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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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

F Name and address of principal officer

JOHN SKELLY

267 GRANT ST

BRIDGEPORT,CT 06610

D Employer identification number

06-0646554

E Telephone number

(203) 688-6088

G Gross receipts \$ 591,385,269

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW BRIDGEPORTHOSPITAL ORG

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 ▶

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1878

M State of legal domicile CT

Part I Summary			
Activities & Governance	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		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,106
	6 Total number of volunteers (estimate if necessary)	6	332
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,002,307
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-545,637
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,827,511	3,141,705
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	466,074,249	472,738,316
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	744,239	1,170,685
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,760,828	35,186,502
		498,406,827	512,237,208
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,000	5,000
	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)	213,856,545	210,410,411
	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)	232,570,920	263,087,307
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	446,442,465	473,502,718
	19 Revenue less expenses Subtract line 18 from line 12	51,964,362	38,734,490
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	532,166,912	584,917,171
	21 Total liabilities (Part X, line 26)	363,602,875	402,692,537
	22 Net assets or fund balances Subtract line 21 from line 20	168,564,037	182,224,634

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

JOHN SKELLY SR VP AND TREASURER

Type or print name and title

2017-08-14

Date

Paid Preparer Use Only

Prnt/Type preparer's name
ROBERT ROBINSON

Preparer's signature
ROBERT ROBINSON

Date

Check ☐ if self-employed

PTIN
P00741489

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE

NEW YORK, NY 101540102

Phone no (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes

☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 \$ 382,254,346 including grants of \$ 5,000) (Revenue \$ 503,075,826)

See Additional Data

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 ▶ 382,254,346

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	Yes	
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	15	
	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	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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, address, and telephone number of the person who possesses the organization's books and records DENIS DONEGAN 789 HOWARD AVENUE NEW HAVEN, CT 06519 (203) 688-6088	

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

[illegible]

[illegible]

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 ► 323

Section B. Independent Contractors

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 ► 86

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	3,141,705				
	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 ▶			3,141,705			
Program Service Revenue	2a	INPATIENT REVENUE	Business Code 621990	271,171,713	271,171,713			
	b	OUTPATIENT REVENUE	621990	200,567,237	200,567,237			
	c	LABORATORY SERVICES	621500	969,086		969,086		
	d	RADIOLOGY SERVICES	621500	30,280		30,280		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶			472,738,316			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		224,871		976	223,895
4		Income from investment of tax-exempt bond proceeds . . ▶						
5		Royalties ▶						
6a		Gross rents	(i) Real 1,506,891	(ii) Personal 8,514				
b		Less rental expenses	775,047	6,549				
c		Rental income or (loss)	731,844	1,965				
d		Net rental income or (loss) ▶		733,809		1,965	731,844	
7a		Gross amount from sales of assets other than inventory	(i) Securities 79,310,279	(ii) Other 2,000				
b		Less cost or other basis and sales expenses	78,366,465	0				
c		Gain or (loss)	943,814	2,000				
d		Net gain or (loss) ▶		945,814			945,814	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . ▶						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . . . ▶						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code						
11a	OTHER OPERATING INCOME	900099	18,423,678	18,423,678				
b	PEDIATRIC ANCILLARY REVENUE	900099	9,157,255	9,157,255				
c	CAFETERIA/VENDING OTHER OPERATING	900099	2,553,145			2,553,145		
d	All other revenue		4,318,615	2,756,577		1,562,038		
e	Total. Add lines 11a-11d ▶			34,452,693				
12	Total revenue. See Instructions ▶			512,237,208	502,076,460	1,002,307	6,016,736	

