546 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 $19,979, WHICH IS $17,648 BELOW THE STATE OF CONNECTICUT PER CAPITA INCOME OF $37,627 ABOUT 21 9% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 9 5% 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 URBAN/SUBURBAN DIVIDE IN THE AREA A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 6,268 PATIENTS (33% OF TOTAL) WERE MEDICAID OR UNINSURED IN FY 2012 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 2012, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 79,058 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH 7,738 (10%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 34,507(44%) IDENTIFIED AS MEDICAID BENEFICIARIES BRIDGEPORT HOSPITAL AND ST VINCENT'S MEDICAL CENTER ARE THE TWO ACUTE CARE HOSPITALS LOCATED IN THE GREATER BRIDGEPORT AREA

Identifier	ReturnReference	Explanation
	PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000 OUTPATIENTS A YEAR BRIDGEPORT HOSPITAL WAS BEST I N FAIRFIELD COUNTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U S NE WS & WORLD REPORT'S 2012-13 BEST HOSPITAL RANKINGS THE HOSPITAL IS THE SITE OF THE CONNEC TICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE, THE HEART INSTITUTE, INCLU DING THE CONNECTICUT CARDIAC ARRHYTHMIA CENTER, THE NORMA F PFRIEM CANCER INSTITUTE AND B REAST CARE CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE , AND THE AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAINING OF MORE THAN 200 RESIDENT PHYSICIANS AND FELLOWS A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING, WHICH GR ADUATES MORE NURSES THAN ANY OTHER NURSING SCHOOL IN CONNECTICUT EVERY YEAR, AS PART OF OU R VITAL MISSION, WHICH FOCUSES ON PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITY-BAS ED PROGRAMS AND SERVICES DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL MANAGED $58 5 MILLI ON IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEIN G ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARC H, AND CREATING HEALTHIER COMMUNITIES A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5 GUARANTEEING ACCESS TO CAREBRIDGEPORT H OSPITAL (BH) RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSU RANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE IN FY 2012, THE TOTAL COMMUN ITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS $39 4 MILLION HONORING ITS MI SSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSOR ED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE DURING FY 2012, BH PRO VIDED SERVICES FOR 94,934 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF $27 7 MILLION (AT C OST) BH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENT S DURING FY 2012, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR A TOTAL E XPENSE OF $8 9 MILLION (AT COST) THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BAS ED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS IN THE PRI MARY CARE CLINIC TO ENROLL IN PUBLIC PROGRAMS LAST YEAR, OVER 150 INDIVIDUALS WERE ASSIST ED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION REVI EW THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORK ER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS BRIDGEPORT HOSPITAL AL SO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SI GNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT A ND UNDER-REIMBURSED MEDICAID SUBSIDIZED HEALTH SERVICES INCLUDE OUTPATIENT PSYCHIATRIC PR OGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC TOTAL VISITS FOR THESE ES SENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVER 36,000 ANNUALLY THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSE RVED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF C ONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS A FULL-TIME DEDICATED COORD INATOR FOR THE PROGRAM ASSISTED 62 PATIENTS IN THE COMMUNITY IN FY 2012, ACHIEVING AN OUT- OF-POCKET COST SAVINGS FOR THESE PATIENTS OF NEARLY $526,000 THE NORMA F PFRIEM BREAST C ARE CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 700 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR AS A TESTAMENT TO THE UNIQUE COLLABORATION OF THE PRIMARY CARE ACTION GROUP (PCAG), BRIDGEPORT HOSPITAL AND ST VINCEN T'S MEDICAL CENTER TOGETHER RECEIVED THE COMMUNITY SERVICE AWARD FROM THE CONNECTICUT HOSP ITAL ASSOCIATION AND CONNECTICUT DEPARTMENT OF HEALTH FOR THE DISPENSARY OF HOPE, A PCAG I NITIATIVE THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST TO UNINSURED AND LOW-INCOME RE SIDENTS OF GREATER BRIDGEPORT THE DISPENSARY HAS HELPED MORE THAN 700 PATIENTS AND PROVID ED $200,000 IN MEDICATIONS SINCE ITS LAUNCH IN MARCH 2011 PROMOTING HEALTH AND WELLNESSDUR ING FY 2012, BRIDGEPORT HOSPITAL PROVIDED $1 1 MILLION IN COMMUNITY HEALTH IMPROVEMENT SER VICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS EXAMPLES OF TH ESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW THE CHILD FIRST PROGRAM, THE BRIDGE PORT HOSPITAL-BASED EARLY INTERVENTION PROGRAM FOR AT-RISK CHILDREN, WAS DESIGNATED AS ONE OF ONLY NINE EVIDENCE-BASED HOME VISITING MODELS FOR MATERNAL, INFANT AND EARLY CHILDHOOD CARE BY THE U S HEALTH RESOURCES AND SERVICES AD

Identifier	ReturnReference	Explanation
	PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	MINISTRATION FOR CHILDREN AND FAMILIES IN ADDITION, THANKS TO A MAJOR GRANT FROM THE ROBE RT WOOD JOHNSON FOUNDATION AND LOCAL SUPPORTING ORGANIZATIONS, CHILD FIRST EXPANDED FROM T HE BRIDGEPORT AREA TO FIVE OTHER METROPOLITAN AREAS IN CONNECTICUT HARTFORD, NEW HAVEN, N EW LONDON, NORWALK AND WATERBURY CHILD FIRST INTENDS TO REPLICATE THE MODEL IN AT LEAST T WO NEW STATES BY 2015 THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME 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 ESTABLISH ING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS'S BRAIN, EYE, AND MOTOR AREAS AND PR OPER NUTRITION THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCE S THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INSTITUTE ASSISTED 500 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT S ERVICES AND HEAD COVERINGS THROUGH THESE REFERRALS INDIVIDUALS RECEIVED OVER $36,000 IN F INANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNE CTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANC ER THE HOSPITAL SPONSORED FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS MORE THAN 425 PEOPLE PARTICIPATED IN T HESE GROUPS DURING FY 2012 MORE THAN 2,000 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS BACK PAIN, DIABETES, GYNECOLOGICAL ISSUES , HEADACHES, MENTAL HEALTH AND SMOKING CESSATION THE FIFTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS'S EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 650 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT BRIDGEPORT HOSPITAL PROVI DED BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN FAIRFIELD, SHEL TON AND STRATFORD TO NEARLY 600 PEOPLE THE HOSPITAL ALSO HELD TWO BLOOD DRIVES DURING 201 2, COLLECTING OVER 71 PINTS OF BLOOD ADVANCING CAREERS IN HEALTH CAREAS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICAN T AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS THIS INCLUDES GRADUATE AND IN DIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS/ MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM IN ADDITION, THE HOSPITAL PROVIDES A CLINI CAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELD S INCLUDING NURSING, LABORATORY AND RADIOLOGY IN 2012, THE COST TO BH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN $17 6 MILLION, AND BENEFITED 265 INDIVIDUALS ALL FOUR BRIDGEPORT HOSPITAL RESIDENCY AND SIX HOSPITAL FELLOWSHIP PROGRAM S MAINTAINED FULL ACCREDITATION IN 2012 THE HOSPITAL ITSELF WAS REACCREDITED BY THE ACCRE DITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION TO PROVIDE RESIDENCY AND FELLOWSHIP TRAINI NG THIRTY-TWO RESIDENTS AND FELLOWS GRADUATED IN 2012 FROM BRIDGEPORT HOSPITAL PROGRAMS A ND ALL OPEN POSITIONS FOR 2012-13 WERE FILLED

