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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06610

D Employer identification number
06-0646554

E Telephone number
(203)688-6679

G Gross receipts $ 472,294,948

F Name and address of principal officer
PATRICK MCCABE
267 GRANT ST
BRIDGEPORT, CT 06610

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

H(b) Are all subordinates 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**	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,949
6	Total number of volunteers (estimate if necessary)	**6**	286
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	664,644
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-276,989

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,168,483	3,303,523
	9 Program service revenue (Part VIII, line 2g)	418,827,196	439,374,962
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,109,678	848,999
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,795,595	19,984,117
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,900,952	463,511,601
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,000	55,000
	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)	200,565,110	208,728,562
	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)	212,005,256	221,199,064
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	412,595,366	429,982,626
	19 Revenue less expenses Subtract line 18 from line 12	30,305,586	33,528,975

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	437,250,967	472,575,330
	21 Total liabilities (Part X, line 26)	264,449,007	316,742,498
	22 Net assets or fund balances Subtract line 21 from line 20	172,801,960	155,832,832

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-08-11

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTOPHER B BOGGS				P00032493

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000
INDIANAPOLIS, IN 46204 — 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 or note to any line 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 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 $ 350,027,465 including grants of $ 55,000) (Revenue $ 454,879,576)

SCHEDULE OBRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014 A MEMBER OF YNHHS SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE JOEL E SMILOW HEART INSTITUTE, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE AND AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY $66 4 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $53 5 MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $10 3 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER $2 6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $90,759 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 PUBLIC HEALTH 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** ▶ 350,027,465

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	772		
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	2,949		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
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** Yes	
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 this 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**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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

▶KEITH TANDLER 789 HOWARD AVENUE
NEW HAVEN, CT 06519 (203) 688-9642

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								6,777,759	2,453,684	1,896,585

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 ▶ 298

			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
SHEPLEY BULFINCH RICHARDSON, 2 SEAPORT LN BOSTON MA 02210	ARCHITECTURE SERVICE	2,628,610
SECURITAS SECURITY SERVICES, PO BOX 409412 ATLANTA GA 30384	SECURITY	2,503,673
UNITEX TEXTILE RENTAL, 155 SOUTH TERRACE AVE MOUNT VERNON NY 10550	LAUNDRY/SERVICE	2,326,463
NOVAMED, 30 NUTMEG DRIVE TRUMBULL CT 06611	BIOMEDICAL SVC	1,840,053
NURSEFINDERS INC, PO BOX 910738 DALLAS TX 753910738	MEDICAL SERVICE	1,346,031

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 ▶ 87

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	3,303,523			
	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 . . . . . ▶		3,303,523			
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE	621990	250,944,779	250,944,779		
	b	OUTPATIENT REVENUE	621990	187,765,539	187,765,539		
	c	LABORATORY SERVICES	621500	556,464		556,464	
	d	RESEARCH SERVICES	541700	88,822		88,822	
	e	RADIOLOGY SERVICES	621500	19,358		19,358	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		439,374,962			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		660,844			660,844
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,170,360				
	b	Less rental expenses	887,523				
	c	Rental income or (loss)	282,837				
	d	Net rental income or (loss) . . . . . ▶		282,837			282,837
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	8,033,979 / 50,000				
	b	Less cost or other basis and sales expenses	7,895,824 / 0				
	c	Gain or (loss)	138,155 / 50,000				
	d	Net gain or (loss) . . . . . ▶		188,155			188,155
	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 . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	PEDIATRIC ANCILLARY REVENUE	900099	9,325,833	9,325,833		
	b	IT MEANINGFUL USE	900099	3,003,754	3,003,754		
	c	TUITION REVENUE	900099	2,133,211	2,133,211		
	d	All other revenue		5,238,482	1,706,460		3,532,022
	e	**Total.** Add lines 11a–11d . . . . . ▶		19,701,280			
	12	**Total revenue.** See Instructions . . . . . ▶		463,511,601	454,879,576	664,644	4,663,858

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line 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	55,000	55,000		
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	5,761,991		5,761,991	
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	155,134,078	117,565,573	37,568,505	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,489,035	1,116,776	372,259	
9 Other employee benefits	35,580,745	28,483,480	7,097,265	
10 Payroll taxes	10,762,713	8,572,210	2,190,503	
11 Fees for services (non-employees)				
a Management				
b Legal	948,577	755,516	193,061	
c Accounting	412,432	328,491	83,941	
d Lobbying	137,349	137,349		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	100,856,333	88,449,473	12,406,860	
12 Advertising and promotion				
13 Office expenses	6,512,487	5,186,086	1,326,401	
14 Information technology				
15 Royalties . .				
16 Occupancy	19,910,102	15,864,929	4,045,173	
17 Travel	606,795	473,300	133,495	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,566,341	2,044,021	522,320	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,957,115	24,455,175	6,501,940	
23 Insurance	480,350	324,563	155,787	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	50,108,469	50,108,469		
b YNHHS SYSTEM SUPPORT FE	5,161,233	4,110,783	1,050,450	
c OTHER MISC EXPENSES	812,696	619,336	193,360	
d DUES, FEES AND MEMBERSH	635,783	506,384	129,399	
e All other expenses	1,093,002	870,551	222,451	
25 **Total functional expenses.** Add lines 1 through 24e	429,982,626	350,027,465	79,955,161	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(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		30,118,829	2	28,518,791
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		51,432,238	4	49,731,677
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,271,378	8	4,338,167
	9	Prepaid expenses and deferred charges		34,947,061	9	35,269,493
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 468,817,330			
	b	Less accumulated depreciation	10b 303,677,123	142,707,760	10c	165,140,207
	11	Investments—publicly traded securities		24,738,696	11	31,752,120
	12	Investments—other securities See Part IV, line 11		29,927,000	12	35,342,449
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		17,217,110	14	17,217,110
	15	Other assets See Part IV, line 11		101,882,895	15	105,257,316
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		437,250,967	16	472,575,330
Liabilities	17	Accounts payable and accrued expenses		48,244,843	17	43,752,248
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		37,740,706	20	35,022,422
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		18,666,198	23	33,855,563
	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		159,797,260	25	204,112,265
	26	**Total liabilities.** Add lines 17 through 25		264,449,007	26	316,742,498
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		123,039,209	27	100,810,892
	28	Temporarily restricted net assets		28,974,601	28	33,279,300
	29	Permanently restricted net assets		20,788,150	29	21,742,640
		Organizations that do not follow SFAS 117 (ASC 958), 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		172,801,960	33	155,832,832
	34	Total liabilities and net assets/fund balances		437,250,967	34	472,575,330

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	463,511,601
2	Total expenses (must equal Part IX, column (A), line 25)	2	429,982,626
3	Revenue less expenses Subtract line 2 from line 1	3	33,528,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,801,960
5	Net unrealized gains (losses) on investments	5	2,718,391
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,058,170
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56,274,664
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,832,832

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 (list any hours for related organizations below dotted line)	(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			
MEREDITH REUBEN CHAIRMAN/DIRECTOR	1 00 3 00	X		X				0	0	0
PETER HURST VICE CHAIRMAN/DIRECTOR	1 00 2 00	X		X				0	0	0
GEORGE CARTER VICE CHAIRMAN/DIRECTOR	1 00 2 00	X		X				0	0	0
RICHARD HOYT VICE CHAIRMAN/DIRECTOR	1 00 2 00	X		X				0	0	0
HOWARD TAUBIN VICE CHAIRMAN/DIRECTOR	1 00 2 00	X		X				0	0	0
NEWMAN MARSILIUS III VICE CHAIRMAN/DIRECTOR	1 00 3 00	X		X				0	0	0
WILLIAM JENNINGS PRESIDENT & CEO/DIRECTOR	26 00 14 00	X		X				640,997	345,152	306,936
GAYLE CAPOZZALO DIRECTOR	4 00 36 00	X						130,774	1,176,960	189,699
JOHN FALCONI DIRECTOR	1 00 2 00	X						0	0	0
RUSSELL FUCHS DIRECTOR	1 00 2 00	X						0	0	0
THOMAS LENCI DIRECTOR	1 00 2 00	X						0	0	0
MICK MAURER DIRECTOR	1 00 2 00	X						0	0	0
STEPHEN MARSHALKO DIRECTOR	1 00 2 00	X						154,212	0	0
FRED MCKINNEY DIRECTOR	1 00 2 00	X						0	0	0
RONALD NOREN DIRECTOR	1 00 3 00	X						0	0	0
DUNCAN O'BRIEN DIRECTOR	1 00 2 00	X						0	0	0
PETER TORTORA THRU 1213 DIRECTOR	1 00 2 00	X						31,250	0	0
GARY ZIMMERMAN DIRECTOR	1 00 2 00	X						28,800	0	0
MICHAEL IVY SR VP MEDICAL AFFAIRS	38 00 2 00			X				465,819	0	61,055
MARYELLEN KOSTURKO SR VP PATIENT CARE OPERATIONS	39 00 1 00			X				339,296	0	36,156
CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS PLANNING	39 00 1 00			X				352,320	0	141,938
MELISSA TURNER SR VP HUMAN RESOURCE	20 00 20 00			X				177,137	177,138	123,712
PATRICK MCCABE SR VP, CFO & TREASURER	18 00 22 00			X				292,286	357,238	218,262
MARC BRUNETTI VP OF SUPPORT OPERATIONS	39 00 1 00			X				252,592	0	65,678
RYAN O'CONNELL VP OF PERFORMANCE & RISK MGMT	39 00 1 00			X				313,453	0	62,279

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 (list any hours for related organizations below dotted line)	(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			
PATRICK SCHMINCKE THRU 62014 VP OF CLINICAL ADMINISTRATION	39 00 1 00			X				248,859	0	46,862
JOHN SKELLY VP OF FINANCE	39 00 1 00			X				578,095	0	187,263
NORMAN ROTH EXECTIVE VP,COO & SEC	32 00 8 00			X				585,323	146,331	205,334
ROCKMAN FERRIGNO PHYSICIAN	40 00 0 00					X		432,028	0	40,726
JONATHAN MAISEL PHYSICIAN	40 00 0 00					X		420,359	0	50,877
GUILLERMO KATIGBAK PHYSICIAN	40 00 0 00					X		359,586	0	44,740
THOMAS LAMONTE PHYSICIAN	40 00 0 00					X		362,843	0	50,862
JUSTIN CAHILL PHYSICIAN	40 00 0 00					X		344,023	0	29,683
JOSEPH JANELL THRU 12012 FORMER OFFICER	0 00 0 00						X	267,707	0	0
ROBERT TREFRY THRU 92010 FORMER OFFICER	0 00 0 00						X	0	0	0
BRUCE MCDONALD THRU 102013 FORMER OFFICER	0 00 0 00						X	0	250,865	34,523

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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 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 function 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		69,700
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		67,149
j	Total Add lines 1c through 1i			137,349
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2014 ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS 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 $ 636,959 GREENWICH HOSPITAL EIN 06-0646659 $ 106,619

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	41,860,000	37,606,000	34,442,000	32,083,000	26,634,000
b	Contributions	2,176,000	3,504,000	874,000	1,805,000	5,076,000
c	Net investment earnings, gains, and losses	2,969,000	2,097,000	2,394,000	1,209,000	1,260,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,297,000	-1,347,000	-104,000	-655,000	-887,000
f	Administrative expenses					
g	End of year balance	42,708,000	41,860,000	37,606,000	34,442,000	32,083,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 51 000 %
- c Temporarily restricted endowment ▶ 49 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		121,273,326	105,522,808	15,750,518
c Leasehold improvements		140,408,350	75,983,430	64,424,920
d Equipment		168,479,588	122,170,885	46,308,703
e Other		37,001,249		37,001,249
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				165,140,207

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) HEDGE FUNDS	489,283	F
(B) YALE ENDOWMENT POOL	34,853,166	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	35,342,449	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	3,346,847
(2) DEFERRED ISSUANCE COSTS	1,289,891
(3) INTEREST IN FOUNDATION, INC	65,811,715
(4) INTEREST IN BRIDGEPORT HOSPITAL AUXILIARY	490,337
(5) INTEREST IN CENTURY FINANCIAL SERVICES	874,589
(6) THIRD PARTY RECEIVABLES	4,169,701
(7) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	27,575,000
(8) OTHER RECEIVABLES	1,699,236
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	105,257,316

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
SELF INSURANCE	18,820,723
ASSET RETIREMENT OBLIGATIONS	11,014,983
PENSION OBLIGATION	58,281,023
THIRD PARTY PAYABLE	22,246,476
DUE TO AFFILIATES	66,174,060
MALPRACTICE GROSS LIABILITY	27,575,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	204,112,265

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	469,391,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,718,360		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,648,335		
e	Add lines **2a** through **2d**			2e	9,366,695
3	Subtract line **2e** from line **1**			3	460,025,164
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 XIII)	4b	3,486,437		
c	Add lines **4a** and **4b**			4c	3,486,437
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	463,511,601

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	426,496,189
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 XIII)	2d	887,521		
e	Add lines **2a** through **2d**			2e	887,521
3	Subtract line **2e** from line **1**			3	425,608,668
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 XIII)	4b	4,373,958		
c	Add lines **4a** and **4b**			4c	4,373,958
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	429,982,626