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 domestic organizations and domestic governments. See Part IV, line 21.	5,000	5,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,955,408		5,955,408	
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.	159,418,898	121,346,891	38,072,007	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,350,743	1,141,269	209,474	
9	Other employee benefits.	32,347,085	24,601,734	7,745,351	
10	Payroll taxes.	11,338,277	8,594,730	2,743,547	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	84,948	64,393	20,555	
c	Accounting.	68,115	51,633	16,482	
d	Lobbying.	539,811	539,811		
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).	125,573,261	106,023,834	19,549,427	
12	Advertising and promotion.				
13	Office expenses.	6,852,136	5,196,617	1,655,519	
14	Information technology.				
15	Royalties.				
16	Occupancy.	13,736,352	10,460,467	3,275,885	
17	Travel.	603,751	470,926	132,825	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	5,480,373	4,131,387	1,348,986	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	32,443,732	24,593,254	7,850,478	
23	Insurance.	8,529,541	8,367,828	161,713	
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	59,395,929	59,395,929		
b	YNHHS SYSTEM SUPPORT FE	5,753,914	4,361,627	1,392,287	
c	PROPERTY TAX	1,728,046	1,309,907	418,139	
d	DUES, FEES AND MEMBERSH	891,205	675,558	215,647	
e	All other expenses	1,406,193	921,551	484,642	
25	Total functional expenses. Add lines 1 through 24e.	473,502,718	382,254,346	91,248,372	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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		8,000	1	8,000	
	2	Savings and temporary cash investments		25,960,053	2	25,240,914	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		54,662,116	4	53,543,442	
	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		4,348,501	8	5,720,156	
	9	Prepaid expenses and deferred charges		30,123,344	9	24,942,496	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	571,332,472			
	b	Less: accumulated depreciation	10b	309,517,385	210,821,040	10c	261,815,087
	11	Investments—publicly traded securities		47,488,705	11	43,101,642	
	12	Investments—other securities. See Part IV, line 11		37,554,124	12	37,554,124	
	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		103,983,919	15	115,774,200	
16	Total assets. Add lines 1 through 15 (must equal line 34)		532,166,912	16	584,917,171		
Liabilities	17	Accounts payable and accrued expenses		49,162,515	17	57,740,327	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		32,238,597	20	64,918,517	
	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		68,525,740	23	104,669,657	
	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		213,676,023	25	175,364,036	
	26	Total liabilities. Add lines 17 through 25		363,602,875	26	402,692,537	
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		110,842,796	27	116,789,276	
	28	Temporarily restricted net assets		34,845,554	28	42,302,088	
	29	Permanently restricted net assets		22,875,687	29	23,133,270	
	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		168,564,037	33	182,224,634	
	34	Total liabilities and net assets/fund balances		532,166,912	34	584,917,171	

Part XI

Reconciliation 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	512,237,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	473,502,718
3	Revenue less expenses Subtract line 2 from line 1	3	38,734,490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	168,564,037
5	Net unrealized gains (losses) on investments	5	2,884,409
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,958,303
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	182,224,634

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646554

Name: BRIDGEPORT HOSPITAL

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 382,254,346 including grants of \$ 5,000) (Revenue \$ 503,075,826)

SCHEDULE OTHE HIGHLIGHT OF THE YEAR FOR BRIDGEPORT HOSPITAL WAS THE OPENING OF PARK AVENUE MEDICAL CENTER (PAMC) IN TRUMBULL OPENED IN MAY PAMC COMBINED NEW AND EXISTING SERVICES ON A SINGLE CAMPUS, INCLUDING OUTPATIENT SURGERY AND GASTROENTEROLOGY SUITES, SPECIALTY PHYSICIAN OFFICES, A NORMA PFRIEM BREAST CENTER SATELLITE, AS WELL AS ANTENATAL TESTING, A LABORATORY DRAW STATION, OUTPATIENT RADIOLOGY, A YALE NEW HAVEN CHILDREN'S HOSPITAL SPECIALTY CENTER AND A SMILOW CANCER HOSPITAL CARE CENTER ANOTHER NEW PROGRAM WAS THE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) SURGERY PROGRAM WHICH BEGAN IN APRIL TAVR IS AN EFFECTIVE HEART VALVE REPLACEMENT OPTION FOR OLDER OR HIGH-RISK PATIENTS NOT ELIGIBLE FOR SURGERY THE ENHANCED RECOVERY AFTER SURGERY (ERAS) PROGRAM HAS INCREASED THE RECOVERY TIME FOR JOINT REPLACEMENT PATIENTS, DECREASED COMPLICATIONS AND SHORTENED THE AMOUNT OF TIME PATIENTS NEED TO STAY IN THE HOSPITAL THE HOSPITAL EXPANDED ITS DIABETES PROGRAM IN THE PRIMARY CARE CENTER ON MILL HILL AVE A NEW GERIATRIC INJURY INSTITUTE OPENED TO COORDINATE RESOURCES TO PREVENT FALLS AMONG OLDER PATIENTS IN ADDITION, THE HOSPITAL OFFERED AN ENT SURGERY SERVICE FOR THE FIRST TIME, IMPROVING PATIENT ACCESS TO A HIGHER LEVEL OF EAR, NOSE AND THROAT CARE IN ADDITION TO INVESTING IN ITS CLINICAL PROGRAMS, THE HOSPITAL ADDRESSED AGING BUILDING INFRASTRUCTURES AND FACILITY ENHANCEMENTS AND EXPANSIONS TO MEET GROWING PATIENT DEMAND EAST TOWER 8 WAS RENOVATED TO ADD 19 MEDICAL/SURGICAL BEDS, THE PHARMACY WAS UPDATED AND THE EMERGENCY DEPARTMENT WAS RENOVATED OTHER HOSPITAL INITIATIVES THIS YEAR REDUCED SERIOUS SAFETY EVENT RATES, IMPROVED EMPLOYEE ENGAGEMENT, DIVERSITY AND RECOGNITION, AND REALIZED OPERATIONAL AND COST EFFICIENCIES THROUGH CLINICAL REDESIGN INITIATIVES