Identifier	ReturnReference	Explanation
		IN 2012, BRIDGEPORT HOSPITAL BECAME A NATIONAL TRAINING SITE FOR CONVERGENT HYBRID ABLATIO N, AN INNOVATIVE PROCEDURE TO TREAT ARTERIAL FIBRILLATION THAT COMBINES THE BEST APPROACHE S OF MINIMALLY INVASIVE SURGICAL AND CATHETER-BASED PROCEDURES MORE THAN TWO DOZEN PHYSIC IANS FROM ACROSS THE COUNTRY VISITED BRIDGEPORT HOSPITAL DURING THE YEAR TO TRAIN IN HYBRI D ABLATION A TOTAL OF 93 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (47 IN THE 15-MONTH ACCELERATED PROGRAM AND 46 IN THE TRADITIONAL TWO-YEAR PROGRAM) MOST GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL A TOTAL OF 14 NURSES GRADUATED WITH MASTER'S DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 11 GRA DUATES AND 27 COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE DURING 2012, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 130 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUP ATIONAL THERAPY, AND DIETARY PROFESSIONALS BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERS HIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFI ELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY CO LLEGE, GOODWIN COLLEGE, ST JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPIAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY RESEARCHSTATE CANCER REGISTRIES ENABLE PUBLIC H EALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN REGISTRY DATA ARE CRIT ICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FAC TORS SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING E FFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUD ING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY F ROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS'S OFFICES, THERAPEUTIC RADI ATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES DURING FY 2012 , THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS $239,400 THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSORED BY TH E NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TRIALS OF N EW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, AND STUDY QUALITY-OF-LIFE ISSUES AND REHABILITATION DURING AND AFTER TREATMENT BRIDGEPORT HOSPITAL OFFERS A NUMBER OF CLINICAL TRIALS AT VARIOUS LOCATIONS IN THE COMMUNITY THERE ARE MANY T RIALS AVAILABLE FOR THE FOLLOWING CANCERS BREAST CANCER, COLON CANCER, PROSTATE CANCER, L UNG CANCER, PANCREATIC CANCER, KIDNEY CANCER, OVARIAN CANCER, NON-HODGKIN'S LYMPHOMA, ANEM IA RELATED TO CANCER, RADIATION THERAPY IN BREAST CANCER, CRYOABLATION THERAPY IN BREAST C ANCER AND SUPPORTIVE CARE THE BRIDGEPORT HOSPITAL NORMA F PFRIEM CANCER INSTITUTE AND BR EAST CANCER CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE RES EARCH COORDINATOR AND DATA COORDINATOR ANNUALLY ADDITIONAL GRANT FUNDING IS OBTAINED THRO UGH THE NATIONAL INSTITUTES OF HEALTH CREATING HEALTHIER COMMUNITIESIN FY 2012, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS SUPPORTE D EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING NEARLY $88,000 EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP (PCAG), FORMED NEARLY TEN YEARS AGO , THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS / DISTRICTS, THR EE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS IN FIS CAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A PLAN AND STARTING THE INITIAL WORK FOR TH E COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBED IN RESPONSE TO QUESTION 2 AND ON GET HEALTHY CONNECTICUT (CT) GET HEALTHY CT EXPANDED ITS REACH AND IMPACT THIS YEAR THE COALITION, WHICH WAS FORMED NEARLY TWO YEARS AGO BY MEMBERS OF PRIMARY CARE ACTION GROUP, LAUNCHED A WEBSITE TO PROVIDE INFORMATION ABOUT ITS MISSION AND MEMBER ORGANIZATIONS, AS WELL AS EDUC ATION AND ACCESS TO RESOURCES ON HOW TO EAT HEALTHY AND BE PHYSICALLY ACTIVE IT APPLIED F OR A CMS INNOVATIONS GRANT AND A CDC COMMUNITY TRANSFORMATION GRANT, AND IN APRIL, CREATED AND DISSEMINATED A HEALTHY EATING PLEDGE TO LOCAL ORGANIZATIONS AND BUSINESSES, ASKING TH EM TO AGREE TO SERVE HEALTHY FOODS AT MEETINGS OVER 50 ORGANIZATIONS, INCLUDING BRIDGEPOR T HOSPITAL, BUSINESSES, NON-PROFIT ORGANIZATIONS AND CHURCHES, HAVE SIGNED THE PLEDGE AND ARE SERVING HEALTHIER FOODS, WHICH WILL HELP THE C

Identifier	ReturnReference	Explanation
		OMMUNITY REDUCE OBESITY OVER TIME A PHYSICAL ACTIVITY PLEDGE AIMED AT HELPING EMPLOYERS T O ENCOURAGE PHYSICAL ACTIVITY FOR THEIR EMPLOYEES WAS IMPLEMENTED IN SEPTEMBER THE HOSPITA L ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AN D PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS AS A RESULT, THE HOSP ITAL PROVIDED OVER $25,000 OF IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE PRIMARY CARE ACTION GROUP, GET HEALTHY CT, BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH C ARE COUNCIL, OPTIMUS HEALTHCARE, RONALD MCDONALD HOUSE OF CT, UNIVERSITY OF CONNECTICUT AL LIED HEALTH ADVISORY BOARD AND VNS OF CONNECTICUT HOSPITAL EMPLOYEES ALSO RECRUITED VOLUN TEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICA N CANCER SOCIETY AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION THE EVENTS SUPPORT RES EARCH AND PATIENT EDUCATION INITIATIVES SUPPLEMENTAL INFORMATIONIN ADDITION TO THE ACTIVI TIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INC LUDES HAVING A COMMUNITY-BASED BOARD OF DIRECTORS WITH MANY MEMBERS RESIDING IN EASTON, FA IRFIELD, STRATFORD AND TRUMBULL THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY A TOTAL OF 55 PHYSICIANS JOINED THE HOSPITAL'S MED ICAL STAFF IN FISCAL YEAR 2012, WHICH NOW TOTALS 886 MEMBERS THE HOSPITAL AS A NOT-FOR-PR OFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH FY 2012 EXAMPLES INCLUDE THE FOLLOWING PROJECTS BRIDGEPORT HOSPITAL WAS SELECTED FOR TH E SEVENTH TIME AS ONE OF THE NATION'S MOST WIRED HOSPITALS BY HOSPITALS AND HEALTH NETWORK S, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION THE AWARD RECOGNIZES H EALTH SYSTEMS AND HOSPITALS AS BEING AMONG THE TOP HOSPITALS NATIONALLY TO HAVE INVESTED I N AND SUCCESSFULLY LEVERAGED LEADING-EDGE TECHNOLOGY IN THE AREAS OF SAFETY AND QUALITY, C USTOMER SERVICE, PUBLIC HEALTH AND SAFETY, WORKFORCE MANAGEMENT AND BUSINESS PROCESSES IN FY 2012, BRIDGEPORT HOSPITAL CONTINUED PREPARATIONS FOR ITS SEPTEMBER 2013, INPATIENT EPI C IMPLEMENTATION WITH EXERCISES SUCH AS THE AUGUST 2012 EPIC EQUIPMENT WORKFLOW WALK-THROU GH INVOLVING DIRECTORS, MANAGERS, SUPER-USERS AND PHYSICIANS THE EPIC SYSTEM ALLOWS CAREG IVERS TO PROVIDE ONE STANDARD OF CARE ACROSS THE SYSTEM THAT IS SAFER, MORE EFFECTIVE AND EFFICIENT, AND WILL IMPROVE PATIENT OUTCOMES BRIDGEPORT HOSPITAL WAS BEST IN FAIRFIELD COU NTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U S NEWS & WORLD REPO RT'S 2012-13 BEST HOSPITAL RANKINGS OVERALL, THE HOSPITAL WAS RANKED FOURTH BEST HOSPITAL IN CONNECTICUT IN ADDITION, U S NEWS NOTED THAT BRIDGEPORT HOSPITAL "SCORED HIGH IN PAT IENT SAFETY, DEMONSTRATING A COMMITMENT TO REDUCING ACCIDENTS AND MEDICAL MISTAKES