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
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 2D - OTHER ADJUSTMENTS	NET CHANGE IN INTEREST IN BHF 3,819,112 RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS 2,395,275 RECLASS OTHER NON-OPERATING INCOME RESTRICTED FUNDS TO CHANGE IN NET ASSETS 434,511 RECLASS SERP ASSET GAIN/LOSS TO CHANGE IN NET ASSETS -563
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASS CONTRIBUTION 3,303,523 RECLASS NET RENTAL INCOME AND EXPENSE 182,914
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASS RENTAL EXPENSE 887,521
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASS CONTRIBUTION 3,303,523 RECLASS NET RENTAL INCOME 1,070,435

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) DUE FROM AFFILIATES	3,346,847
(2) DEFERRED ISSUANCE COSTS	1,289,891
(3) INTEREST IN FOUNDATION, INC	65,811,715
(4) INTEREST IN BRIDGEPORT HOSPITAL AUXILIARY	490,337
(5) INTEREST IN CENTURY FINANCIAL SERVICES	874,589
(6) THIRD PARTY RECEIVABLES	4,169,701
(7) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	27,575,000
(8) OTHER RECEIVABLES	1,699,236

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		12,678	38,999,000	14,446,000	24,553,000	5 710 %
b Medicaid (from Worksheet 3, column a)		110,150	118,934,000	90,023,000	28,911,000	6 720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		122,828	157,933,000	104,469,000	53,464,000	12 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	2,207	1,900,879	1,172,489	728,390	0 170 %
f Health professions education (from Worksheet 5)	4	205	18,609,259	8,325,483	10,283,776	2 390 %
g Subsidized health services (from Worksheet 6)	2	7,638	11,422,151	9,813,766	1,608,385	0 370 %
h Research (from Worksheet 7)	1	0	190,932		190,932	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	34,580	112,160	0	112,160	0 030 %
j **Total.** Other Benefits	20	44,630	32,235,381	19,311,738	12,923,643	3 000 %
k **Total.** Add lines 7d and 7j	20	167,458	190,168,381	123,780,738	66,387,643	15 430 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	0	12,500	0	12,500	0 %
2	Economic development	1	0	26,840	0	26,840	0 010 %
3	Community support	3	377	42,039	0	42,039	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	0	1,012	0	1,012	0 %
7	Community health improvement advocacy	1	0	4,319	0	4,319	0 %
8	Workforce development	1	1	4,049	0	4,049	0 %
9	Other	0	0	0	0		
10	**Total**	8	378	90,759		90,759	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 Explain in Part VI the methodology used by the organization to estimate this amount	2	20,304,804		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	159,487,014
6	Enter Medicare allowable costs of care relating to payments on line 5	6	153,608,663
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	5,878,351
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BRIDGEPORT HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V SUPPLEMENTAL INFORMATION			
b	☑ Other website (list url) SEE PART V SUPPLEMENTAL INFORMATION			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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 ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **29**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THE FINANCIAL ASSISTANCE POLICY PROVIDES FOR ELIGIBILITY OF CARE REGARDLESS OF INCOME

Form and Line Reference	Explanation
PART I, LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BRIDGEPORT HOSPITAL IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,546 EMPLOYEES IN 2014 THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GREATER BRIDGEPORT AREA MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES THROUGH THESE ORGANIZATIONS, BRIDGEPORT HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA BRIDGEPORT HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT BRIDGEPORT HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED $90,759 IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT JOB TRAINING, ECONOMIC DEVELOPMENT 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 NEIGHBORHOODSAS IN PREVIOUS YEARS, HOSPITAL LEADERSHIP CONTINUES TO BE ACTIVELY ENGAGED IN NRZS ORGANIZED NEAR THE HOSPITAL, THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP AND THE EAST END COMMUNITY COUNCIL IN APRIL 2014, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY WITHIN THE CITY OF BRIDGEPORT, BRIDGEPORT HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATE IT TO THE BRIDGEPORT RESCUE MISSION OVER 500 POUNDS OF FOOD WAS DONATED IN 2014 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-PROFIT ORGANIZATION DEDICATED TO IMPROVING STREETSCAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE IN 2014, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS CREATING EDUCATIONAL OPPORTUNITIESREFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR EXAMPLES INCLUDE A PHARMACY INTERNSHIP WITH STRATFORD HIGH SCHOOL AND PARTICIPATION IN CAREER DAY AT COLUMBUS ELEMENTARY SCHOOL AND HARDING HIGH SCHOOL, BOTH OF WHICH ARE LOCATED IN BRIDGEPORT A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL, LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 800 ITEMS RANGING FROM PENS AND PENCILS TO NOTEBOOKS, BACKPACKS AND OTHER ITEMS TO HELP ASSIST THE 310 STUDENTS TO BEGIN THEIR SCHOOL YEAR BRIDGEPORT HOSPITAL STAFF ALSO PARTNER WITH HALL ELEMENTARY SCHOOL AND OTHERS FOR THE ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE AS MENTIONED IN THE PREVIOUS SECTION, BRIDGEPORT HOSPITAL, THROUGH THE SEAVIEW AVENUE BUSINESS ALLIANCE, PROVIDED SCHOLARSHIPS TO SENIORS FROM HARDING HIGH SCHOOL WHO WILL BE ATTENDING COLLEGE THE HOSPITAL IS ALSO A MEMBER OF THE BRIDGEPORT CHILD ADVOCACY COALITION, WHICH IS A COALITION OF ORGANIZATIONS, PARENTS AND OTHER CONCERNED INDIVIDUALS COMMITTED TO IMPROVING THE WELL-BEING OF BRIDGEPORT'S CHILDREN THROUGH RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION

Form and Line Reference	Explanation
PART III, LINE 2	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

Form and Line Reference	Explanation
PART III, LINE 4	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 HEALTH CARE 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 DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE HOSPITAL AMENDED ITS CHARITY CARE POLICY BASED UPON THE POLICY CHANGE, THE HOSPITAL EXPERIENCED INCREASED CHARITY CARE WRITE OFFS DURING THE YEAR TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY $31 2 MILLION AND $27 9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES 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 VERSUS 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 APPROXIMATELY $22 1 MILLION AND $16 8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY HOSPITAL-SPECIFIC DATA FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS APPROXIMATELY $20 3 MILLION AND $27 9 MILLION, RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY $9 1 MILLION AND $11 1 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 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, 2014 AND 2013, THE HOSPITAL RECEIVED APPROXIMATELY $14 4 MILLION AND $17 7 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY $10 2 MILLION AND $12 6 MILLION, RESPECTIVELY, RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO CDSHP OF APPROXIMATELY $16 9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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 HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS

Form and Line Reference	Explanation
PART III, LINE 9B	IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT BRIDGEPORT HOSPITAL THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 3	BRIDGEPORT HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROVES THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS

Form and Line Reference	Explanation
PART VI, LINE 4	BRIDGEPORT HOSPITAL'S LOCAL 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 144,446 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 MEDIAN HOUSEHOLD INCOME FOR BRIDGEPORT IS $39,822, WHICH IS $29,697 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF $69,519 AND $42,792 BELOW THE MEDIAN HOUSEHOLD INCOME OF $82,614 IN FAIRFIELD COUNTY ABOUT 23 6% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 10% FOR THE WHOLE STATE BRIDGEPORT HAS A HIGH PROPORTION OF UNDERINSURED 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 NEARLY A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 6,361 PATIENTS (34 9% OF TOTAL) WERE MEDICAID OR UNINSURED IN FISCAL YEAR 2014 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 FISCAL YEAR, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 83,054 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 87 4 PERCENT OF THE TOTAL WITH 6,921 (9 5%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 40,746 (49 1%) IDENTIFIED AS MEDICAID BENEFICIARIES BRIDGEPORT HOSPITAL, ST VINCENT'S MEDICAL CENTER AND MILFORD HOSPITAL ARE THE THREE ACUTE CARE HOSPITALS LOCATED IN THE LOCAL SERVICE AREA

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014 A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE JOEL E SMILOW HEART INSTITUTE, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CENTE R, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE AND AHLBIN CE NTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIEN T CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL EVERY YEAR, AS PART OF ITS MISSION TO PROV IDE PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGR AMS AND SERVICES DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED $66 4 MILLION IN F INANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCES S TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PRE VIOUSLY DISCUSSED IN PART II GUARANTEEING ACCESS TO CAREBRIDGEPORT HOSPITAL RECOGNIZES THA T SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE IN FISCAL YEAR 2014, THE TOTAL COMMUNITY BENEFIT ASSOCI ATED WITH GUARANTEEING ACCESS TO CARE WAS $55 1 MILLION HONORING ITS MISSION AND COMMITME NT TO THE COMMUNITY, THE HOSPITAL PARTICIPATED IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS ME DICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED INPATIENT AND OUTPATIENT SERVICES FOR 110,150 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF $28 9 MILLION (AT COST) BRIDGEPORT HOSPITAL ALSO OFFERS A SLIDING SCALE OF DIS COUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS DURING FISCAL YEAR 2014, THE HOSPITAL DE LIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF $24 6 MILLION (AT COS T) IN ADDITION, THE HOSPITAL EMPLOYS AN OUTPATIENT ACCOUNT ADVOCATE WHO IS BASED IN ITS P RIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS IN THE PRIMARY CARE C LINIC TO ENROLL IN PUBLIC ASSISTANCE PROGRAMS LAST YEAR, NEARLY 170 INDIVIDUALS WERE ASSI STED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION RE VIEW THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WO RKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS BRIDGEPORT HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID SUBSIDIZED HEALTH SERVICES INCLUDE OUTPATIENT PSYCHIATRIC PROGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC TOTAL VISITS FOR THESE ESSENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVE R 28,200 ANNUALLY THE NORMA F PFRIEM BREAST CENTER'S UNDERSERVED PROGRAM PROVIDED FREE M EDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 1,000 UNINSURED AND UNDERINSURED WOMEN D URING THE YEAR THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSER VED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CO NDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS A FULL-TIME DEDICATED COORDI NATOR FOR THE PROGRAM ASSISTED 150 PATIENTS IN THE COMMUNITY IN FISCAL YEAR 2014, ACHIEVIN G AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF $865,181 IN FISCAL YEAR 2014 OVER 2 00 PATIENTS RECEIVED FREE ORAL MEDICATIONS AND SELF-INJECTIONS THROUGH THE CARE COORDINATI ON PROGRAM WITH BRIDGEPORT HOSPITAL AND BRIDGEPORT PHARMACY THIS PROGRAM PROVIDED ASSISTA NCE TO UNINSURED AND UNDERINSURED PATIENTS WITH PRESCRIPTIONS THROUGH BRIDGEPORT PHARMACY THE ESTIMATED VALUE OF THE DRUGS WAS $44,301 THROUGH THE PRIMARY CARE ACTION GROUP, BRID GEPORT HOSPITAL ALSO CONTINUED TO REFER UNINSURED AND LOW INCOME RESIDENTS IN THE GREATER BRIDGEPORT AREA TO THE DISPENSARY OF HOPE THE DISPENSARY, WHICH OPENED IN 2011, IS AN INI TIATIVE DEVELOPED BY THE PRIMARY CARE ACTION GROUP THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST AS PART OF ITS ONGOING COMMITMENT AND SUPPORT, THE HOSPITAL ALSO DONATES UNUSE D MEDICATIONS TO THE DISPENSARY OF HOPE PROMOTING HEALTH AND WELLNESSDURING FISCAL YEAR 20 14, BRIDGEPORT HOSPITAL PROVIDED $728,390 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUD ING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS EXAMPLES OF THESE IMPORTAN T SERVICES AND PROGRAMS ARE PROVIDED BELOW THE CHILD FIRST PROGRAM, STARTED AT BRIDGEPORT HOSPITAL, CONTINUES TO THRIVE THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROG RAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT THE SUPPORT PROGRAM FOCUSES ON INFANT H EALTH AND GOOD PARENTING, AND COVERS A VARIETY OF

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS' BRAIN, EYE, AND MOTOR AREAS AND PROPER NUTRITION THE PROGRAM ALSO HELPS TO C ONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INSTITUTE ASSISTED OVER 28 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTA NCE FROM OUTSIDE AGENCIES THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUD ING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS THROUGH THE SE REFERRALS, INDIVIDUALS RECEIVED OVER $17,329 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUC H AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCE R, LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CAN CER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER THE HOSPITAL SPONSORS FREE SUPPORT GRO UPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CON DITIONS OVER 140 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EV ENTS ON TOPICS SUCH AS HIP OR KNEE PAIN, HOW TO LIVE TO 100, AND UNDERSTANDING AUTISM THE SIXTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 560 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT BRIDGEPORT HOSPITAL PROVIDED FREE BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN BRIDGEPORT, FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPL E ADVANCING CAREERS IN HEALTH CAREAS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MED ICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION O N AN ANNUAL BASIS THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RE SIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, THE BRIDGEPORT HOSPITA L SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALT H EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY P ROGRAM IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING T O STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELDS INCLUDING NURSING, LABORATORY AND RADI OLOGY IN 2014, THE COST TO BRIDGEPORT HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN $10 3 MILLION, AND 205 INDIVIDUALS BENEFITED A TOTAL OF 83 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (40 IN THE 15-MON TH ACCELERATED PROGRAM AND 43 IN THE TRADITIONAL TWO-YEAR PROGRAM) MANY GRADUATES ACCEPTE D NURSING POSITIONS AT THE HOSPITAL A TOTAL OF 10 NURSES GRADUATED WITH DOCTOR OF NURSING PRACTICE DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 12 GRA DUATES AND 29 PEOPLE COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE DURING 20 14, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 105 STUDENTS EN ROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AN D OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS BRIDGEPORT HOSPITAL HAS LONG STANDING P ARTNERSHIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMU NITY COLLEGE, GOODWIN COLLEGE, ST JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPIAC UNI VERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY RESEARCHTEACHING HOSPITALS LIKE BRIDGEPO RT HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE EXPERI ENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALT HCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND