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			
NEWMAN MARSILIUS III CHAIRMAN/DIRECTOR	1 00 2 00	X		X				0	0	0
GEORGE CARTER VICE CHAIRMAN/DIRECTOR	1 00 0 00	X		X				0	0	0
JOHN FALCONI VICE CHAIRMAN/DIRECTOR	1 00 0 00	X		X				0	0	0
RONALD NOREN VICE CHAIRMAN/DIRECTOR	1 00 0 00	X		X				0	0	0
GARY ZIMMERMAN VICE CHAIRMAN/DIRECTOR	1 00 0 00	X		X				27,000	0	0
WILLIAM JENNINGS PRESIDENT & CEO/DIRECTOR	32 00 8 00	X		X				908,724	227,181	317,179
GAYLE CAPOZZALO DIRECTOR	1 00 39 00	X						0	1,462,558	38,285
ED CASTILLO EFF 116 DIRECTOR	1 00 0 00	X						0	0	0
PETER HURST DIRECTOR	1 00 0 00	X						0	0	0
THOMAS LENCI DIRECTOR	1 00 0 00	X						0	0	0

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			
MICK MAURER DIRECTOR	1 00 0 00	X						0	0	0
FRED MCKINNEY DIRECTOR	1 00 0 00	X						0	0	0
STEPHEN MARSHALCO THRU 1215 DIRECTOR	1 00 0 00	X						115,438	0	0
DUNCAN O'BRIEN DIRECTOR	1 00 0 00	X						0	0	0
MEREDITH REUBEN DIRECTOR	1 00 0 00	X						0	0	0
EDDY RODRIGUEZ EFF 1115 DIRECTOR	1 00 0 00	X						0	0	0
JOHN SKELLY SR VP & TREASURER	36 00 4 00			X				530,492	58,943	200,850
PATRICK MCCABE THRU 916 SR VP,& TREASURER	4 00 36 00			X				71,782	646,047	249,847
PAMELA SCAGLIARINI COO & SEC	39 00 1 00			X				505,853	0	108,905
MARC BRUNETTI SR VP SUPPORT OPERATIONS	40 00 0 00			X				318,239	0	47,860

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			
MICHAEL IVY SR VP MEDICAL AFFAIRS	39 00 1 00			X				554,492	0	33,789
MARYELLEN KOSTURKO SR VP PATIENT CARE	40 00 0 00			X				394,646	0	28,139
CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS	32 00 8 00			X				316,380	79,095	156,693
MELISSA TURNER SR VP HUMAN RESOURCE	20 00 20 00			X				205,444	205,444	147,594
RYAN O'CONNELL VP OF PERFORMANCE & RISK	40 00 0 00			X				408,806	0	27,052
GINA CALDER EFF 916 VP OF AMBULATORY SERVICES	40 00 0 00			X				194,922	0	18,723
JENNIFER WILLCOX ASSISTANT SECRETARY	1 00 39 00			X				0	326,626	33,054
JONATHAN MAISEL PHYSICIAN	40 00 0 00					X		437,613	0	44,891
THOMAS LAMONTE PHYSICIAN	40 00 0 00					X		355,263	0	44,891
ROCKMAN FERRIGNO PHYSICIAN	40 00 0 00					X		539,854	0	64,017

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			
GUILLERMO KATIGBAK PHYSICIAN	40 00 0 00					X		359,444	0	39,888
FRANCISCO GARRIDO PHYSICIAN	40 00 0 00					X		473,599	0	27,906

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below. 2a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> 2b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. 3a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
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?														