Identifier	ReturnReference	Explanation
		DURING FY 2012, BRIDGEPORT HOSPITAL RECEIVED VARIOUS AWARDS AND RECOGNITION INCLUDING BRIDGEPORT HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD FOR MEETING NATIONAL QUALITY MEASURES FOR STROKE CARE BRIDGEPORT HOSPITAL WAS CERTIFIED BY THE JOINT COMMISSION AND DESIGNATED BY THE STATE OF CONNECTICUT AS A PRIMARY STROKE CENTER THE CENTER FOR SLEEP MEDICINE AT BRIDGEPORT HOSPITAL WAS REACCREDITED FOR THE MAXIMUM OF FIVE YEARS BY THE AMERICAN ACADEMY OF SLEEP MEDICINE FOR MEETING RIGID NATIONAL STANDARDS GOVERNING PATIENT CARE, STAFF CREDENTIALS AND FACILITIES THE RESPIRATORY THERAPY DEPARTMENT EARNED NATIONAL RECOGNITION FROM THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE FOR MEETING A NUMBER OF QUALITY STANDARDS FOR STAFF COMPETENCY AND CREDENTIALING, INFECTION CONTROL, 24/7 AVAILABILITY OF RESPIRATORY THERAPISTS AND MEDICAL OVERSIGHT THE HOSPITAL OBTAINED APPROVAL FROM THE BRIDGEPORT MUNICIPAL BOARDS AND DEPARTMENTS IN AUGUST TO CREATE THE GRANT STREET PLAZA IN FRONT OF THE HOSPITAL THE PROJECT, WHICH WILL COMMENCE IN OCTOBER, WILL MAKE THE HOSPITAL ENTRANCE MORE WELCOMING AND SAFE THE HOSPITAL'S NEW OUTPATIENT RADIATION ONCOLOGY CENTER OPENED IN SEPTEMBER 2012 IN TRUMBULL ADJACENT TO OTHER CANCER SERVICES ON PARK AVENUE THE NEW CENTER CONSOLIDATES THE HOSPITAL'S RADIATION ONCOLOGY SERVICE INTO ONE CONVENIENT, NEWLY CONSTRUCTED BUILDING THAT HOUSES A NEW STATE-OF-THE-ART LINEAR ACCELERATOR WITH INTENSITY-MODULATED RADIATION THERAPY, IMAGE GUIDED RADIATION THERAPY AND STEREOTACTIC RADIO SURGERY CAPABILITIES AND A NEW CT SIMULATOR THE NORMA F PFRIEM CANCER INSTITUTE PARTNERED WITH THE YALE GENETIC COUNSELING PROGRAM THROUGH THE YALE CANCER CENTER TO PROVIDE GENETIC COUNSELING SERVICES IN THE GREATER BRIDGEPORT COMMUNITY A CERTIFIED GENETIC COUNSELOR SEES PATIENTS ONCE A MONTH AT THE NEW PARK AVENUE CAMPUS IN TRUMBULL YALE-NEW HAVEN HOSPITAL AND BRIDGEPORT HOSPITAL INTEGRATED THEIR TWO PEDIATRIC SERVICES ON FEBRUARY 1, 2012, CREATING A SEPARATE INPATIENT CAMPUS OPERATING UNDER THE YALE-NEW HAVEN HOSPITAL LICENSE ON THE BRIDGEPORT HOSPITAL CAMPUS THIS ACHIEVED THE GOAL OF DEVELOPING A SINGLE STANDARD OF CARE AND ENHANCED QUALITY AND EFFICIENCY TO ENSURE THE ONGOING PROVISION OF HIGH QUALITY CARDIAC SURGICAL CARE, BRIDGEPORT HOSPITAL INTEGRATED ITS CARDIAC SURGICAL PROGRAM WITH THE YALE SCHOOL OF MEDICINE AND IMPLEMENTED A MEDICAL STAFF SUCCESSION PLAN THAT APPOINT TWO PHYSICIAN LEADERS FROM THE YALE SECTION OF CARDIAC SURGERY TO OVERSEE AND GROW THE HOSPITAL'S CARDIAC SURGICAL PROGRAM AS PART OF THE INTEGRATION, THE HOSPITAL WILL WORK CLOSELY WITH YALE SCHOOL OF MEDICINE IN PROVIDING HIGH QUALITY CARDIAC SURGICAL CARE IN FEBRUARY, BRIDGEPORT HOSPITAL BECAME THE FIRST IN CONNECTICUT TO UTILIZE WIRELESS FETAL MONITORING TECHNOLOGY FOR FULL-TERM MOTHERS THE NEW BELTLESS MONITORS ARE MORE COMFORTABLE AND ALLOW GREATER FREEDOM OF MOVEMENT THAN TRADITIONAL STATIONARY MONITORS, WHILE STILL PROVIDING HIGH QUALITY IMAGING COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING IN FY 2012, 293 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 59,625 SERVICE HOURS TO THE HOSPITAL VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL, REPUTATION AS WELL AS FUNDRAISING EFFORTS

Identifier	ReturnReference	Explanation
	PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION	THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM HOLDS ITS EXECUTIVES ACCOUNTABLE TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THEIR EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON SUCH IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' INCENTIVE SYSTEMS ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLANS INCORPORATES THE CONCEPTS OF WORKING WITH THEIR COMMUNITIES TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTHY COMMUNITIES, PROVIDING SERVICES IN THE COMMUNITY THAT PROMOTE HEALTH AND ENHANCE THE WELL-BEING OF THEIR COMMUNITIES AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CAN NOT AFFORD THE NECESSARY SERVICES PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT 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 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
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
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BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT,CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR

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 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
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR
BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PRIM CAR

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EAST END COMMUNITY COUNCIL INC1149 STRATFORD AVE BRIDGEPORT,CT 06607	06-1614075	501(C)(3)	6,000				SUPPORT MISSIONSUPPORT MISSIONSUPPORT MISSIONNEIGHBORHOOD YOUTH ATHLETIC SUPPORT
(2) LOVE CHRISTIAN ACADEMY729 UNION AVENUE BRIDGEPORT,CT 06607	06-1448782	501(C)(3)	5,000				SUPPORT MISSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
		NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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?	**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 Schedule J-1 if additional space needed.