Form and Line Reference	Explanation
OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS	BEFORE THEY ARE AVAILABLE ELSEWHERE CLINICAL TRIALS AT BRIDGEPORT HOSPITAL AND THE YALE S CHOOL OF MEDICINE INCLUDE PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BES T STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MED ICAL EQUIPMENT CLINICAL TRIALS ARE AVAILABLE IN CANCER, CARDIOVASCULAR, MEDICINE, AND SUR GERY THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSO RED BY THE NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TR IALS OF NEW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, A ND 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 A RE MANY TRIALS AVAILABLE FOR THE FOLLOWING CANCERS BREAST CANCER, COLORECTAL CANCER, LUNG CANCER, PANCREATIC CANCER, KIDNEY CANCER, AND METASTATIC BREAST CANCER THE BRIDGEPORT HO SPITAL NORMA F PFRIEM CANCER INSTITUTE AND BREAST CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY AD DITIONAL GRANT FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURD EN REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AN D WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVI DED TO CANCER PATIENTS IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY O F RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVEN TION, CONTROL OR TREATMENT PROGRAMS IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CE NTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LAB ORATORIES DURING FISCAL YEAR 2014, THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS $190,932 CREATING HEALTHIER COMMUNITIESIN FISCAL YEAR 2014, BRIDGEPOR T HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND SUP PORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTA LING NEARLY $112,160 EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP FORMED OVER TEN YEARS AGO, T HE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS AND DISTRICTS, THRE E COMMUNITY HEALTH CENTERS, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS IN FIS CAL YEAR 2014, THE PRIMARY CARE ACTION GROUP FOCUSED ON IMPLEMENTATION OF THE GREATER BRID GEPORT COMMUNITY HEALTH IMPLEMENTATION PLAN GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS O F THE PRIMARY CARE ACTION GROUP, CONTINUED TO EXPAND ITS REACH AND IMPACT DURING 2014 GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BA RRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY C OLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY USING A MU LTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTR ICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIV E LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS IN-KIND AND FINANCIAL SUPPORT FOR G ET HEALTHY CT IS PROVIDED BY MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM A ND BRIDGEPORT HOSPITAL IN 2014, OVER 15 CHILDREN PARTICIPATED IN THE BRIDGEPORT HOSPITAL H APPY HEALTHY KIDZ PROGRAM OFFERED AT THE AHLBIN CENTER HAPPY HEALTHY KIDZ IS A NUTRITION AND FITNESS PROGRAM FOR CHILDREN WHO ARE OVERWEIGHT THE NINE WEEK PROGRAM PROMOTES HEALTH Y EATING AND ACTIVITY HABITS AND IS OFFERED FREE OF CHARGE THANKS TO A GRANT FROM THE AHLB IN CENTER AUXILIARY THE PROGRAM PROVIDES NUTRITIONAL EDUCATION FROM REGISTERED DIETITIANS TAILORED FOR ELEMENTARY AGE CHILDREN AS WELL AS FITNESS INSTRUCTION AND EDUCATION PROVIDE D BY CERTIFIED FITNESS TRAINERS THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZA TIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVI

Form and Line Reference	Explanation
OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS	DES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS AS A RESULT, THE HOSPITAL PR OVIDED IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE BRIDGEPORT REGIONAL BUS INESS COUNCIL'S HEALTH CARE COUNCIL, BRIDGEPORT YMCA, CARDINAL SHEEHAN CENTER, CENTRAL CON NECTICUT COAST YMCA, CHILD AND FAMILY GUIDANCE CENTER OF BRIDGEPORT, GET HEALTHY CT, PRIMA RY CARE ACTION GROUP, OPTIMUS HEALTHCARE, RECOVERY NETWORK OF PROGRAMS, RONALD MCDONALD HO USE OF CT, TINY MIRACLES FOUNDATION, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOAR D AND VNS OF CONNECTICUT HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAIS E AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES SUPPLEMENTAL INFORMATIONIN ADDI TION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY MEMBERS RESID ING OR WORKING IN THE AREA SERVED BY THE HOSPITAL THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY IN FISCAL YEAR 2014 THERE WERE A TOTAL OF 887 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF BRIDGEPORT HOSPITAL'S EXCE LLENT PROGRESS IN ENSURING PATIENT CARE SAFETY AND CLINICAL QUALITY, INCREASING EMPLOYEE E NGAGEMENT, STRONG INPATIENT VOLUME, ADVANCES IN OUTPATIENT STRATEGY AND INVESTMENT IN FACI LITIES RESULTED IN A SUCCESSFUL YEAR THE HOSPITAL'S OPERATIONAL AND FISCAL MANAGEMENT PRO DUCED EXCELLENT FINANCIAL RESULTS HIGHLIGHTS OF THE YEAR AT BRIDGEPORT HOSPITAL INCLUDED GROUNDBREAKING FOR A NEW 120,000-SQUARE-FOOT MEDICAL OFFICE BUILDING AT THE BRIDGEPORT HO SPITAL OUTPATIENT CAMPUS, 5520 PARK AVENUE, TRUMBULL, WAS HELD IN SEPTEMBER THE CEREMONY INCLUDED THE OPENING OF A FOUR-STORY, 450-SPACE PARKING GARAGE SERVICES IN THE NEW BUILDI NG WILL INCLUDE A PRIMARY CARE OFFICE, OUTPATIENT SURGERY AND GASTROENTEROLOGY SUITE, AND SMILOW CANCER HOSPITAL OUTPATIENT CARE, INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY AND EXPANDED RADIOLOGY SERVICES, SUCH AS MRI, CT AND PET SCANS FOLLOWING EXTENSIVE RENOV ATIONS TO THE FIRST FLOOR OF THE PERRY BUILDING ON THE HOSPITAL'S MAIN CAMPUS, NEW QUARTER S FOR THE MEDEASE AMBULATORY MEDICINE UNIT AND GYN-ONCOLOGY AND UROGYNECOLOGY SPECIALTY CL INICS OPENED IN MARCH THE WORK INCLUDED A NEW ENTRANCE FROM GRANT STREET PLAZA AND NEW WA ITING/RECEPTION AREA, EXAM ROOMS AND INFUSION ROOM IN ADDITION, TWO OPERATING ROOMS AND T HE WEST TOWER 10 INTERNAL MEDICINE UNIT WERE MODERNIZED THE UNIVERSITY OF BRIDGEPORT (UB) AND BRIDGEPORT HOSPITAL SIGNED AN AGREEMENT TO INTEGRATE THE BRIDGEPORT HOSPITAL SCHOOL O F NURSING INTO UB AND TRANSITION THE CURRENT TWO-YEAR RN DIPLOMA PROGRAM TO A FOUR-YEAR BA CHELOR OF SCIENCE IN NURSING PROGRAM MEANWHILE, AN INTERIM PLAN PROVIDES UB STUDENTS WITH A PATHWAY TO NURSING CURRICULUM COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHIC LE TO CONNECT WITH AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANT HROPY AND VOLUNTEERING IN FISCAL YEAR 2014, 343 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 29 ,050 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 S HOP, MAIL ROOM, AND NUTRITION SERVICES THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACT IVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECIT ALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL AND REPUTATIO N AS WELL AS FUNDRAISING EFFORTS

Form and Line Reference	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 PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT CONNECTICUT

Additional Data

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION A	THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 3 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS BRIDGEPORT HOSPITAL, THROUGH THE PRIMARY CARE ACTION GROUP, SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH COMMUNITY MEMBERS AND COMMUNITY STAKEHOLDERS, AS WELL AS INCLUSION OF AT LEAST EIGHTY COMMUNITY PARTNERS AND RESIDENTS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY BRIDGEPORT HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 4 ST VINCENT'S MEDICAL CENTER, A MEMBER OF ASCENSION HEALTH SYSTEM, ALSO LOCATED IN BRIDGEPORT, IS PART OF THE PRIMARY CARE ACTION GROUP, WHICH CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE HTTP //WWW BRIDGEPORTHOSPITAL ORG/ABOUTUS/CHNA/DEFAULT ASPPART V, SECTION B, LINE 5B - OTHER WEBSITES (LIST URL) HTTP //WWW CT GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/GREATER_BRIDGEPORT PDFHTTPS //WWW BRIDGEPORTCT GOV/FILESTORAGE/89019/95959/GREATER_BRIDGEPORT_COMMUNITY_HEALTH_IMPROVEMENT_PLAN PDFHTTP //WWW STVINCENTS ORG/COMMUNITY-WELLNESS/COMMUNITY-BENEFIT HTTP //WWW TOWNOFSTRATFORD COM/CONTENT/39832/39846/39915/40728/54513 ASPXHTTP //WWW FAIRFIELDCT ORG/CONTENT/10726/11024/15879 ASPX

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 7 BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, FOUR HEALTH ISSUES WERE PRIORITIZED CARDIOVASCULAR DISEASE AND DIABETES, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AND ACCESS TO CARE BRIDGEPORT HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON ALL FOUR OF THESE AREAS AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE ABILITY TO CARE FOR THE ELDERLY, ASTHMA, CANCER, DENTAL / ORAL HEALTH, ENVIRONMENTAL ISSUES / CONTAMINATED LANDS, PRENATAL CARE, SEXUAL HEALTH, TOBACCO, TRANSPORTATION AND VIOLENCE BRIDGEPORT HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 11 THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THERE IS NO INCOME LIMITATION FOR ELIGIBILITY FOR DISCOUNTED CARE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 20D PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION D	THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE NON-HOSPITAL HEALTH CARE FACILITIES THAT BRIDGEPORT HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQUIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS ALL SUCH LOCATIONS ARE OPERATED BY BRIDGEPORT HOSPITAL UNDER THE BRIDGEPORT HOSPITAL STATE HOSPITAL LICENSE

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
SLEEP CENTER 1070 MAIN STREET BRIDGEPORT,CT 06604	SLEEP CENTER
NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD,CT 06824	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 1305 POST RD FAIRFIELD,CT 06824	SLEEP CENTER
CARDIAC REHABILITATION 1305 POST ROAD FAIRFIELD,CT 06824	SLEEP CENTER
DRAW STATION 15 CORPORATE DRIVE TRUMBULL,CT 06611	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 2 IVY BROOK ROAD SHELTON,CT 06484	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 20 COMMERCE PARK MILFORD,CT 06460	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 25 GERMANTOWN ROAD DANBURY,CT 06810	SLEEP CENTER
OUTPATIENT RADIOLOGY 2595 MAIN ST STRATFORD,CT 06615	SLEEP CENTER
DRAW STATION 2600 POST ROAD - LAB FAIRFIELD,CT 06824	SLEEP CENTER
REHABILITATION CENTER 2600 POST ROAD - REHAB FAIRFIELD,CT 06824	SLEEP CENTER
OUTPATIENT RADIOLOGY 2660 MAIN ST BRIDGEPORT,CT 06606	SLEEP CENTER
AHLBIN PHYSICAL THERAPY 2750 RESERVOIR AVE TRUMBULL,CT 06611	SLEEP CENTER
OUTPATIENT RADIOLOGY 2909 MAIN ST STRATFORD,CT 06614	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 30 PROSPECT STREET RIDGEFIELD,CT 06877	SLEEP CENTER

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
CARDIAC DIAGNOSTIC TESTING 300 SEYMOUR AVE DERBY,CT 06418	SLEEP CENTER
REACH AT BH 305 BOSTON AVE STRATFORD,CT 06614	SLEEP CENTER
DRAW STATION 3115 MAIN ST STRATFORD,CT 06614	SLEEP CENTER
AHLBIN REHABILITATION CENTER 3585 MAIN ST STRATFORD,CT 06614	SLEEP CENTER
DRAW STATION 4 CORPORATE DRIVE SHELTON,CT 06484	SLEEP CENTER
DRAW STATION 40 COMMERCE PARK MILFORD,CT 06460	SLEEP CENTER
OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD,CT 06824	SLEEP CENTER
OUTPATIENT RADIOLOGY 4699 MAIN ST BRIDGEPORT,CT 06606	SLEEP CENTER
DRAW STATION 5520 PARK AVENUE TRUMBULL,CT 06611	SLEEP CENTER
OUTPATIENT RADIOLOGY 5520 PARK AVENUE TRUMBULL,CT 06611	SLEEP CENTER
PERINATALATU 5520 PARK AVENUE TRUMBULL,CT 06611	SLEEP CENTER
RADIATIONONCOLOGY 5520 PARK AVENUE TRUMBULL,CT 06611	SLEEP CENTER
CENTER FOR GERIATRICS 95 ARMORY STRATFORD,CT 06614	SLEEP CENTER
CARDIAC DIAGNOSTIC TESTING 999 SILVER LANE TRUMBULL,CT 06611	SLEEP CENTER