☐ **Y e s** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	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		56,381
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		539,810
j	Total Add lines 1c through 1i			596,691
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, lines 1 and 2 (see instructions), 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 FY 2016 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 IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES YALE NEW HAVEN HOSPITAL EIN 06-0646652 \$1,099,541 NORTHEAST MEDICAL GROUP EIN 06-1330992 \$ 42,892 GREENWICH HOSPITAL EIN 06-0646659 \$ 120,642 LAWRENCE + MEMORIAL HOSPITAL EIN 06-0646704 \$ 97,147 LMW HEALTHCARE, INC EIN 46-0543230 \$ 66,063

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1 Total number at end of year

2 Aggregate value of contributions to (during year)

3 Aggregate value of 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?

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

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year

2a

2b

2c

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, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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

1b 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability?

☐ 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	23,226,000	23,470,000	41,860,000	37,606,000	34,442,000
b Contributions	0	0	2,176,000	3,504,000	874,000
c Net investment earnings, gains, and losses	2,106,000	634,000	2,969,000	2,097,000	2,394,000
d Grants or scholarships					
e Other expenditures for facilities and programs	684,000	878,000	4,297,000	-1,347,000	-104,000
f Administrative expenses					
g End of year balance	24,648,000	23,226,000	42,708,000	41,860,000	37,606,000

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 ▶ 78 000 %

c Temporarily restricted endowment ▶ 22 000 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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)	Accumulated (c) depreciation	(d) Book value
1a Land		1,654,817		1,654,817
b Buildings		225,045,406	104,058,156	120,987,250
c Leasehold improvements		33,596,055	2,304,652	31,291,403
d Equipment		294,170,859	203,154,577	91,016,282
e Other		16,865,335		16,865,335
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				261,815,087

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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	365,550	F
(B) YALE ENDOWMENT POOL	37,188,574	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	37,554,124	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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' on Form 990, Part IV, line 11d
See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	732,140
(2) INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION,INC	79,597,109
(3) INTEREST IN BRIDGEPORT HOSPITAL AUXILIARY	446,105
(4) INTEREST IN CENTURY FINANCIAL SERVICES	853,214
(5) DUE FROM AFFILIATES	7,018,372
(6) THIRD PARTY RECEIVABLES	748,260
(7) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	26,379,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	115,774,200

Part X

Other Liabilities. Complete if the organization answered 'Yes' on 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	23,226,657
ASSET RETIREMENT OBLIGATIONS	10,537,517
PENSION OBLIGATION	77,643,567
THIRD PARTY PAYABLE	27,808,668
DUE TO AFFILIATES	9,768,627
MALPRACTICE GROSS LIABILITY	26,379,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	175,364,036

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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, INCLUDING TO PROVIDE FREE CARE, ALL IN ACCORDANCE WITH BASED ON DONORS' WISHES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CONSOLIDATED FINANCIAL STATEMENTS OF BRIDGEPORT HOSPITAL AND SUBSIDIARIES INCLUDE THE FOOTNOTE AS FOLLOWS THE BRIDGEPORT HOSPITAL AND THE BRIDGEPORT HOSPITAL FOUNDATION, INC ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE PROPERTIES IS A TAX-EXEMPT ORGANIZATION GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(C)(2) OF THE CODE U S GAAP REQUIRE THE HOSPITAL AND THE FOUNDATION TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE HOSPITAL'S AND THE FOUNDATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION THE HOSPITAL AND THE FOUNDATION RECOGNIZE THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED THIS EVALUATION HAD NO IMPACT ON THE OPERATIONS OF THE HOSPITAL OR THE FOUNDATION AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2016

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a	Yes	
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	Yes	
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 eligible for free or discounted care?	5c		No
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)		20,742	43,996,000	16,066,000	27,930,000	5 900 %
b Medicaid (from Worksheet 3, column a)		119,905	126,988,000	93,850,000	33,138,000	7 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d Total Financial Assistance and Means-Tested Government Programs		140,647	170,984,000	109,916,000	61,068,000	12 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	2,347	624,454	15,000	609,454	0 130 %
f Health professions education (from Worksheet 5)	3	179	23,942,655	8,403,313	15,539,342	3 280 %
g Subsidized health services (from Worksheet 6)	1	1,291	10,866,198	9,073,360	1,792,838	0 380 %
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	27,740	92,763	0	92,763	0 020 %
j Total. Other Benefits	16	31,557	35,526,070	17,491,673	18,034,397	3 810 %
k Total. Add lines 7d and 7j	16	172,204	206,510,070	127,407,673	79,102,397	16 710 %

Part II Community Building Activities

Complete this table 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	2,300	0	2,300	0 %
3 Community support	2	0	13,950	0	13,950	0 %
4 Environmental improvements	0	0	0	0		
5 Leadership development and training for community members	0	0	0	0		
6 Coalition building	1	0	1,069	0	1,069	0 %
7 Community health improvement advocacy	0	0	0	0		
8 Workforce development	1	0	285	0	285	0 %
9 Other	0	0	0	0		
10 Total	6		30,104		30,104	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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).