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

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
	PART I, LINE 4B	PART I, LINE 4 - SEVERENCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERENCE NONQUALIFIED EQUITY-BASED PATRICK MCCABE $0 $71,664 $0 JOSEPH JANELL $0 $52,640 $0 WILLIAM M JENNINGS $0 $107,120 $0 MELLISSA TURNER $0 $40,416 $0 JOHN SKELLY $0 $71,056 $0 NORMAN ROTH $0 $94,416 $0 CAROLYN SALSGIVER $0 $45,728 $0 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 2011 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011 CALENDAR YEAR FORM W-2S GAYLE CAPAZZALO $ 294,699 ROBERT TREFRY $ 24,695 HOPE JUCKEL-REGAN $ 478,872 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)
	PART I, LINE 7	PART I, LINE 7 NON-FIXED PAYMENTS PROVIDED 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
SUPPLEMENTAL INFORMATION	PART III	

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				
WILLIAM M JENNINGS	(I) (II)	444,179 49,353	0 0	33,888 3,765	194,493 21,610	78,729 8,748	751,289 83,476	0 0
GAYLE L CAPOZZALO	(I) (II)	0 611,828	0 225,236	0 380,455	0 140,600	0 62,969	0 1,421,088	0 0
PATRICK MCCABE	(I) (II)	207,947 138,343	68,366 45,482	31,593 21,018	87,061 57,920	16,427 10,928	411,394 273,691	0 0
MICHAEL IVY	(I) (II)	296,589 0	35,065 0	22,104 0	13,852 0	32,958 0	400,568 0	0 0
MARYELLEN KOSTURKO	(I) (II)	234,210 0	38,300 0	16,838 0	22,985 0	11,494 0	323,827 0	0 0
CAROLYN SALSGIVER	(I) (II)	242,393 0	53,390 0	44,257 0	105,495 0	19,940 0	465,475 0	11,945 0
JOSEPH JANELL	(I) (II)	247,405 0	68,035 0	53,388 0	79,590 0	20,705 0	469,123 0	0 0
BRUCE MCDONALD	(I) (II)	0 405,372	0 84,946	0 28,442	0 26,667	0 31,023	0 576,450	0 0
MELLISA TURNER	(I) (II)	0 192,662	0 51,018	0 41,294	0 86,349	0 28,175	0 399,498	0 0
MARC BRUNETTI	(I) (II)	169,104 0	21,860 0	9,407 0	17,729 0	29,807 0	247,907 0	0 0
RYAN O'CONNELL	(I) (II)	0 226,147	0 5,000	0 13,636	0 7,286	0 38,700	0 290,769	0 0
PATRICK SCHMINCKE	(I) (II)	171,714 0	19,860 0	6,667 0	12,337 0	28,352 0	238,930 0	0 0
JOHN SKELLY	(I) (II)	0 357,718	0 91,856	0 64,751	0 138,206	0 51,311	0 703,842	0 0
NORMAN G ROTH	(I) (II)	409,454 72,257	134,705 23,772	61,837 10,912	147,277 25,990	19,706 3,478	772,979 136,409	0 0
MICHAEL WERDMANN	(I) (II)	320,963 0	5,167 0	23,013 0	24,500 0	70,069 0	443,712 0	0 0
JONATHAN MAISEL	(I) (II)	308,334 0	5,035 0	22,338 0	17,150 0	43,491 0	396,348 0	0 0
JAMES SIRLEAF	(I) (II)	290,825 0	4,710 0	14,582 0	17,150 0	37,331 0	364,598 0	0 0
THOMAS LAMONTE	(I) (II)	295,566 0	4,661 0	13,967 0	24,500 0	40,044 0	378,738 0	0 0

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				
GUILLERMO	(I)	279,196	4,465	18,434	22,050	48,483	372,628	0
KATIGBAK	(II)	0	0	0	0	0	0	0
HOPE JUCKEL-REGAN	(I)	197,003	71,115	491,277	26,008	4,525	789,928	0
THRU 62011	(II)	0	0	0	0	0	0	0
ROBERT J TREFRY	(I)	0	244,656	976,580	0	0	1,221,236	172,500
THRU 92010	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA - SERIES D	06-0806186	20774YJE8	05-31-2012	40,467,946	REFINANCING OF SERIES A AND C BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	48,477,550			
2	Amount of bonds defeased				
3	Total proceeds of issue	40,467,946			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	781,263			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
PART III, LINE 3C		THE ORGANIZATION HAS IN-HOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS IN-HOUSE COUNSEL CONSULT WITH THE HOSPITAL'S OUTSIDE BOND COUNSEL AS NEEDED, INCLUDING ON NON-ROUTINE ISSUES

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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	142,631			No
(2) CENTURY FINANCIAL SERVICES INC	SEE SCHEDULE O	528,004			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
PART IV, COLUMN D	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	NAME OF INTERESTED PERSON EASTERN BAG AND PAPER GROUPTRUSTEE 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 $142,631NAME 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 HOSPITAL'S CORPORATE PARENT, BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC AMOUNT OF TRANSACTION $528,004

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Identifier	Return Reference	Explanation
	FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B 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 QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 12 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING VOTING MEMBER IS NOT INDEPENDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES GEORGE P CARTER, JANET M HANSEN, AND RICHARD M HOYT ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES OR JOINT VENTURES WITHIN THE ORGANIZATIONS CORPORATE SYSTEM THE INDIVIDUAL OFFICERS 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 SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION AND SAMI HEALTH, INC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF BRIDGEPORT HOSPITAL IS BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, 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
	FORM 990, PART VI, SECTION A, 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
	FORM 990, PART VI, SECTION B, LINE 11	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
	FORM 990, PART VI, SECTION B, 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
	FORM 990, PART VI, SECTION B, LINE 15	LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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 FORM 990, PART VI, SECTION B, LINE 15 LINE 15B - COMPENSATION PROCESS FOR OTHER OFFICERS OR KEY EMPLOYEES 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
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, 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
	FORM 990, PART VII-RELATED ORGANIZATIONS	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,334,921 NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION 2,843,000 INCREASE IN TEMP RESTRICTED NET ASSETS 992,000 INCREASE IN PERM RESTRICTED NET ASSETS 791,000 TRANSFER FROM YALE NEW HAVEN HEALTH 900,000 TRANSFER FROM BRIDGEPORT HOSPITAL FOUNDATION 1,117,804 NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS 522,000 PENSION LIABILITY ADJUSTMENT -24,104,000 TRANSFER FROM BRIDGEPORT HOSPITAL & BRIDGEPORT HOSPITAL HEALTH SERVICES -13,487,000 NET CHANGE IN INTEREST IN BHF 2,315,700 RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS 1,838,423 RECLASS THE INCOME TO INVESTMENT -828,000 TOTAL TO FORM 990, PART XI, LINE 5 -25,764,152

Identifier	Return Reference	Explanation
		DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILED ON BEHALF OF THE TAXPAYER UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME YALE-NEW HAVEN HOSPITAL ADDRESS 20 YORK STREET NEW HAVEN, CT 06504 IDENTIFYING NUMBER OF U S TAX RETURN WITH WHICH THE FORMS 5471 WERE OR WILL BE FILED 06-0646652 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED OGDEN, UT 84201-0027

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE	CT	N/A									
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE	CT	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE	CT	N/A									

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

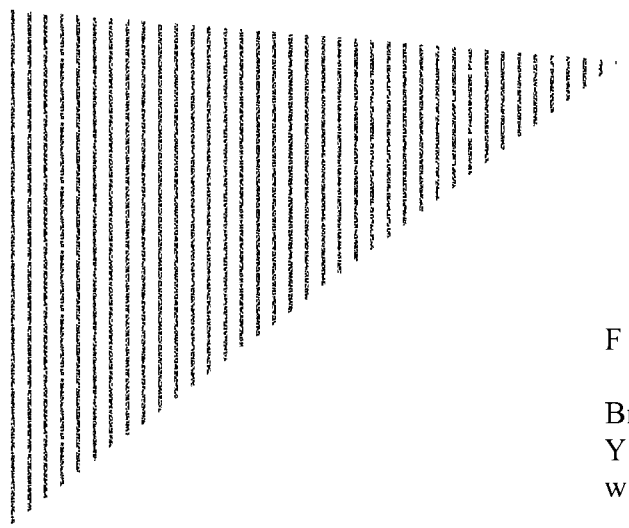
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE	CT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC	Yes	
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP		No
THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
SCHS PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	CT	501C3	LINE 7	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
NORMA F PFREIM BREAST CANCER INC 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 06-1330992	HEALTHCARE	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
CARITAS INSURANCE 30 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	N/A		No
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HOSP & HEALTHCARE SERVICES CORP	Yes	