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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) FAMILY CENTERS INC POBOX 7550 GREENWICH,CT 06836	06-0646656	501(C)(3)	50,000				SUPPORT MISSION
(2) P T BARNUM FOUNDATION INC 1070 MAIN ST BRIDGEPORT,CT 06604	22-2655681	501(C)(3)	5,000				SUPPORT MISSION 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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	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 BRIDGEPORT HOSPITAL ("BH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVES BH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO BH ASSISTANCE DONATED BY BH TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES BH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED PATRICK MCCABE $0 $91,524 $0 WILLIAM M JENNINGS $0 $139,208 $0 MELLISSA TURNER $0 $53,317 $0 JOHN SKELLY $0 $85,346 $0 NORMAN ROTH $0 $109,556 $0 CAROLYN SALSGIVER $0 $55,496 $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 INDIVIDUAL LISTED BELOW BECAME VESTED IN BENEFIT VALUED AT THE AMOUNT RESPECTIVELY REPORTED DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) IS AMOUNT VESTED DURING THE 2013 CALENDAR YEAR THAT WAS RECOGNIZED AS TAXABLE EVENT AND REPORTED IN THE INDIVIDUAL'S 2013 CALENDAR YEAR FORM W-2 GAYLE CAPOZZALO $ 322,870 TWO FORMER OFFICERS, ROBERT TREFRY AND JOSEPH JANNEL, RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST ROBERT TREFRY $216,182 JOSEPH JANELL 33,365 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	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

Additional Data

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 JENNINGS PRESIDENT & CEO/DIRECTOR	(I)	440,314	152,446	48,237	166,958	32,551	840,506	0
	(II)	237,092	82,087	25,973	89,900	17,527	452,579	0
GAYLE CAPOZZALO DIRECTOR	(I)	65,868	23,002	41,904	14,365	4,605	149,744	0
	(II)	592,810	207,014	377,136	129,284	41,445	1,347,689	0
STEPHEN MARSHALKO DIRECTOR	(I)	0	0	154,212	0	0	154,212	0
	(II)	0	0	0	0	0	0	0
MICHAEL IVY SR VP MEDICAL AFFAIRS	(I)	376,596	60,823	28,400	15,790	45,265	526,874	0
	(II)	0	0	0	0	0	0	0
MARYELLEN KOSTURKO SR VP PATIENT CARE OPERATIONS	(I)	255,601	60,795	22,900	23,735	12,421	375,452	0
	(II)	0	0	0	0	0	0	0
CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS PLANNING	(I)	242,593	62,705	47,022	116,146	25,792	494,258	0
	(II)	0	0	0	0	0	0	0
MELISSA TURNER SR VP HUMAN RESOURCE	(I)	122,606	31,482	23,049	50,184	11,672	238,993	0
	(II)	122,605	31,483	23,050	50,184	11,672	238,994	0
PATRICK MCCABE SR VP, CFO & TREASURER	(I)	212,358	51,794	28,134	88,953	9,265	390,504	13,913
	(II)	259,548	63,303	34,387	108,721	11,323	477,282	17,005
MARC BRUNETTI VP OF SUPPORT OPERATIONS	(I)	208,394	29,712	14,486	20,058	45,620	318,270	0
	(II)	0	0	0	0	0	0	0
RYAN O'CONNELL VP OF PERFORMANCE & RISK MGMT	(I)	300,961	300	12,192	13,437	48,842	375,732	0
	(II)	0	0	0	0	0	0	0
PATRICK SCHMINCKE THRU 62014 VP OF CLINICAL ADMINISTRATION	(I)	202,482	31,123	15,254	15,237	31,625	295,721	0
	(II)	0	0	0	0	0	0	0
JOHN SKELLY VP OF FINANCE	(I)	408,026	100,765	69,304	163,996	23,267	765,358	9,357
	(II)	0	0	0	0	0	0	0
NORMAN ROTH EXECTIVE VP,COO & SEC	(I)	384,535	141,486	59,302	151,365	12,902	749,590	1,313
	(II)	96,134	35,371	14,826	37,841	3,226	187,398	329
ROCKMAN FERRIGNO PHYSICIAN	(I)	391,451	23,077	17,500	15,202	25,524	472,754	0
	(II)	0	0	0	0	0	0	0
JONATHAN MAISEL PHYSICIAN	(I)	306,710	90,649	23,000	25,500	25,377	471,236	0
	(II)	0	0	0	0	0	0	0
GUILLERMO KATIGBAK PHYSICIAN	(I)	342,171	0	17,415	25,500	19,240	404,326	0
	(II)	0	0	0	0	0	0	0
THOMAS LAMONTE PHYSICIAN	(I)	339,843	0	23,000	25,500	25,362	413,705	0
	(II)	0	0	0	0	0	0	0
JUSTIN CAHILL PHYSICIAN	(I)	326,523	0	17,500	16,379	13,304	373,706	0
	(II)	0	0	0	0	0	0	0
JOSEPH JANELL THRU 12012 FORMER OFFICER	(I)	0	0	267,707	0	0	267,707	264,750
	(II)	0	0	0	0	0	0	0
ROBERT TREFRY THRU 92010 FORMER OFFICER	(I)	0	0	0	0	0		0
	(II)	0	0	0	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				
BRUCE MCDONALD	(I)	0	0	0	0	0	0	0
THRU 102013	(II)	146,319	81,776	22,770	22,404	12,119	285,388	22,325
FORMER OFFICER								

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 A & C ISSUED 92 & 95		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,467,946			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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	39,686,683			
12	Other unspent proceeds				
13	Year of substantial completion	2012			

		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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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 of bond-financed property?								
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?								
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose 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) CENTURY FINANCIAL SERVICES INC	SEE SCHEDULE O	314,167	SEE PART V		No
(2) CONNECTICUT NEUROSURGICAL SPECIALISTS PC	SEE SCHEDULE O	333,621	SEE PART V		No
(3) EBP SUPPLY SOLUTIONS	SEE SCHEDULE O	153,142	SEE PART V		No
(4) PEOPLE'S UNITED FINANCIAL	SEE SCHEDULE O	329,847	SEE PART V		No
(5) SIKORSKY AIRCRAFT CORPORATION	SEE SCHEDULE O	866,148	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV, COLUMN D	NAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES, INC OFFICER PATRICK MCCABE IS AN OFFICER AND DIRECTOR OF CENTURY FINANCIAL SERVICES, INC CENTURY FINANCIAL SERVICES, INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL CENTURY FINANCIAL SERVICES, INC IS PARTIALLY OWNED BY THE HOSPITAL'S CORPORATE PARENT, BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC AMOUNT OF TRANSACTION $314,167NAME OF INTERESTED PERSON CONNECTICUT NEUROSURGICAL SPECIALISTS, P C TRUSTEE GARY ZIMMERMAN, M D IS A SHAREHOLDER AND OFFICER OF CONNECTICUT NEUROSURGICAL SPECIALISTS, P C CONNECTICUT NEUROSURGICAL SPECIALISTS, P C PROVIDES MEDICAL SERVICES TO THE HOSPITAL AMOUNT OF TRANSACTION $333,621NAME OF INTERESTED PERSON EBP SUPPLY SOLUTIONSTRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CHIEF EXECUTIVE OFFICER OF EBP SUPPLY SOLUTIONS 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 EBP SUPPLY SOLUTIONS AMOUNT OF TRANSACTION $153,142NAME OF INTERESTED PERSON PEOPLE'S UNITED FINANCIALTRUSTEES GEORGE CARTER AND RICHARD HOYT ARE DIRECTORS OF PEOPLE'S UNITED FINANCIALPEOPLE'S UNITED FINANCIAL PROVIDES CERTAIN FINANCIAL MANAGEMENT SERVICES TO THE HOSPITAL AMOUNT OF TRANSACTION $329,847NAME OF INTERESTED PERSON SIKORSKY AIRCRAFT CORPORATIONTRUSTEE MICK MAUER IS AN OFFICER OF SIKORSKY AIRCRAFT CORPORATIONTHE HOSPITAL PROVIDES NURSES AND ADMINISTRATIVE SERVICES TO THE SIKORSKY AIRCRAFT CORPORATION MEDICAL DEPARTMENT AMOUNT OF TRANSACTION $866,148

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Return Reference	Explanation
FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY PURSUANT TO THE ORGANIZATION'S BYLAWS, THE ORGANIZATION'S SOLE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE (THE "PARENT"), APPOINTS OR APPROVES THE ORGANIZATION'S BOARD OF DIRECTORS THE BYLAWS REQUIRE THAT THE ORGANIZATION'S BOARD OF DIRECTORS BE COMPRISED OF INDIVIDUALS WHO ARE, OR ARE APPOINTED BY, (1) OFFICERS OR EMPLOYEES OF THE PARENT, (2) OFFICERS OR EMPLOYEES OF A RELATED ORGANIZATION OF THE PARENT OR (3) OFFICERS, EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION AS A RESULT, THE MAJORITY OF THE ORGANIZATION'S CURRENT VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS OFFICERS OR EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION CERTAIN OF THESE INDIVIDUALS ARE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ONLY AS A FUNCTION OF THEIR ROLES WITH THE PARENT OR THE ORGANIZATION AND CERTAIN OTHERS ARE REQUIRED TO BE EMPLOYEES BY THE ORGANIZATION'S BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES GEORGE P CARTER AND RICHARD M HOYT ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	BRIDGEPORT HOSPITAL AMENDED AND RESTATED ITS ORGANIZATIONAL DOCUMENTS EFFECTIVE MAY 16, 2014 SO THAT ITS BYLAWS AND CHARTER WERE IN CONFORMANCE WITH THOSE OF OTHER ENTITIES AFFILIATED WITH YALE NEW HAVEN HEALTH SYSTEM THE BYLAWS REVISIONS CHANGED THE TERMS OF TRUSTEES FROM 2 TO 3 YEARS, EXPANDED THE RESERVE POWERS OF THE CORPORATE PARENT, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AND MADE OTHER CHANGES CONSISTENT WITH NORTHEAST MEDICAL GROUP JOINING THE YALE NEW HAVEN OBLIGATED GROUP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF BRIDGEPORT HOSPITAL WAS BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION BECAME THE SOLE MEMBER OF BRIDGEPORT HOSPITAL EFFECTIVE 5/17/14

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZATION, AND (ON THE RECOMMENDATION OF THE BOARD OF DIRECTORS) THE FOLLOWING ADDITIONAL RIGHTS TO APPROVE OPERATING, CASH FLOW AND CAPITAL BUDGETS, TO APPROVE GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION ARRANGEMENTS, TO APPROVE MAJOR NEW CLINICAL PROGRAMS AND SERVICES AND CONTINUATION OF SAME, APPROVAL OF STRATEGIC PLANS, AND ADOPTION OF SAFETY AND QUALITY ASSESSMENT POLICIES, TO APPROVE THE MERGER, CONSOLIDATION, DISSOLUTION OR THE SALE OF ALL OR SUBSTANTIALLY ALL THE ORGANIZATION'S ASSETS, TO AMEND THE CERTIFICATE OF INCORPORATION AND BYLAWS OF THE ORGANIZATION, TO APPROVE THE EXECUTION OF LONG-TERM OR MATERIAL AGREEMENTS, TO APPROVE THE APPOINTMENT OF AN INDEPENDENT AUDITOR AND THE HIRING OF INDEPENDENT COUNSEL, TO AUTHORIZE THE EXECUTION OF CONTRACTS WITH AN UNRELATED THIRD PARTY FOR MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE ORGANIZATION, AND TO APPROVE COMPENSATION OF EMPLOYED PHYSICIANS YALE-NEW HAVEN HEALTH SERVICES CORPORATION RETAINS THE FOLLOWING AUTHORITY ADOPTION OF BUDGETARY TARGETS, INDEBTEDNESS, MANAGEMENT AND CONTROL OF LIQUID ASSETS, APPOINTMENT OF THE INDEPENDENT AUDITOR AND APPOINTMENT OF THE CEO

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANY AVAILABLE 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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 54,355,809 MANAGEMENT AND GENERAL EXPENSES 10,175,146 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,530,955 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 25,415,178 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,415,178 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 8,678,486 MANAGEMENT AND GENERAL EXPENSES 2,231,714 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,910,200

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION 3,819,113 INCREASE IN TEMP RESTRICTED NET ASSETS 1,246,000 INCREASE IN PERM RESTRICTED NET ASSETS 955,000 TRANSFER FROM YALE NEW HAVEN HEALTH SERVICES -42,682,000 TRANSFER FROM BRIDGEPORT HOSPITAL -3,904,000 NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS 2,445,000 PENSION LIABILITY ADJUSTMENT -20,970,000 OTHER TRANSFER -13,000 RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS 2,395,275 RECLASS SERP ASSETS G/L -563 OTHER-NON-OPERATING INCOME ADJUSTMENT 434,511

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? Yes	(g) 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN SERVICES CORPORATION	P	9,480,937	TRANSACTION REVIEW
(2) YALE NEW HAVEN SERVICES CORPORATION	M	65,145,444	COMPARABLE MARKET VALUE
(3) BRIDGEPORT HOSPITAL FOUNDATION INC	Q	2,808,797	TRANSACTION REVIEW
(4) BRIDGEPORT HOSPITAL FOUNDATION INC	L	1,966,505	TRANSACTION REVIEW
(5) BRIDGEPORT HOSPITAL AND HEALTHCARE	S	3,904,550	TRANSACTION REVIEW
(6) YALE NEW HAVEN SERVICES CORPORATION	R	25,000,000	CASH

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS	BRIDGEPORT HOSPITAL AUXILIARY INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 BRIDGEPORT HOSPITAL FOUNDATION, INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 SOUTHERN CT HEALTH SYSTEM PROPERTIES INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN CARE CONTINUUM CORP - YNH NETWORK CORP 10/1/13-5/16/14 YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN HOSPITAL - YNH NETWORK CORP 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE	CT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC	Yes	
(1) 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
(2) 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	
(3) BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - MERGED 52014 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
(4) SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		SEE SCHEDULE R PART VII	Yes	
(5) BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	SEE SCHEDULE R PART VII	Yes	
(6) BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	CT	501C3	LINE 7	SEE SCHEDULE R PART VII	Yes	
(7) NORMA F PFREIM BREAST CANCER INC - MERGED 22014 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
(8) 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	
(9) NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
(10) YNH NETWORK CORP - MERGED 52014 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP		No
(11) YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE	CT	501C3	LINE 3	SEE SCHEDULE R PART VII	Yes	
(12) YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	SEE SCHEDULE R PART VII	Yes	
(13) CARITAS INSURANCE 40 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
(14) 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
(15) PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(16) BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS INC 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	N/A	C				Yes	
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	N/A	C				Yes	
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH PEDIATRIC SERVICES PC - DISSOLVED 92014 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH INTEGRATIVE MEDICINE - DISSOLVED 92014 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	N/A	C				Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	N/A	C				Yes	
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C				Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C				Yes	
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	N/A	C				Yes	
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA BD 98-1072793	INSURANCE	BD	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	N/A	C				Yes	
PRIMARYNET OF CONNECTICUT INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE	CT	N/A	C				Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C				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	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
CENTURY MANAGEMENT SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLE MANAGEMENT	CT	N/A	C				Yes	

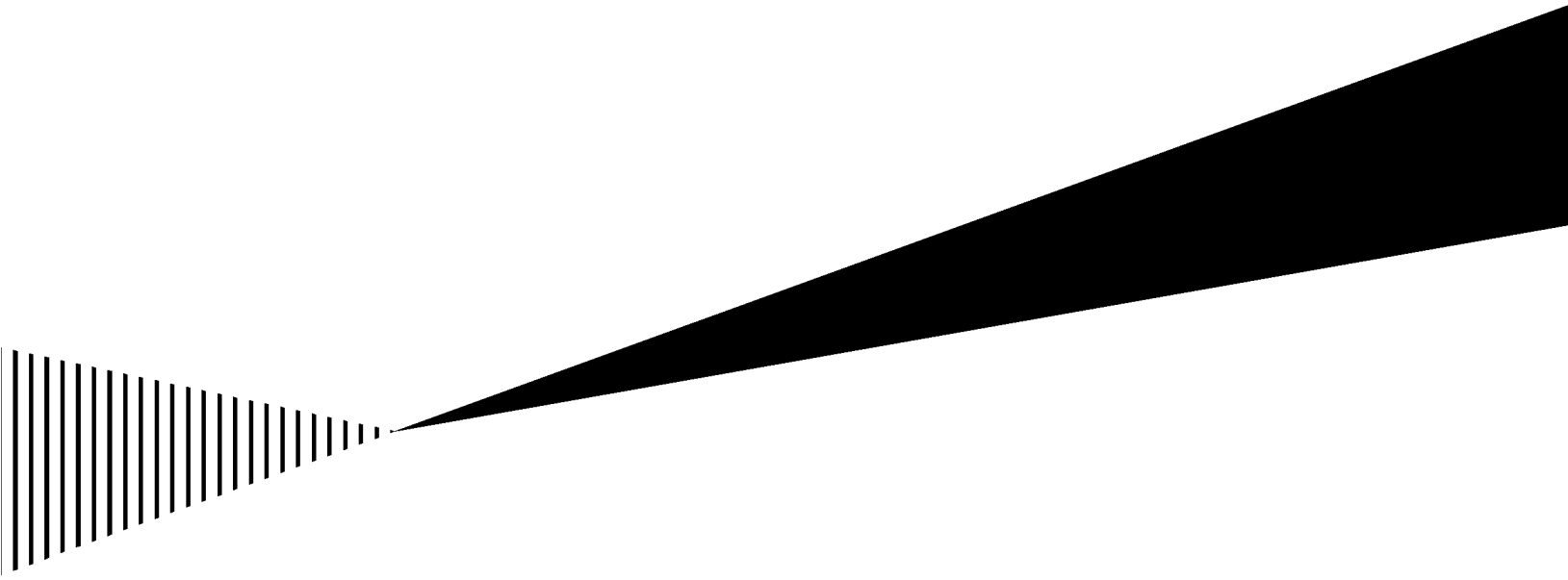
Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
YALE NEW HAVEN SERVICES CORPORATION	P	9,480,937	TRANSACTION REVIEW
YALE NEW HAVEN SERVICES CORPORATION	M	65,145,444	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL FOUNDATION INC	Q	2,808,797	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL FOUNDATION INC	L	1,966,505	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL AND HEALTHCARE	S	3,904,550	TRANSACTION REVIEW
YALE NEW HAVEN SERVICES CORPORATION	R	25,000,000	CASH

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Bridgeport Hospital and Subsidiaries
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



EY
Building a better working world

Bridgeport Hospital and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2014 and 2013

Contents

Ernst & Young LLP
20 Church Street
Hartford, CT 06103

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ey com

Building a better working world

Report of Independent Auditors

The Board of Directors
Bridgeport Hospital and Subsidiaries

We have audited the accompanying consolidated financial statements of Bridgeport Hospital and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

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 Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Bridgeport Hospital and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst & Young LLP

December 23, 2014

Bridgeport Hospital and Subsidiaries

Consolidated Balance Sheets

	September 30 2014	2013
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 29,461**	$ 30,636
Short-term investments	**72,752**	64,307
Accounts receivable for services to patients, less allowances for uncollectible accounts, charity, and free care of approximately $46,427 in 2014 and $42,242 in 2013	**49,732**	51,432
Professional liabilities insurance recoveries receivable – current portion	**8,273**	10,552
Other current assets	**21,191**	17,755
Assets limited as to use	**247**	–
Total current assets	**181,656**	174,682
Assets limited as to use	**5,066**	–
Long-term investments	**54,499**	53,099
Professional liabilities insurance recoveries receivable – non-current	**19,303**	22,167
Deferred financing costs	**1,290**	862
Other assets	**28,755**	31,023
Goodwill	**17,217**	17,217
Property, plant, and equipment		
Land, buildings, and improvements	**124,401**	124,308
Equipment	**308,888**	285,812
	433,289	410,120
Less accumulated depreciation	**304,089**	285,773
	129,200	124,347
Construction in progress	**37,001**	19,477
	166,201	143,824
Total assets	**$ 473,987**	$ 442,874

	September 30	
	2014	**2013**
	(In Thousands)	
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 10,476**	$ 16,363
Accrued expenses	**58,490**	47,877
Current portion of long-term debt and capital lease obligation	**9,262**	32,205
Professional liabilities – current portion	**8,273**	10,552
Other current liabilities	**4,590**	5,306
Total current liabilities	**91,091**	112,303
Long-term debt, net of current portion	**79,882**	49,107
Long-term capital lease obligation, net of current portion	**20,160**	95
Accrued pension obligation	**58,281**	42,945
Professional liabilities	**33,169**	34,291
Other long-term liabilities	**34,631**	31,022
Total liabilities	**317,214**	269,763
Commitments and contingencies		
Net assets		
Unrestricted	**101,751**	120,290
Temporarily restricted	**33,279**	32,033
Permanently restricted	**21,743**	20,788
Total net assets	**156,773**	173,111
Total liabilities and net assets	**$ 473,987**	$ 442,874

See accompanying notes.

Bridgeport Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2014	**2013**
	(In Thousands)	
Operating revenue		
Net patient service revenue	**$ 459,680**	$ 446,753
Less provision for bad debts	**(20,305)**	(27,926)
Net patient service revenue, less provision for bad debts	**439,375**	418,827
Other revenue	**27,566**	26,208
Total operating revenue	**466,941**	445,035
Operating expenses.		
Salaries and benefits	**201,556**	195,993
Supplies and other expenses	**194,392**	191,236
Depreciation and amortization	**31,016**	22,858
Insurance	**480**	1,028
Interest	**2,566**	1,665
Total operating expenses	**430,010**	412,780
Income from operations	**36,931**	32,255
Non-operating gains and losses, net	**5,852**	3,969
Excess of revenue over expenses	**42,783**	36,224

Bridgeport Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2014	**2013**
	(In Thousands)	
Unrestricted net assets:		
Excess of revenue over expenses	**$ 42,783**	$ 36,224
Net assets released from restrictions used for capital acquisitions	**2,445**	879
Transfers (to) from Yale-New Haven Health Services Corporation	**(25,000)**	900
Transfers to Yale-New Haven Health Services Corporation – Mission Support	**(17,682)**	(12,995)
Other transfers	**(115)**	444
Pension liability adjustment	**(20,970)**	22,810
(Decrease) increase in unrestricted net assets	**(18,539)**	48,262
Temporarily restricted net assets:		
Net assets released from restrictions used for operations	**(7,069)**	(6,346)
Net assets released from restrictions used for capital acquisitions	**(2,445)**	(879)
Change in unrealized gains and losses on investments	**2,935**	2,330
Bequests, contributions, and grants	**6,328**	6,138
Net realized investment gains	**756**	1,042
Other changes in net assets	**741**	916
Increase in temporarily restricted net assets	**1,246**	3,201
Permanently restricted net assets:		
Bequests, contributions, and grants	**955**	916
Increase in permanently restricted net assets	**955**	916
(Decrease) increase in net assets	**(16,338)**	52,379
Net assets at beginning of year	**173,111**	120,732
Net assets at end of year	**$ 156,773**	$ 173,111

See accompanying notes.

Bridgeport Hospital and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30 2014	2013
	(In Thousands)	
Operating activities		
(Decrease) increase in net assets	**$ (16,338)**	$ 52,379
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Depreciation and amortization	**31,016**	22,858
Provision for bad debts	**20,305**	27,926
Change in unrealized gains and losses on investments	**(7,369)**	(5,882)
Bequests, contributions, and grants	**(7,283)**	(7,054)
Amortization of long-term debt premium	**(567)**	(493)
Amortization of deferred financing cost	**97**	72
Pension liability adjustment	**20,970**	(22,810)
Changes in operating assets and liabilities,		
Accounts receivable, net	**(18,605)**	(36,375)
Other assets	**(1,168)**	(10,409)
Accounts payable	**(5,887)**	6,155
Accrued expenses	**10,613**	553
Professional insurance recoverable and liabilities	**1,742**	(17)
Other current liabilities, accrued pension obligation, and other long-term liabilities	**(2,741)**	(6,373)
Net cash provided by operating activities	**24,785**	20,530
Investing activities		
Net change in investments	**(2,476)**	5,530
Net purchases of assets limited as to use	**(5,313)**	1,875
Cash paid for acquisition, net of cash acquired	**–**	(13,516)
Acquisitions of property, plant, and equipment, net	**(33,233)**	(37,564)
Net cash used in investing activities	**(41,022)**	(43,675)
Financing activities		
Proceeds from line of credit	**–**	25,000
Proceeds from note payable	**–**	14,000
Proceeds from issuance of long-term debt	**40,513**	–
Payments on capital lease obligations	**(48)**	(73)
Payment for line of credit	**(25,000)**	–
Deferred financing costs	**(525)**	–
Repayments of long-term debt	**(3,948)**	(3,747)
Repayments of note payable	**(3,213)**	(4,525)
Bequests, contributions, and grants	**7,283**	7,054
Net cash provided by financing activities	**15,062**	37,709
Net (decrease) increase in cash and cash equivalents	**(1,175)**	14,564
Cash and cash equivalents at beginning of year	**30,636**	16,072
Cash and cash equivalents at end of year	**$ 29,461**	$ 30,636

See accompanying notes

Bridgeport Hospital and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014

1. Organization and Significant Accounting Policies

Bridgeport Hospital & Healthcare Services, Inc (BHHS) was a Connecticut not-for-profit, nonstock corporation established to promote and carry out charitable, scientific, and educational activities BHHS was the sole member of the following not-for-profit, nonstock corporations Bridgeport Hospital, Bridgeport Hospital Foundation, Inc (the Foundation), Southern Connecticut Health System Properties, Inc. (Properties), and the BHHS BHHS had an affiliation agreement with Yale-New Haven Health Services Corporation (YNHHSC) in which YNHHSC was the sole member of BHHS

The Hospital is a voluntary association incorporated under the General Statutes of the State of Connecticut

In 2014, the Hospital and BHHS were merged in connection with the formation of an obligated group and are now referred to as Bridgeport Hospital and Subsidiaries (BH or the Hospital) As a result, the Hospital's financial statement reporting entity changed to include the Foundation and Properties, which were previously reported in the consolidated financial statements of BHHS The change in reporting entity was retrospectively applied to the financial statements for the Hospital for all periods presented YNHHSC is now the sole member of BH

YNHHSC is the sole member of two similar organizations Yale New Haven Hospital and Subsidiaries (Y-NHH) and Greenwich Health Care Services, Inc (GHCS) 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 YNHHSC is also the sole member of Northeast Medical Group, Inc. (NEMG).