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
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C			
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	N/A	C			
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1405531	HEALTHCARE	CT	N/A	C			
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	N/A	C			
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561581	HEALTHCARE	CT	N/A	C			
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561583	HEALTHCARE	CT	N/A	C			
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1436530	HEALTHCARE	CT	N/A	C			
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	N/A	C			
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	N/A	C			
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	N/A	C			
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	N/A	C			
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C			
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C			
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C			
GREENWICH OCCUPATIONAL HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	N/A	C			
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA BD	INSURANCE	BD	N/A	C			
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	N/A	C			

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)	YALE NEW HAVEN SERVICES CORPORATION	O	2,182,000	TRANSACTION REVIEW
(2)	YALE NEW HAVEN SERVICES CORPORATION	L	50,566,669	COMPARABLE MARKET VALUE
(3)	YALE NEW HAVEN SERVICES CORPORATION	Q	48,267,670	CASH
(4)	BRIDGEPORT HOSPITAL FOUNDATION INC	P	1,107,318	TRANSACTION REVIEW
(5)	BRIDGEPORT HOSPITAL FOUNDATION INC	K	363,282	TRANSACTION REVIEW
(6)	BRIDGEPORT HOSPITAL AND HEALTHCARE	Q	13,352,228	CASH
(7)	BRIDGEPORT HOSPITAL FOUNDATION INC	R	2,087,566	CASH
(8)	SCHS PROPERTIES INC	P	16,580	TRANSACTION REVIEW
(9)	SCHS PROPERTIES INC	K	14,880	TRANSACTION REVIEW



FINANCIAL STATEMENTS

Bridgeport Hospital
Years Ended September 30, 2012 and 2011
with Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Bridgeport Hospital

Financial Statements

Years Ended September 30, 2012 and 2011

Contents

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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, 2012 and 2011, 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, 2012 and 2011, 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.

As discussed in Notes 1 and 9 to the accompanying financial statements, in 2012 the Hospital changed its method of accounting for estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update 2012-24, *Presentation of Insurance claims and Related Insurance Recoveries*

Ernst & Young LLP

December 21, 2012

Bridgeport Hospital

Balance Sheets

	September 30 2012	2011
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	**$ 15,511**	$ 37,123
Short term investments	**41,452**	18,455
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately $19,025 in 2012 and $18,248 in 2011	**42,983**	41,819
Professional liabilities insurance recoveries receivable – current portion	**11,424**	10,076
Other current assets	**15,781**	10,790
Assets limited as to use	**1,875**	3,616
Total current assets	**129,026**	121,879
Assets limited as to use	**-**	5,788
Long-term investments	**21,778**	20,685
Interest in Bridgeport Hospital Foundation, Inc.	**55,179**	48,588
Professional liabilities insurance recoveries receivable – non-current	**31,106**	32,297
Other assets	**24,759**	17,502
Property, plant and equipment:		
Land and land improvements	**3,532**	3,532
Buildings and fixtures	**121,717**	121,717
Equipment	**269,245**	245,237
	394,494	370,486
Less accumulated depreciation	**283,721**	264,952
	110,773	105,534
Construction in progress	**17,163**	18,530
	127,936	124,064
Total assets	**$ 389,784**	$ 370,803

	September 30	
	2012	**2011**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 10,208**	$ 13,294
Accrued expenses	**48,554**	41,298
Current portion of long-term debt	**3,809**	3,832
Professional liabilities – current portion	**11,424**	10,076
Other current liabilities	**6,775**	3,987
Total current liabilities	**80,770**	72,487
Long-term debt, net of current portion	**47,436**	49,757
Accrued pension obligation	**60,816**	51,983
Professional liabilities	**43,247**	45,548
Other long-term liabilities	**34,257**	32,214
Total liabilities	**266,526**	251,989
Commitments and contingencies		
Net assets:		
Unrestricted	**74,554**	74,736
Temporarily restricted	**28,832**	24,997
Permanently restricted	**19,872**	19,081
Total net assets	**123,258**	118,814
Total liabilities and net assets	**$ 389,784**	$ 370,803

See accompanying notes

Bridgeport Hospital

Statements of Operations and Changes in Net Assets

	Years Ended September 30	
	2012	**2011**
	(In Thousands)	
Operating revenue:		
Net patient service revenue	**$ 420,616**	$ 409,615
Other revenue	**16,075**	7,707
Total operating revenue	**436,691**	417,322
Operating expenses:		
Salaries and benefits	**191,568**	187,168
Supplies and other expenses	**172,897**	162,819
Depreciation and amortization	**20,175**	17,879
Bad debts	**16,623**	12,302
Interest	**2,724**	3,110
Total operating expenses	**403,987**	383,278
Income from operations	**32,704**	34,044
Non-operating gains and losses, net	**2,164**	(38)
Excess of revenue over expenses	**34,868**	34,006

(Continued on next page)

Bridgeport Hospital

Statements of Operations and Changes in Net Assets (continued)

	Years Ended September 30	
	2012	**2011**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue over expenses	**$ 34,868**	$ 34,006
Transfer from Bridgeport Hospital Foundation, Inc.	**1,119**	166
Net assets released from restrictions used for capital acquisitions	**522**	535
Pension liability adjustment	**(24,104)**	(14,167)
Transfers to Bridgeport Hospital and Healthcare Service, Inc.	**(13,487)**	(9,233)
Transfers from Yale-New Haven Health Services Corporation	**900**	900
(Decrease) increase in unrestricted net assets	**(182)**	12,207
Temporarily restricted net assets:		
Net changes in the interest in Bridgeport Hospital Foundation, Inc.:		
Change in unrealized gains on investments	**714**	(232)
Net assets released from restrictions used for operations	**(2,659)**	(2,820)
Bequests, contributions, and grants	**6,536**	5,390
Net realized investment gains and losses	**771**	446
Net assets released from restrictions used for capital	**(1,119)**	–
Other changes in net assets	**688**	631
Transfers to Bridgeport Hospital	**(2,088)**	(2,130)
Net change in interest in Bridgeport Hospital Foundation, Inc.	**2,843**	1,285
Net assets released from restrictions used for operations	**(2,316)**	(1,831)
Change in unrealized gains and losses on investments	**1,218**	30
Bequests and contributions	**–**	223
Net realized investment gains and losses	**828**	821
Net assets released from restriction used for capital acquisition	**(522)**	(535)
Transfers from Bridgeport Hospital Foundation	**2,088**	2,130
Other changes in net assets	**(304)**	(388)
Increase in temporarily restricted net assets	**3,835**	1,735
Permanently restricted net assets:		
Net change in the interest in Bridgeport Hospital Foundation, Inc.:		
Bequests and contributions	**791**	1,773
Increase in permanently restricted net assets	**791**	1,773
Increase in net assets	**4,444**	15,715
Net assets at beginning of year	**118,814**	103,099
Net assets at end of year	**$ 123,258**	$ 118,814

See accompanying notes

Bridgeport Hospital

Statements of Cash Flows

	Years Ended September 30	
	2012	**2011**
	(In Thousands)	
Cash flows from operating activities		
Increase in net assets	**$ 4,444**	$ 15,715
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Change in net interest in Bridgeport Hospital Foundation, Inc	**(6,591)**	(2,946)
Depreciation and amortization	**20,175**	17,879
Bad debts	**16,623**	12,302
Bequests and contributions	**–**	(233)
Changes in unrealized gains and losses on investments	**(2,553)**	387
Transfer to Bridgeport Hospital and Healthcare Services, Inc	**13,487**	9,233
Loss on refunding and refinancing of long-term debt	**1,799**	-
Pension liability adjustment	**24,104**	14,167
Changes in operating assets and liabilities		
Accounts receivable, net	**(17,787)**	(24,975)
Other assets	**(15,455)**	(11,213)
Accounts payable	**(3,086)**	2,037
Accrued expenses	**7,256**	6,354
Professional insurance recoverable and liabilities	**(1,110)**	(499)
Other current liabilities, accrued pension obligation, and other long-term liabilities	**(10,440)**	(12,706)
Net cash provided by operating activities	**30,866**	24,024
Cash flows from investing activities		
Net change in investments	**(21,537)**	(1,413)
Assets limited as to use	**7,529**	(2,170)
Acquisitions of property, plant and equipment, net	**(22,641)**	(23,772)
Net cash used in investing activities	**(36,649)**	(25,877)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	**40,468**	6,607
Proceeds from issuance of Term Loan	**5,500**	–
Refunding of long-term debt	**(47,145)**	–
Payment of financing fees	**(780)**	–
Repayments of long-term debt	**(385)**	(3,108)
Transfer to Bridgeport Hospital and Healthcare Service, Inc	**(13,487)**	(9,233)
Bequests, contributions, and grants	**–**	233
Net cash provided by financing activities	**(15,829)**	(5,501)
Net decrease in cash and cash equivalents	**(21,612)**	(7,354)
Cash and cash equivalents, beginning of year	**37,123**	44,477
Cash and cash equivalents, end of year	**$ 15,511**	$ 37,123

See accompanying notes

Bridgeport Hospital

Notes to Financial Statements

September 30, 2012

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").

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 2012 the Hospital recorded a change in estimate of approximately $4.1 million related to favorable third-party settlements and during fiscal 2011 recorded a change in estimate of approximately $5.0 million related to favorable 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

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.

1. Organization and Significant Accounting Policies (continued)

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.

The Hospital participates in the 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 (non-traditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for under the equity method and utilizing Yale University's (the "University") reported net asset value per unit for measurement of the units' fair value for the Yale University investment.

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The 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.

1. Organization and Significant Accounting Policies (continued)

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool"). Under the terms of the agreement for the years ended September 30, 2012 and 2011, the Trust transferred $50.0 million and $100.0 million, respectively, to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash.

Under the terms of the investment management agreement with the University, withdrawals of the Trust's investment in the Pool can be made annually by the Trust on July 1. For withdrawals of amounts less than $150.0 million or 75% of the Trust's investment in the Pool, $100.0 million or 50% of the Trust's investment in the Pool, and $50.0 million or 25% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 180 days, 90 days, and 30 days, respectively, prior to the University's fiscal year ending June 30. For withdrawals greater than $150.0 million or more than 75% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 270 days prior to the University's fiscal year end of June 30.

In 2011 the Investment Management Agreement between the Trust and the University was modified to allow the Trust to obtain a cash advance, up to a maximum of $75 million, on a monthly basis. For these advances, an interest charge of Prime plus two percent (2%) will be paid by the Trust. Repayments on the advances are made by the Trust by way of redemptions of a sufficient number of the Trust's units in the Endowment using the June 30th unit valuation. No advances have been requested or taken by the Trust.

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.

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.

1. Organization and Significant Accounting Policies (continued)

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, 2012 and 2011, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately $1.0 million and $1.3 million, respectively, 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, 2012 and 2011, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 3.0% in 2012 and 3.5% in 2011, aggregated approximately $5.2 million and $4.1 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

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.

1. Organization and Significant Accounting Policies (continued)

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 $0.8 million was recorded and is included in other assets at September 30, 2012 and 2011.

The Hospital is required to perform an annual review of its goodwill for impairment. Based on the Hospital's review at September 30, 2012 and 2011, goodwill was determined not to be impaired.

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely related to ongoing operations are included in other revenue; other gains and losses are classified as non-operating gains and losses.

Consistent with industry practice, contributions of, or restricted to, property, plant, and equipment, net change in Interest in Bridgeport Hospital Foundation, Inc., transfers of assets to and from affiliates for other than goods and services, and pension and other post-retirement liability adjustments are excluded from the performance indicator but are included in the changes in net assets.

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.

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.).

1. Organization and Significant Accounting Policies (continued)

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 $0.4 million and $12.8 million, respectively, at September 30, 2012 and approximately $0.5 million and $13.3 million, respectively, at September 30, 2011.

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2012 presentation.

Change in Accounting Principle

In August 2010, the Financial Accounting Standards Board ("FASB") issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of October 1, 2011. The Hospital elected to retrospectively adopt the guidance as of October 1, 2010. The adoption resulted in an increase to current assets and liabilities of approximately $10.1 million and an increase to long-term assets and liabilities of approximately $32.3 million as of September 30, 2011. The adoption did not affect the Hospital's financial condition, net results of operations, or cash flows.

New Accounting Pronouncements

In July 2011, the FASB 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

1. Organization and Significant Accounting Policies (continued)

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 new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying financial statements for all periods presented.

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 Connecticut Disproportionate Share Hospital 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.

Third-party payor receivables included in other receivables were $5.3 million and $2.4 million at September 30, 2012 and 2011, respectively. Third-party payor receivables included in other long-term assets were $2.8 million and $1.9 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other current liabilities were $6.1 million and $4.0 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other long-term liabilities were $14.9 million and $13.8 million at September 30, 2012 and 2011, respectively.

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

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

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 18%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and 36% and 17% for the year ended September 30, 2011. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 32%, respectively, for the year ended September 30, 2012 and approximately 37% and 32%, respectively, for the year ended September 30, 2011. 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 2007 for Medicare and 1994 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 21% from Medicare, 13% from Medicaid, and 66% from non-governmental payors at September 30, 2012 and 27% from Medicare, 13% from Medicaid, and 60% from non-governmental payors at September 30, 2011.

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, 2012 and 2011 (in thousands):

	2012	2011
Gross revenue from patients	**$ 1,390,798**	$ 1,300,540
Deductions:		
Contractual allowances	**942,001**	861,347
Charity and free care (at charges)	**28,181**	29,578
Net patient service revenue	**$ 420,616**	$ 409,615

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.

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.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately $17.7 million and $16.5 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt vs. charity care while taking into account the total costs incurred by the hospital for each account analyzed.

3. Uncompensated Care and Community Benefit Expense (continued)

The estimated cost of charity care provided was $11.2 million and $11.7 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is estimated using the ratio of cost to gross charges applied to the gross uncompensated cost associated with providing charity care.

For the years ended September 30, 2012 and 2011, bad debt expense, at charges, was $16.6 million and $12.3 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. During the years ended September 30, 2012 and 2011, the Hospital received $20.0 million and $5.0 million, respectively, in distributions from CDSHP, of which approximately $12.6 million and $3.5 million was related to charity care. The Hospital made payments into CDSHP of $16.9 million and $4.2 million for the years ended September 30, 2012 and 2011, respectively, for the 1% assessment.