The Hospital is now the sole member of the Foundation and Properties The Hospital provides health care services to the Fairfield County community The Foundation solicits contributions for the benefit of the Hospital and all other tax-exempt health care organizations associated with the Hospital Properties is a real estate holding company

Concurrent with the issuance of the Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Yale-New Haven Health Obligated Group Issue, Series A, B, C, D, and E dated May 20, 2014, six members of the Yale New Haven Health System and Subsidiaries were combined to form an Obligated Group The Obligated Group comprises YNHHSC, Y-NHH, Yale-New Haven Care Continuum Corporation, the Hospital, the Foundation, and NEMG (the Obligated Group) YNHHSC serves as agent of the Obligated Group The members

1. Organization and Significant Accounting Policies (continued)

of the Obligated Group have adopted certain governance provisions in their certificates of incorporation and bylaws pursuant to which YNHHSC retains the authority to directly take certain actions on behalf of each Obligated Group member without the approval of the board of trustees of the applicable Obligated Group member, including the incurrence of indebtedness on behalf of each Obligated Group member, the management and control of the liquid assets of each, and the appointment of the president and chief executive officer of each Obligated Group member

The Hospital and subsidiaries operate with a separate Board of Trustees, management staff, and medical staff, however, YNHHSC must approve the strategic plans, operating and capital budgets, and Board of Trustees appointments of the Hospital

The accounting policies that affect significant elements of the Hospital's consolidated financial statements are summarized below

Change in Reporting Entity

The change in reporting entity was retrospectively applied to the consolidated financial statements of the Hospital for all periods presented The impact of the change in reporting entity on selected previously reported financial statement line items is as follows

	Amounts Previously Reported	Adjustments	As Adjusted
Consolidated balance sheet – September 30, 2013			
Total current assets	$ 143,463	$ 31,219	$ 174,682
Total assets	440,309	2,565	442,874
Total current liabilities	113,611	(1,308)	112,303
Total liabilities	264,449	5,314	269,763
Total net assets	175,860	(2,749)	173,111
Total liabilities and net assets	440,309	2,565	442,874

1. Organization and Significant Accounting Policies (continued)

	Amounts Previously Reported	Adjustments	As Adjusted
Consolidated statement of operations and changes in net assets			
Total operating revenue	$ 441,712	$ 3,323	$ 445,035
Total operating expenses	409,234	3,546	412,780
Income from operations	32,478	(223)	32,255
Excess of revenue over expenses	36,447	(223)	36,224
Net assets, October 1, 2012	123,258	(2,526)	120,732
Net change in net assets – year ended September 30, 2013	52,602	(223)	52,379
Net assets, September 30, 2013	175,860	(2,749)	173,111
Consolidated statement of cash flows – year ended September 30, 2013			
Net cash provided by operating activities	$ 38,385	$ (17,855)	$ 20,530
Net cash used in investing activities	(40,936)	(2,739)	(43,675)
Net cash provided by financing activities	17,167	20,542	37,709
Net increase in cash and cash equivalents	14,616	(52)	14,564

Principles of Consolidation

The accompanying consolidated financial statements present the Hospital and its subsidiaries In consolidating the financial statements of the Hospital and its subsidiaries, all significant intercompany revenues and expenses and intercompany balance sheet amounts have been eliminated in consolidation

1. Organization and Significant Accounting Policies (continued)

Use of Estimates

The preparation of the consolidated 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 consolidated 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 2014 and 2013, the Hospital recorded a change in estimate of approximately $2 7 million and $6 4 million, respectively Included in the change are amounts related to favorable third-party payor 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

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.

1. Organization and Significant Accounting Policies (continued)

Pledges receivable, included in other current assets and other assets in the accompanying consolidated balance sheets at September 30, 2014 and 2013, are expected to be received as follows (in thousands)

	2014	2013
Due in one year or less	**$ 558**	$ 591
Due after one year through five years	**645**	214
Total pledges receivable	**1,203**	805
Less unamortized discount on contribution receivable (0 1% to 1 8%)	**(9)**	–
Less allowance for doubtful pledges	**(36)**	(24)
Pledges receivable, net	**$ 1,158**	$ 781

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, that are not classified as assets limited as to use or held in the long-term investment portfolio

Cash and cash equivalents are maintained with domestic financial institutions with deposits that 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

1. Organization and Significant Accounting Policies (continued)

Investments

The Hospital has designated its investment portfolio as trading Investment income or loss (including realized gains and losses on investments, interest, and dividends) and the change in net unrealized gains and losses are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law

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

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

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 comprises 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

1. Organization and Significant Accounting Policies (continued)

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, 2014, the Hospital can withdraw 100% of its investment in the L-TIP as of July 1, 2015. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days' advance notice

The Trust has an agreement with the University's investment office (the Investment Management Agreement) that allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the Pool) For each of the years ended September 30, 2014 and 2013, the Trust transferred approximately $100.0 million 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 assets, 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 ending 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 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 30 unit valuation. No advances have been requested or taken by the Trust.

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

1. Organization and Significant Accounting Policies (continued)

Assets Limited as to Use

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

Inventories

Inventories, included in prepaid expenses and other current assets, are stated at the lower of cost or market BH 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 The accumulated amortization of deferred financing costs was approximately $0 2 million and $0 1 million at September 30, 2014 and 2013, respectively See 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 specific experience. At September 30, 2014 and 2013, the estimated liability for self-insured employee medical, prescriptions, and other benefit claims and IBNRs aggregated approximately $1 0 million and $0 9 million, respectively, and is included in accrued expenses in the accompanying consolidated balance sheets

The Hospital is effectively self-insured for workers' compensation claims Estimated amounts are accrued for claims, including IBNRs, which are based on specific experience At September 30, 2014 and 2013, the estimated liability for self-insured workers' compensation claims and IBNRs aggregated approximately $6 1 million and $5 6 million, respectively, discounted at 2 5% in 2014 and in 2013, and is included in other long-term liabilities in the accompanying consolidated balance sheets

1. Organization and Significant Accounting Policies (continued)

Property, Plant, and Equipment

Property, plant, and equipment purchased are carried at cost, and those acquired by gifts and bequests are carried at fair value established at the date of contribution The carrying amounts of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations Depreciation of property, plant, and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 50 years.

Acquisitions

During 2013, the Hospital acquired substantially all of the business, assets, and operations of Robert D Russo and Associates Radiology P C (Russo Radiology) The acquisition includes installment payments totaling approximately $15 0 million, including interest, ranging from approximately $1.5 million to $3.9 million due from May 2013 through June 2017. At September 30, 2014 and 2013, the Hospital has a liability of approximately $6.3 million and $9.5 million, respectively, remaining The Hospital has accounted for the business combination by applying the acquisition method of accounting in accordance with Accounting Standards Codification (ASC) 805, *Business Combinations* As a result of the transaction, goodwill in the amount of approximately $13 5 million was recorded and is included in other assets at September 30, 2014 and 2013

In 2011, the Hospital acquired certain tangible and intangible assets of Cardiac Specialists, P C for approximately $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, 2014 and 2013

On June 1, 2014, NEMG and YNHHSC acquired certain assets of PriMed, LLC (PriMed), a physician practice, for approximately $54.2 million. YNHHSC contributed the entire purchase price, of which $25 0 million was transferred from the Hospital to YNHHSC PriMed is a multi-specialty group of approximately 120 providers in 36 locations across Fairfield County and New Haven County, Connecticut PriMed also is the sole member of a gastroenterology surgery center, the Fairfield County Endoscopy Center, and offers a number of ancillary services such as a sleep laboratory, cardiac diagnostic testing, physical therapy, and nutritional counseling Under the terms of the transaction, NEMG and YNHHSC acquired substantially all the assets of PriMed and a 40% interest in the gastroenterology surgery center.

1. Organization and Significant Accounting Policies (continued)

The Hospital is required to review its goodwill for impairment annually Based on the Hospital's review at September 30, 2014 and 2013, 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

Contributions of, or restricted to, property, plant, and equipment, 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 and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Code. Properties is a tax-exempt organization pursuant to Section 501(c)(2) of the Code and also is not subject to federal and state income taxes.

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 3 million and $11 0 million, respectively, at September 30, 2014, and approximately $0 4 million and $12 1 million, respectively, at September 30, 2013

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2013, balances previously reported in the consolidated financial statements in order to conform with the year ended September 30, 2014, presentation Approximately $12 9 million reported as a reduction to accounts receivable is now classified as allowances for uncollectible accounts, charity care, and free care on the accompanying balance sheet to conform with current year presentation See Note 3 for additional information relative to the amendment of the Hospital's Charity Care policy.

New Accounting Pronouncement

In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services The adoption of ASU 2014-09 is required on October 1, 2017, and management is current evaluating the effect of this guidance on its financial statements

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 (CDSHP), includes premium revenue, and is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations

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

Third-party payor receivables included in other current assets were approximately $4.2 million and $2 7 million at September 30, 2014 and 2013, respectively Third-party payor receivables included in other long-term assets were approximately $3 4 million at September 30, 2013 Third-party payor liabilities included in other current liabilities were approximately $4 0 million and $4 5 million at September 30, 2014 and 2013, respectively Third-party payor liabilities included in other long-term liabilities were approximately $18 3 million and $13 4 million at September 30, 2014 and 2013, 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 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 In April 2014, the Hospital began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative Under the Bundled Payments for Care Improvement initiative, the Hospital has entered into payment arrangements that include financial and performance accountability for episodes of care

Revenue from Medicare and Medicaid programs accounted for approximately 36% and 20%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2014, and 38% and 18%, respectively, for the year ended September 30, 2013 Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 34%, respectively, for the year ended September 30, 2014, and approximately 39% and 31%, respectively, for the year ended September 30, 2013 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 2010 for Medicare and 2008 for Medicaid Other years remain open for settlement

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

The significant concentrations of accounts receivable for services to patients include 42% from Medicare, 17% from Medicaid, and 41% from nongovernmental payors at September 30, 2014, and 31% from Medicare, 13% from Medicaid, and 56% from nongovernmental payors at September 30, 2013

Net patient service revenue comprises the following for the years ended September 30, 2014 and 2013 (in thousands)

	2014	2013
Gross revenue from patients	**$ 1,693,080**	$ 1,512,520
Deductions		
Contractual allowances	**1,184,162**	1,027,832
Charity and free care (at charges)	**49,238**	37,935
Provision for doubtful accounts	**20,305**	27,926
Net patient service revenue	**$ 439,375**	$ 418,827

Patient service revenue for the years ended September 30, 2014 and 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation is as follows (in thousands)

	2014	2013
Third-party	**$ 441,363**	$ 431,452
Self-pay	**18,317**	15,301
Total all payors	**$ 459,680**	446,753

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility, and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience Accounts receivable are also reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

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

The Hospital's allowance for doubtful accounts totaled approximately $46.4 million and $42 2 million at September 30, 2014 and 2013, respectively The allowance for doubtful accounts for self-pay patients was approximately 87 5% and 78 5% of self-pay accounts receivable as of September 30, 2014 and 2013, respectively Overall, the total of self-pay discounts and write-offs did not change significantly in 2014

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 health care 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 During the year ended September 30, 2014, the Hospital amended its Charity Care policy Based upon the policy change, the Hospital experienced increased charity care write offs during the year

Together, charity care and bad debt expense represent uncompensated care The estimated cost of total uncompensated care is approximately $31 2 million and $27.9 million for the years ended September 30, 2014 and 2013, respectively The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity The estimated cost of charity care is based on the ratio of cost to charges 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 versus 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 approximately $22 1 million and $16 8 million for the years ended September 30, 2014 and 2013, respectively The estimated cost of charity care is based on the ratio of cost to charges, as determined by Hospital-specific data

3. Uncompensated Care and Community Benefit Expense (continued)

For the years ended September 30, 2014 and 2013, bad debt expense, at charges, was approximately $20.3 million and $27.9 million, respectively. For the years ended September 30, 2014 and 2013, bad debt expense, at cost, was approximately $9 1 million and $11 1 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 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, 2014 and 2013, the Hospital received approximately $14 4 million and $17.7 million, respectively, in CDSHP distributions, of which approximately $10 2 million and $12 6 million, respectively, related to charity care The Hospital made payments into CDSHP of approximately $16 9 million for the years ended September 30, 2014 and 2013, 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 health care 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, amounts on deposit with trustee in debt service fund, and assets limited as to use, is set forth in the following table (in thousands)

	2014	2013
Money market funds	**$ 10,153**	$ 7,737
U S. equity securities	**6,825**	7,004
U S. equity securities – common collective trusts	**1,096**	1,514
International equity securities[a]	**7,300**	7,224
Fixed income.		
U.S government	**19,543**	18,018
U.S government – common collective trusts	**9,002**	7,509
Corporate debt	**3,803**	3,733
International government[b]	**6,334**	6,536
Commodities	**145**	173
Hedge funds		
Long/short equity [c]	**69**	57
Real estate[d]	**1,610**	1,713
Interest in Yale University Endowment Pool[e]	**66,684**	56,188
Total	**$ 132,564**	$ 117,406

[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 or in direct foreign securities

[b]Investments with external commodities futures manager

[c]Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions

[d]Investments with external direct real estate managers and fund of funds managers. Investment vehicles both closed-end real estate investment trusts and limited partnerships

[e]The 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 a strong orientation to equity investments with a strong allocation to non-traditional asset classes such as an absolute return, private equity , and real assets

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

The Hospital ownership percentage of the Trust was approximately 7 6% and 9 2% as of September 30, 2014 and 2013, respectively. The Hospital's pro rata portion of the Trust's investments is included in the above table

The Hospital has a 47 6% equity interest in Century Financial Services, Inc (Century). At September 30, 2014 and 2013, the investment is included in other assets in the accompanying consolidated balance sheets The investment in Century is carried on the equity basis of accounting and is adjusted for the Hospital's proportionate share of undistributed earnings or losses. Dividends received are deducted from the carrying value of the investment.

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 (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment related to the Hospital's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds. (1) the duration and preservation of the fund, (2) the purposes of the Hospital and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Hospital, and (7) the investment and spending policies of the Hospital

5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2014, are as follows (in thousands).

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	**$ 882**	**$ 20,321**	**$ 20,788**	**$ 41,991**
Investment returns				
Investment income	**11**	**417**	**–**	**428**
Net appreciation (realized and unrealized)	**282**	**2,259**	**–**	**2,541**
Total investment return	**293**	**2,676**	**–**	**2,969**
Appropriation of endowment assets for expenditure	**–**	**(4,428)**	**–**	**(4,428)**
Other changes				
Contribution bequests	**–**	**1,221**	**955**	**2,176**
Endowment net assets, end of year	**$ 1,175**	**$ 19,790**	**$ 21,743**	**$ 42,708**

Changes in endowment net assets for the year ended September 30, 2013, are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 602	$ 16,768	$ 19,872	$ 37,242
Investment returns				
Investment income	9	468	–	477
Net appreciation (realized and unrealized)	271	1,836	–	2,107
Total investment return	280	2,304	–	2,584
Appropriation of endowment assets for expenditure	–	(1,333)	–	(1,333)
Other changes				
Contribution bequests	–	2,582	916	3,498
Endowment net assets, end of year	$ 882	$ 20,321	$ 20,788	$ 41,991

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 of approximately $33 3 million and $32 0 million for the years ended September 30, 2014 and 2013, respectively, are available for specific hospital operations, teaching, research, indigent and free care, and training

Permanently restricted net assets of approximately $21 7 million and $20 8 million for the years ended September 30, 2014 and 2013, respectively, consist 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 Net assets of the Bridgeport Hospital Auxiliary, Inc. are included in temporarily restricted net assets.

7. Debt

A summary of debt at September 30 is as follows (in thousands)

	2014	2013
Intercompany debt with YNHHSC.		
Series D (fixed interest rates ranging from 2 00% to 5 00%)	**$ 32,110**	$ 34,350
Series E (3 47%, effective interest rate)	**35,971**	–
Tax-exempt debt		
2010 term loan (3 22% fixed interest rate)	**4,317**	4,940
2012 term loan (1 66% fixed interest rate)	**3,082**	4,167
Line of credit (1 71% interest rate)	–	25,000
Note payable (6 9% fixed interest rate)	**6,250**	9,463
Capital lease obligations	**20,207**	95
	101,937	78,015
Add premium	**7,367**	3,392
Less current portion	**(9,262)**	(32,205)
	$ 100,042	$ 49,202

7. Debt (continued)

In November 2010, the Hospital obtained a $6 6 million term loan from the CHEFA The proceeds of the loan were 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 ten years at a fixed interest rate of 3 22%.

In May 2012, the 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 tax-exempt 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 formation of the Obligated Group, the Series D and E debt became an obligation of the Obligated Group and as such is reflected as intercompany debt with YNHHSC

In June 2012, the Hospital obtained a $5 5 million term loan from CHEFA The loan is to be paid in monthly installments over five 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

In December 2012, in connection with the purchase of a radiology practice, the Hospital entered into a note payable with the seller in the amount of $15.1 million. The note is to be repaid in monthly installments over five years as discussed in Note 1

In September 2013, the Hospital entered into and drew in full its $25 0 million line of credit with a bank The bank line of credit requires payment of the outstanding principal amount 12 months subsequent to the initial advance The obligation bears interest at a rate equal to one-month LIBOR (London Interbank Offered Rate) plus 1 50% per annum The bank line of credit was paid in full and closed in September 2014.

7. Debt (continued)

In June 2014, the Obligated Group issued Series E revenue bonds totaling approximately $80.9 million. The Series E revenue bonds were issued as fixed rate bonds with an effective interest rate of 3 47% The proceeds included a premium of approximately $10 1 million Approximately $40 0 million of the proceeds were used to finance costs for the installation of machinery and equipment and various renovations and improvements to the Hospital's infrastructure The remaining $50 0 million was used for renovations at Y-NHH The premium is being amortized and included as interest expense in the consolidated statement of operations and changes in net assets

In connection with the formation of the Obligated Group, the Series D and E tax-exempt bonds became an obligation of the Obligated Group and as such are reflected as intercompany debt with YNHHSC Under the terms of the Master Indenture, all members of the Obligated Group are jointly and severally liable for debt issued by YNHHSC on behalf of the Obligated Group

The terms of the various financing arrangements between CHEFA, the Obligated Group, and the financial institutions providing the letters of credit and the Obligated Group provide for financial covenants regarding the Obligated Group's debt service coverage ratio and liquidity ratio As of September 30, 2014, the Obligated Group was in compliance with such covenants

In November 2013, BH entered into an arrangement with a developer to construct a 120,000-square-foot medical office building and adjacent garage in Fairfield County, Connecticut The arrangement contains provisions for Bridgeport Hospital to begin leasing the property for a 25-year period beginning in April 2016. Management has evaluated the terms of the arrangement and recorded the project as a capital lease Upon completion, the total estimated capital lease obligation will approximate $102 0 million

At September 30, 2014, construction costs totaled approximately $20 2 million and are included in construction in progress on the accompanying consolidated balance sheet

7. Debt (continued)

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

	Debt	Capital Lease Obligations
2015	$ 9,215	$ 47
2016	5,713	3,662
2017	6,744	7,856
2018	4,466	7,856
2019	4,674	788
Thereafter	50,918	–
	$ 81,730	20,209
Less interest		(2)
Total capital lease obligation		$ 20,207

Cash paid for interest for the years ended September 30, 2014 and 2013, approximated $2.6 million and $1 7 million, respectively.

Assets recorded under the capital lease obligations totaled approximately $20.2 million and $0.3 million as of September 30, 2014 and 2013, respectively Accumulated depreciation for the capital lease obligations totaled approximately $0 3 million for September 30, 2014 and 2013

8. Retirement Benefit Plans

The Hospital has 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 makes 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 froze its defined benefit plan On October 1, 2006, the Hospital 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

8. Retirement Benefit Plans (continued)

employee's year of service and compensation The Hospital expensed approximately $9.4 million and $9.5 million relating to the defined contribution plan for the years ended September 30, 2014 and 2013, respectively Amounts due to the defined contribution plan amounted to approximately $5 2 million at September 30, 2014 and 2013, and are included in accrued expenses in the accompanying balance sheets

The Hospital is required to measure plan assets and benefit obligations at a date consistent with its year-end balance sheet Included in unrestricted net assets at September 30, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands)

	2014	2013
Unrecognized actuarial loss	**$ (101,168)**	$ (80,198)

The actuarial loss included in unrestricted net assets at September 30, 2014, is approximately $2.3 million and is expected to be recognized in net periodic benefit cost during the year ending September 30, 2015

The following table sets forth the funded status of the Hospital's plans as of September 30 (in thousands)

	Pension Benefits	
	2014	2013
Change in benefit obligation		
Benefit obligation, beginning of year	**$ (179,605)**	$ (199,526)
Interest cost	**(8,618)**	(7,841)
Actuarial (loss) gain	**(21,944)**	21,397
Benefits paid	**6,730**	6,365
Benefit obligation, end of year	**$ (203,437)**	$ (179,605)
Change in plan assets		
Fair value of plan assets, beginning of year	**$ 136,660**	$ 132,485
Actual return on plan assets	**8,015**	8,020
Employer contribution	**7,211**	2,520
Benefits paid	**(6,730)**	(6,365)
Fair value of plan assets, end of year	**$ 145,156**	$ 136,660
Accrued pension obligation	**$ (58,281)**	$ (42,945)

8. Retirement Benefit Plans (continued)

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the tax benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation

Accumulated Benefit Obligation

The projected benefit obligation, accumulated benefit obligations, and fair value of plan assets were as follows for September 30 (in thousands)

	2014	2013
Projected benefit obligation	**$ 203,437**	$ 179,605
Accumulated benefit obligation	**203,437**	179,605
Fair value of plan assets	**145,156**	136,660

The following table provides the components of the net periodic benefit cost for the plan for the years ended September 30 (in thousands)

	Pension Benefits	
	2014	2013
Components of net periodic benefit cost		
Interest cost	**$ 8,618**	$ 7,841
Expected rate of return on plan assets	**(9,302)**	(9,348)
Recognized net actuarial loss	**2,261**	2,740
Net periodic benefit cost	**$ 1,577**	$ 1,233

8. Retirement Benefit Plans (continued)

Assumptions

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

	Pension Benefits	
	2014	**2013**
Discount rate	**4.30%**	4 90%

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

	Pension Benefits	
	2014	**2013**
Discount rate	**4.90%**	4 00%
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 2014 and 2013

Plan Assets

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

	Target Allocation	Percentage of Plan Assets	
	2015	**2014**	**2013**
Asset category			
Equity securities	35%	**42%**	40%
Debt securities	39	**38**	43
Alternative investments	26	**20**	17
Total	100%	**100%**	100%

8. Retirement Benefit Plans (continued)

The pension assets carried at fair value as of September 30, 2014 and 2013, are classified in the following tables in one of the three categories described in Note 15 (in thousands).

	Level 1	Level 2	Level 3	Total
Money market funds	**$ 6,077**	**$ –**	**$ –**	**$ 6,077**
U S. equity securities	**28,116**	**–**	**–**	**28,116**
International equity securities	**26,837**	**–**	**–**	**26,837**
Fixed income				
U.S government	**17,018**	**–**	**–**	**17,018**
Corporate debt	**26,543**	**–**	**–**	**26,543**
International government	**11,431**	**–**	**–**	**11,431**
Hedge funds.				
Long/short equity	**–**	**190**	**–**	**190**
Multi-strategy/other	**–**	**–**	**25,455**	**25,455**
Real estate	**3,489**	**–**	**–**	**3,489**
Total investments as of September 30, 2014	**$ 119,511**	**$ 190**	**$ 25,455**	**$ 145,156**

The pension assets carried at fair value as of September 30, 2013, are classified in the following tables in one of the three categories described in Note 15 (in thousands)

	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,441	$ –	$ –	$ 1,441
U S. equity securities	29,960	–	–	29,960
International equity securities	25,111	–	–	25,111
Fixed income				
U.S government	19,474	–	–	19,474
Corporate debt	29,606	–	–	29,606
International government	7,720	–	–	7,720
Hedge funds				
Long/short equity	–	9,495	–	9,495
Multi-strategy/other	–	–	10,505	10,505
Real estate	3,348	–	–	3,348
Total investments as of September 30, 2013	$ 116,660	$ 9,495	$ 10,505	$ 136,660

8. Retirement Benefit Plans (continued)

The following is a rollforward of the pension assets classified as Level 3 of the valuation hierarchy as described in Note 15.

Fair value at October 1, 2012	$	8,689
2013 unrealized gains and losses		666
2013 purchases		1,150
Fair value at September 30, 2013		10,505
2014 unrealized gains and losses		**950**
2014 purchases		**14,000**
Fair value at September 30, 2014	**$**	**25,455**

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

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's and its affiliates' expected contribution to the defined benefit pension plan in 2015 is approximately $10.5 million

Estimated Future Benefit Payments: The Hospital and its affiliates expect to pay the following benefit payments as appropriate (in thousands)

2015	$	7,944
2016		8,289
2017		8,738
2018		9,841
2019		10,119
2020 to 2025		58,736

9. Professional Liability and Self-Insurance Arrangements

Y-NHH 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 Y-NHH 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.

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately $41 4 million and $44 8 million at September 30, 2014 and 2013, respectively The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately $15 7 million and $13 6 million at September 30, 2014 and 2013, respectively, and is included in professional insurance liabilities in the accompanying balance sheets at the actuarially determined present value of approximately $13 9 million and $12 1 million, respectively, based on a discount rate of 2 5% for the years ended September 30, 2014 and 2013

The Hospital has recorded related insurance recoveries receivable of approximately $27 6 million and $32.7 million at September 30, 2014 and 2013, 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 represent 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 that 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 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 consolidated financial position or results of operations of the Hospital

The Hospital and its subsidiaries have various lease agreements, some of which provide for adjustments to future lease payments.