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. The Hospital voluntarily assists with the direct funding of several City of Bridgeport programs, including an economic development program and a youth initiative program.

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.

4. Investments and Assets Limited as to Use

The composition of investments, including investments held by the Trust, and assets limited as to use is set forth in the following table (in thousands):

	2012	2011
Money market funds	$ 5,458	$ 1,527
Mutual Funds	145	–
U S equity securities	3,872	1,868
U S equity securities – common collective trusts	428	1,427
International equity securities (a)	2,702	1,606
Fixed income		
U S government	10,623	13,825
U S government – common collective trusts	8,897	2,105
Corporate debt	285	10,460
International government (b)	3,960	1,224
Commodities	45	43
Hedge funds		
Absolute return (c)	2,702	1,549
Long/short equity (d)	880	542
Real estate (e)	669	435
Interest in Yale University endowment pool (f)	24,439	11,933
Total	$ 65,105	$ 48,544

(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

The Hospital's ownership percentage of the Trust was approximately 7.0% and 3.5% as of September 30, 2012, and 2011, 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.

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.

Changes in endowment net assets for the fiscal year ended September 30, 2012 are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 87	$ 15,274	$ 19,081	$ 34,442
Investment returns				
Investment income	8	1,131	–	1,139
Net appreciation (realized and unrealized)	9	1,246	–	1,255
Total investment return	17	2,377	–	2,394
Appropriation of endowment assets for expenditure	–	(104)	–	(104)
Other changes				
Contribution bequests	–	83	791	874
Endowment net assets, end of year	$ 104	$ 17,630	$ 19,872	$ 37,606

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

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:

	2012	2011
	(In Thousands)	
Indigent care	**$ 17,945**	$ 15,538
Capital campaign	**–**	16
Other health care services	**10,887**	9,443
	$ 28,832	$ 24,997

Permanently restricted net assets of approximately $19.9 million and $19.1 million for the years ended September 30, 2012 and 2011, 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. Debt

A summary of debt at September 30 is as follows:

	2012	2011
	(In Thousands)	
Tax-exempt revenue bonds:		
Series A (fixed interest rates ranging from 3.50% to 6.625%)	**$ –**	$ 11,390
Series C (fixed interest rates ranging from 3.75% to 5.375%)	**–**	35,755
Series D (fixed interest rates ranging from 2.00% to 5.00%)	**36,415**	–
Term loan (3.22% fixed interest rate)	**5,543**	6,127
Term loan (1.66% fixed interest rate)	**5,235**	–
Capital lease obligation	**168**	317
	47,361	53,589
Add: premium	**3,884**	–
Less: current portion	**(3,809)**	(3,832)
	$ 47,436	$ 49,757

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 were due serially or via mandatory sinking fund redemptions through July 1, 2025. The bonds were 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 placed certain limits on the incurrence of additional borrowings of the Obligated Group and required the Obligated Group to satisfy certain measures of financial performance while the revenue bonds were outstanding. The Series A and C bonds were 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%.

7. Debt (continued)

In May 2012, the Hospital's Series D tax-exempt revenue bonds were issued through CHEFA under a Master Trust Indenture for approximately $36.4 million, with coupons ranging from 2.0% to 5.0%, and a final maturity of July 2025. The proceeds, including a premium of approximately $4.1 million, were held in an escrow account and used for the retirement of the outstanding Series A and C revenue bonds and to pay for certain bond issuance costs of approximately $0.8 million. The bond premium is being amortized using the effective interest method and is included in interest expense in the accompanying statement of operations and changes in net assets. In connection with the refunding and refinancing, the Hospital recognized a loss in 2012 of approximately $1.8 million principally related to the write-off of deferred financing costs.

In June 2012, the Hospital obtained a $5.5 million term loan from CHEFA. The loan is to be paid in monthly installments over 5 years at a fixed rate of 1.66% with the proceeds to be used for medical and cafeteria equipment. The loan is secured by the equipment purchased with the proceeds of the loan.

Scheduled principal payments on all debt are as follows (in thousands):

	Debt	Capital Lease Obligations
2013	$ 3,736	$ 80
2014	3,949	47
2015	4,078	47
2016	4,167	8
2017	4,035	–
Thereafter	27,228	–
	$ 47,193	182
Less: interest		(14)
Total capital lease obligation		$ 168

Cash paid for interest for the years ended September 30, 2012 and 2011 approximated $2.7 million and $3.1 million, respectively.

7. Debt (continued)

In connection with the Series D bonds, the Hospital is required to maintain certain financial covenants. At September 30, 2012 and 2011 the Hospital was in compliance with its financial debt covenants.

Assets recorded under the capital lease obligations totaled $0.2 million and $0.3 million as of September 30, 2012 and 2011, respectively. Accumulated depreciation for the capital lease obligations totaled $0.1 million for September 30, 2012 and 2011, respectively.

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 $9.6 million and $10.1 million relating to the defined contribution plan for the years ended September 30, 2012 and 2011, respectively. Amounts due to the defined contribution plan amounted to $4.8 million and $5.8 million at September 30, 2012 and 2011, 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	
	2012	**2011**
	(In Thousands)	
Change in benefit obligation		
Benefit obligation, beginning of year	**$ (166,112)**	$ (159,195)
Interest cost	**(8,464)**	(8,423)
Actuarial loss	**(30,864)**	(4,026)
Benefits paid	**5,914**	5,532
Benefit obligation, end of year	**$ (199,526)**	$ (166,112)
Change in plan assets		
Fair value of plan assets, beginning of year	**$ 107,905**	$ 103,733
Actual return on plan assets	**14,665**	(2,276)
Employer contribution	**15,829**	11,979
Benefits paid	**(5,914)**	(5,532)
Fair value of plan assets, end of year	**$ 132,485**	$ 107,904
Accrued obligation	**$ (67,041)**	$ (58,208)
Net amounts allocated to Parent	**6,225**	6,225
Accrued pension obligation	**$ (60,816)**	$ (51,983)

The accrued benefit obligation allocated to Parent is determined using the participant data at the time the Plan was frozen.

The actuarial loss in 2012 and 2011 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:

	2012	2011
	(In Thousands)	
Projected benefit obligation	**$ 199,526**	$ 166,112
Accumulated benefit obligation	**199,526**	166,112
Fair value of plan assets	**132,485**	107,904

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

	Pension Benefits	
	2012	2011
	(In Thousands)	
Components of net periodic benefit cost		
Interest cost	**$ 8,464**	$ 8,423
Expected rate of return on plan assets	**(9,269)**	(8,761)
Recognized net actuarial loss	**1,365**	896
Net periodic benefit cost	**$ 560**	$ 558

Assumptions

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

	Pension Benefits	
	2012	2011
Discount rate	**4.0%**	5.2%

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	
	2012	**2011**
Discount rate	**5.2%**	5.4%
Expected long-term return on plan assets	**6.75**	6.75

Measurement Date

The measurement date used to determine pension benefits is September 30 in 2012 and 2011.