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 2014 and 2013

The Hospital obtained a surety bond to provide coverage to the State of Connecticut for unemployment compensation in 2012. There were no amounts outstanding in 2014 or 2013.

The Hospital has various lease agreements Lease expense for the years 2014 and 2013, was approximately $5 4 million and $4 7 million, respectively Future minimum payments under these leases are as follows

2015	$ 4,820
2016	4,462
2017	3,181
2018	2,364
2019	2,331
Thereafter	12,246
	$ 29,404

11. Functional Expenses

The Hospital and its subsidiaries provide general health care services to residents within their geographic location, including pediatric care, cardiac catheterization and outpatient surgery. Net expenses related to providing these services for the years ended September 30 are as follows (in thousands).

	2014	2013
Health care services	**$ 335,408**	$ 330,224
General and administrative	**94,602**	82,556
	$ 430,010	$ 412,780

12. Related-Party Transactions

The Hospital purchased certain services for the years ended September 30 from YNHHSC as follows (in thousands)

	2014	2013
Operating expenses		
Information systems	**$ 21,360**	$ 21,811
System business office	**10,249**	9,289
Other business services	**28,632**	27,069
	$ 60,241	$ 58,169

The Hospital funds certain capital assets purchased by YNHHSC Included in prepaid expenses and other assets were approximately $34.0 million at September 30, 2014, and approximately $35.0 million at September 30, 2013.

Included in depreciation and amortization expense for each of the years ended September 30, 2014 and 2013, is approximately $8 6 million and $2 2 million, respectively, of costs allocated from YNHHSC for shared capital projects

12. Related-Party Transactions (continued)

Accounts receivable to related organizations is included in other current assets, and accounts payable to related organizations is included in accrued expenses in the accompanying consolidated balance sheets for the years ended September 30 as follows (in thousands)

	2014	2013
Accounts receivable		
Y-NHH	**$ 890**	$ –
YNHHSC	**1,637**	837
	$ 2,527	$ 837
Accounts payable		
YNHHSC	**$ 24,676**	$ 15,710
NEMG	**1,784**	1,355
Greenwich Hospital	**179**	34
	$ 26,639	$ 17,099

Included in the consolidated statement of operations and changes in net assets are amounts funded by the Hospital for physician-related strategic mission support for NEMG of approximately $17 7 million and $13 0 million for the years ended September 30, 2014 and 2013, respectively

13. Other Revenue

Other revenue consisted of the following (in thousands)

	Year Ended September 30	
	2014	2013
Cafeteria and vending	**$ 1,898**	$ 1,934
Parking income	**1,417**	1,447
Net assets released from restrictions for operations	**7,069**	6,346
Electronic health records incentive payment	**3,004**	3,587
Pediatric ancillary services	**9,326**	9,569
Other	**4,852**	3,325
	$ 27,566	$ 26,208

13. Other Revenue (continued)

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 depends 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 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 Medicare EHR incentive payment revenue was approximately $2 3 million and $2 6 million for the years ended September 30, 2014 and 2013, respectively Medicaid EHR incentive payment revenue was approximately $0 7 million and $1 0 million for the years ended September 30, 2014 and 2013, respectively EHR incentive payment revenue is included in other revenue in the accompanying consolidated statements of operations and changes in net assets 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 2014	2013
Income from investments and other, net	**$ 1,418**	$ 447
Change in unrealized gains and losses on investments	**4,434**	3,522
	$ 5,852	$ 3,969

Contributions received consisted of the following (in thousands)

	Year Ended September 30 2014	2013
Unrestricted contributions	**$ 714**	$ 634
Temporarily restricted contributions	**4,284**	3,832
Permanently restricted contributions	**955**	906
Total contributions	**5,953**	5,372
Less Fundraising costs	**2,109**	2,069
	$ 3,844	$ 3,303

15. Fair Values 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, *Fair Value Measurement*, 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

15. Fair Values Measurements (continued)

- Level 2 Observable inputs that are based on data not quoted in active markets, but corroborated by market data.

- Level 3. Unobservable inputs that are used when little or no market data is available The Level 3 inputs are assigned the lowest priority

Financial assets carried at fair value as of September 30, 2014 and 2013, are classified in the following tables in the three categories described above (in thousands)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 29,461	$ –	$ –	$ 29,461
Money market funds	10,153	–	–	10,153
U S equity securities	6,825	–	–	6,825
International equity securities	7,300	–	–	7,300
Fixed income:				
U.S government	19,543	–	–	19,543
Corporate debt	3,803	–	–	3,803
International government	3,937	2,397	–	6,334
Interest in Yale University Endowment Pool	–	–	66,684	66,684
Investments at fair value	$ 81,022	$ 2,397	$ 66,684	150,103
Common collective trusts				10,098
Alternative investments				1,824
Investments not at fair value				11,922
Total investments as of September 30, 2014				$ 162,025

15. Fair Values Measurements (continued)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 30,636	$ –	$ –	$ 30,636
Money market funds	7,737	–	–	7,737
U S. equity securities	7,004	–	–	7,004
International equity securities	7,224	–	–	7,224
Fixed income:				
U.S government	18,018	–	–	18,018
Corporate debt	3,733	–	–	3,733
International government	4,022	2,514	–	6,536
Interest in Yale University Endowment Pool	–	–	56,188	56,188
Investments at fair value	$ 78,374	$ 2,514	$ 56,188	137,076
Common collective trusts				9,023
Alternative investments				1,943
Investments not at fair value				10,966
Total investments as of September 30, 2013				$ 148,042

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, 2012	$ 46,760
2013 unrealized gains	9,428
Fair value at September 30, 2013	56,188
2014 unrealized gains	**10,496**
Fair value at September 30, 2014	**$ 66,684**

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, 2014 and 2013, is approximately $90.7 million and $57 8 million, respectively The fair value of capital leases was approximately $20 3 million at September 30, 2014 The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

16. Subsequent Events

Subsequent events have been evaluated through December 23, 2014, which is the date the consolidated financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the consolidated financial statements

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors
Bridgeport Hospital and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Bridgeport Hospital and Subsidiaries as of and for the year ended September 30, 2014, and have issued an unmodified opinion thereon dated December 23, 2014 Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

Ernst & Young LLP

December 23, 2014

Bridgeport Hospital and Subsidiaries

Consolidating Balance Sheet

(In Thousands)

September 30, 2014

	Hospital	Foundation	Properties	Eliminations	Total
Assets					
Current assets					
Cash and cash equivalents	$ 28,527	$ 913	$ 21	$ –	$ 29,461
Short-term investments	37,860	34,892	–	–	72,752
Accounts receivable	49,732	–	–	–	49,732
Professional liabilities insurance recoveries receivable – current portion	8,273	–	–	–	8,273
Other current assets	22,162	730	9	(1,710)	21,191
Assets limited as to use	247	–	–	–	247
Total current assets	146,801	36,535	30	(1,710)	181,656
Assets limited as to use	3,856	1,210	–	–	5,066
Long-term investments	25,131	29,368	–	–	54,499
Professional liabilities insurance recoveries receivable – non-current	19,303	–	–	–	19,303
Deferred financing costs	1,290	–	–	–	1,290
Interest in Bridgeport Hospital Foundation, Inc	65,812	–	–	(65,812)	–
Other assets	28,025	730	–	–	28,755
Goodwill	17,217	–	–	–	17,217
Property, plant, and equipment					
Land, buildings, and improvements	122,928	–	1,473	–	124,401
Equipment	308,888	–	–	–	308,888
	431,816	–	1,473	–	433,289
Less accumulated depreciation and amortization	(303,677)	–	(412)	–	(304,089)
	128,139	–	1,061	–	129,200
Construction in progress	37,001	–	–	–	37,001
Total assets	$ 472,575	$ 67,843	$ 1,091	$ (67,522)	$ 473,987

Bridgeport Hospital and Subsidiaries

Consolidating Balance Sheet (continued)

(In Thousands)

	Hospital	Foundation	Properties	Eliminations	Total
Liabilities and net assets					
Current liabilities					
Accounts payable	$ 10,476	$ –	$ –	$ –	$ 10,476
Accrued expenses	58,396	70	24	–	58,490
Current portion of long-term debt and capital lease obligation	9,262	–	–	–	9,262
Professional liabilities – current portion	8,273	–	–	–	8,273
Other current liabilities	4,590	1,583	127	(1,710)	4,590
Total current liabilities	90,997	1,653	151	(1,710)	91,091
Long-term debt, net of current portion	79,882	–	–	–	79,882
Long-term capital lease obligation, net of current portion	20,160	–	–	–	20,160
Accrued pension obligation	58,281	–	–	–	58,281
Professional liabilities	33,169	–	–	–	33,169
Other long-term liabilities	34,253	378	–	–	34,631
Total liabilities	316,742	2,031	151	(1,710)	317,214
Net assets					
Unrestricted	100,811	34,454	940	(34,454)	101,751
Temporarily restricted	33,279	15,023	–	(15,023)	33,279
Permanently restricted	21,743	16,335	–	(16,335)	21,743
Total net assets	155,833	65,812	940	(65,812)	156,773
Total liabilities and net assets	$ 472,575	$ 67,843	$ 1,091	$ (67,522)	$ 473,987

Bridgeport Hospital and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets
(In Thousands)

Year Ended September 30, 2014

	Hospital	Foundation	Parent	Properties	Eliminations	Total
Operating revenue						
Net patient service revenue	$ 459,680	$ –	$ –	$ –	$ –	$ 459,680
Less Provision for bad debts	(20,305)	–	–	–	–	(20,305)
Net patient service revenue, less provision for bad debts	439,375	–	–	–	–	439,375
Other revenue	24,165	3,250	–	155	(4)	27,566
Total operating revenue	463,540	3,250	–	155	(4)	466,941
Operating expenses						
Salaries and benefits	201,556	–	–	–	–	201,556
Supplies and other expenses	190,937	3,250	–	209	(4)	194,392
Depreciation and amortization	30,957	–	–	59	–	31,016
Insurance	480	–	–	–	–	480
Interest	2,566	–	–	–	–	2,566
Total operating expenses	426,496	3,250	–	268	(4)	430,010
Income (loss) from operations	37,044	–	–	(113)	–	36,931
Non-operating gains and losses, net	5,852	2,395	–	–	(2,395)	5,852
Excess (deficiency) of revenue over expenses	42,896	2,395	–	(113)	(2,395)	42,783
Unrestricted net assets						
Excess (deficiency) of revenue over expenses	42,896	2,395	–	(113)	(2,395)	42,783
Net assets released from restrictions used for capital acquisitions	2,445	–	–	–	–	2,445
Net change in Interest in Foundation	–	1,637	–	–	(1,637)	–
Transfers (to) from BH	(3,904)	–	3,904	–	–	–
Transfers to YNHHSC	(25,000)	–	–	–	–	(25,000)
Transfers to YNHHSC – mission support	(17,682)	–	–	–	–	(17,682)
Other transfers	(13)	–	(152)	50	–	(115)
Pension liability adjustment	(20,970)	–	–	–	–	(20,970)
(Decrease) increase in unrestricted net assets	(22,228)	4,032	3,752	(63)	(4,032)	(18,539)

Bridgeport Hospital and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

(In Thousands)

	Hospital	Foundation	Parent	Properties	Eliminations	Total
Temporarily restricted net assets						
Net changes in interest in the Foundation						
Net assets released from restrictions used for operations	$ (3,250)	$ –	$ –	$ –	$ 3,250	$ –
Change in unrealized gains and losses on investments	993	–	–	–	(993)	–
Bequests, contributions, and grants	6,328	–	–	–	(6,328)	–
Net realized investment gains and losses	369	–	–	–	(369)	–
Transfers to the Hospital	(3,978)	–	–	–	3,978	–
Other changes in net assets	350	–	–	–	(350)	–
Net assets released from restrictions used for operations	(3,819)	(3,250)	–	–	–	(7,069)
Net assets released from restrictions used for capital acquisitions	(2,445)	–	–	–	–	(2,445)
Change in unrealized gains and losses on investments	1,942	993	–	–	–	2,935
Bequests, contributions, and grants	–	6,328	–	–	–	6,328
Net realized investment gains	387	369	–	–	–	756
Other changes in net assets	391	350	–	–	–	741
Transfers from the Foundation and other transfers	3,978	(3,978)	–	–	–	–
Increase (decrease) in temporarily restricted net assets	1,246	812	–	–	(812)	1,246
Permanently restricted net assets						
Bequests, contributions, and grants	955	954	–	–	(954)	955
Increase (decrease) in permanently restricted net assets	955	954	–	–	(954)	955
(Decrease) increase in net assets	(20,027)	5,798	3,752	(63)	(5,798)	(16,338)
Net assets (deficiency) at beginning of year	175,860	60,014	(3,752)	1,003	(60,014)	173,111
Net assets (deficiency) at end of year	$ 155,833	$ 65,812	$ –	$ 940	$ (65,812)	$ 156,773

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