Plan Assets

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

	Target Allocation	Percentage of Plan Assets	
	2013	**2012**	**2011**
Asset category			
Equity securities	25%	**22%**	14%
Debt securities	55	**61**	73
Alternative investments	20	**17**	13
Total	100%	**100%**	100%

The pension assets carried at fair value as of September 30, 2012 and 2011 are classified in the following tables in one of the three categories described in footnote 15 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 4,558**	**$ –**	**$ –**	**$ 4,558**
U S equity securities	**27,271**	**–**	**–**	**27,271**
International equity securities	**–**	**–**	**7,471**	**7,471**
Fixed income				
U S government	**33,999**	**4,146**	**–**	**38,145**
Corporate debt	**216**	**37,047**	**–**	**37,263**
International government	**324**	**–**	**–**	**324**
Private equity	**–**	**–**	**17,453**	**17,453**
Total investments as of September 30, 2012	**$ 66,368**	**$ 41,193**	**$ 24,924**	**$ 132,485**

8. Retirement Benefit Plans (continued)

	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	170	34,429	–	34,599
International government	360	–	–	360
Private equity	–	–	9,540	9,540
Total investments as of September 30, 2011	$ 50,904	$ 42,148	$ 14,852	$ 107,904

The composition and presentation of financial assets categorized as Level 3 investments in the tables above for the fiscal year ended September 30, 2012 and 2011 are as follows (in thousands):

	Private Equity	International Equity	Total
Beginning balance as of October 1, 2011	**$ 9,540**	**$ 5,312**	**$ 14,852**
Realized gains	**2,930**	**–**	**2,930**
Unrealized gains (losses)	**(13)**	**1,357**	**1,344**
Purchases, sales, issuance, settlements, transfers, other	**4,996**	**802**	**5,798**
Ending balance as of September 30, 2012	**$ 17,453**	**$ 7,471**	**$ 24,924**

	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

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 2013 is approximately $6.5 million.

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

2013	$ 7,015
2014	7,309
2015	7,551
2016	7,959
2017	8,445
2018 to 2023	51,725

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, 2012 and 2011 is approximately $0.5 million and $1.2 million, respectively, related to the obligation for the nonqualified benefits. The Hospital has established a trust with fair values of approximately $0.5 million and $1.1 million at September 30, 2012 and 2011, respectively, to fund the obligation. Such amounts are included in other assets in the accompanying balance sheets.

9. Professional Liability and Self-Insurance Arrangements

Yale-New Haven Hospital ("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 estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately $54.7 million and $55.6 million at September 30, 2012 and 2011, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately $13.9 million and $15.5 million at September 30, 2012 and 2011, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately $12.1 million and $13.3 million, respectively, based on a discount rate of 3.0% and 3.5% for the years ended September 30, 2012 and 2011, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately $42.5 million and $42.4 million at September 30, 2012 and 2011, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

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.

10. Commitments and Contingencies (continued)

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 2012 and 2011.

The Hospital has obtained a surety bond to provide coverage to the State of Connecticut for unemployment compensation in 2012 and 2011. There are no amounts outstanding during fiscal years 2012 and 2011.

The Hospital has various lease agreements. Lease expense for the fiscal years 2012 and 2011 was approximately $2.9 million and $3.1 million, respectively. Future minimum payments under these leases are as follows:

2013	$ 2,837
2014	2,590
2015	1,628
2016	1,558
2017	1,013
Thereafter	9,098
	$ 18,724

Proposed Acquisition

The Hospital entered into an agreement on August 12, 2012 to acquire certain assets and assume certain liabilities of a Connecticut radiology practice for approximately $16 million. A regulatory review by the Connecticut Office of Health Care Access is currently in progress. Upon completion of the regulatory review of the transaction will be completed.

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:

	2012	2011
	(In Thousands)	
Health care services	**$ 315,110**	$ 297,515
General and administrative	**88,877**	85,763
	$ 403,987	$ 383,278

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:

	2012	2011
	(In Thousands)	
Services to affiliates:		
Northeast Medical Group	**$ 229**	$ 529
Southern Connecticut Health System Properties	**15**	15
BHHS	**10**	10
Yale-New Haven Hospital	**4,833**	–
	$ 5,087	$ 554
Services from affiliates:		
Yale-New Haven Hospital	**$ 3,226**	$ 3,193
BHHS	**20**	20
Southern Connecticut Health System Properties	**5**	136
Northeast Medical Group	**19,890**	14,277
YNHHSC	**42,995**	28,729
	$ 66,136	$ 46,355

12. Related Party Transactions (continued)

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

	2012	2011
	(In Thousands)	
Operating expenses:		
Professional and general liability insurance	**$ 2,182**	$ 5,830
Information systems	**15,798**	3,466
System business office	**7,050**	6,357
Other business services	**20,147**	18,906
	$ 45,177	$ 34,559

The Hospital funds certain capital assets purchased by YNHHSC. Included in prepaid expenses and other assets were approximately $18.8 million at September 30, 2012 and approximately $9.2 million at September 30, 2011.

Included in depreciation and amortization expense for the years ended September 30, 2012 and 2011 is approximately $1.0 million and $0.3 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:

	2012	2011
	(In Thousands)	
Accounts receivable:		
Southern Connecticut Health System Properties	**$ 55**	$ 23
Bridgeport Hospital Foundation	**769**	353
Yale-New Haven Hospital	**1,501**	–
Northeast Medical Group	–	2,780
	$ 2,325	$ 3,156
Accounts payable:		
BHHS	**$ 2,763**	$ 6,168
YNHHSC	**14,485**	10,004
Northeast Medical Group	**2,430**	–
Yale-New Haven Hospital	–	362
	$ 19,678	$ 16,534

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2012	**2011**
Cafeteria and vending	**$ 1,793**	$ 1,637
Parking income	**1,409**	1,436
Net assets released from restrictions for operations	**2,316**	1,831
Pediatric ancillary services	**5,901**	–
Electronic health records incentive payment	**1,725**	–
Other	**2,931**	2,803
	$ 16,075	$ 7,707

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

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue for Medicaid totaling $1.7 million for the year ended September 30, 2012, is included in other revenue in the accompanying 2012 consolidated statement of operations. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

14. Non-Operating Gains and Losses, Net

Non-operating gains and losses consisted of the following (in thousands)

	Year Ended September 30	
	2012	**2011**
Net realized gains and investment income	**$ 790**	$ 657
Change in unrealized gains and losses on investments	**1,335**	(417)
Net changes in interest in Bridgeport Hospital Foundation, Inc.	**1,838**	(278)
Loss on refunding and refinancing of debt	**(1,799)**	–
	$ 2,164	$ (38)

15. 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.

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2012 and 2011 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	$ 15,511	$ –	$ –	$ 15,511
Money market funds	5,458	–	–	5,458
Mutual Funds	145	–	–	145
U S equity securities	3,872	–	–	3,872
International equity securities	2,702	–	–	2,702
Fixed income				
U S government	10,623	–	–	10,623
Corporate debt	285	–	–	285
International government	2,344	1,616	–	3,960
Interest in Yale University endowment pool	–	–	24,439	24,439
Investments at fair value	$ 40,940	$ 1,616	$ 24,439	66,995
Common collective trusts				9,325
Alternative investments				4,296
Investments not at fair value				13,621
Total investments as of September 30, 2012				$ 80,616

	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	–	–	10,460
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

15. Fair Value Measurements (continued)

The following is a rollforward of assets classified as Level 3 of the valuation hierarchy:

Interest in Yale University Endowment Pool:		
Fair value at September 30, 2010	$	7,567
2011 Unrealized gains		613
2011 Purchases		3,753
Fair value at September 30, 2011		11,933
2012 Unrealized gains		**9,514**
2012 Purchases		**2,992**
Fair value at September 30, 2012	**$**	**24,439**

Fair values of the Hospital's 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, 2012 and 2011 is $48.0 million and $59.2 million.

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

16. Subsequent Events

Subsequent events have been evaluated through December 21, 2012, 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.

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