6 Enter Medicare allowable costs of care relating to payments on line 5.

7 Subtract line 6 from line 5. This is the surplus (or shortfall).

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?

9b 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.

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 NONE	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Section B. Facility Policies and Practices

BRIDGEPORT HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	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 12 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 significant 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 Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? 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 ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) SEE PART V SUPPLEMENTAL INFORMATION b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	If "Yes" on line 12b, 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 (FAP)**

BRIDGEPORT HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>HTTPS //WWW BRIDGEPORTHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINA</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>HTTPS //WWW BRIDGEPORTHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINA</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW BRIDGEPORTHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINA</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	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(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

BRIDGEPORT HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? 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 Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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? If "Yes," explain in Section C	23		No
24	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? If "Yes," explain in Section C	24		No

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

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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? **27**

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

Form and Line Reference	Explanation
PART I, LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM, STRATAJAZZ, 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, 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 WORK FORCE 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 2016, BRIDGEPORT HOSPITAL PROVIDED \$30,104 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 NEIGHBORHOODS SEVERAL YEARS AGO, THE CITY OF BRIDGEPORT ORGANIZED NEIGHBORHOOD REVITALIZATION ZONES (NRZS) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCOME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS. THE NRZS RECEIVE TECHNICAL ASSISTANCE FROM THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGE NEIGHBORHOOD RESIDENTS, NON-PROFITS, BUSINESSES AND FAITH-BASED ORGANIZATIONS TO MEET AND FORM STAKEHOLDER GROUPS. THESE GROUPS IDENTIFY THE PRIORITIES AND NEEDS OF THE NEIGHBORHOODS AND ARE ELIGIBLE TO BORROW STATE MONEY TO PURCHASE BLIGHTED PROPERTIES OR OFFER LOW-INTEREST LOANS TO QUALIFYING BUSINESSES FOR FACADE IMPROVEMENTS. HOSPITAL LEADERSHIP HAS BEEN ACTIVELY ENGAGED IN THE NRZ PROCESS FROM THE ONSET WITH REPRESENTATIVES SERVING ON COMMITTEES ORGANIZED IN THE CITY'S EAST END, EAST SIDE AND MILL HILL NEIGHBORHOODS, WHICH ARE LOCATED NEAR THE HOSPITAL. THE HOSPITAL PROVIDES ANNUAL OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS. THE EAST END COMMUNITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROUGH VARIOUS INITIATIVES INCLUDING SAFE STREETS, FOOD PANTRIES, ANNUAL TOY DRIVES AND A LITTLE LEAGUE TEAM 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 375 POUNDS OF FOOD WAS DONATED IN 2016. 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 2016, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS CREATING EDUCATIONAL OPPORTUNITIES. HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. 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 262 STUDENTS TO BEGIN THEIR SCHOOL YEAR. BRIDGEPORT HOSPITAL STAFF ALSO COLLABORATED 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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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 3	THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

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 PROVIDES FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING, AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CARE AND THE PROVISION FOR BAD DEBTS REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$27 0 MILLION AND \$24 8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, 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 AND FREE CARE PROVIDED WAS APPROXIMATELY \$19 1 MILLION AND \$17 3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, 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, 2016 AND 2015, THE PROVISION FOR BAD DEBTS, AT CHARGES, WAS APPROXIMATELY \$15 7 MILLION AND \$15 4 MILLION, RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE PROVISION FOR BAD DEBTS, AT COST, WAS APPROXIMATELY \$7 9 MILLION AND \$7 5 MILLION, RESPECTIVELY THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE HOSPITAL RECEIVED APPROXIMATELY \$16 1 MILLION AND \$4 9 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$11 4 MILLION AND \$3 4 MILLION, RESPECTIVELY, RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO CDSHP OF APPROXIMATELY \$25 8 MILLION AND \$19 1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY, FOR THE 1% ASSESSMENT THESE ARE RECORDED IN NET PATIENT SERVICE REVENUE 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 COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE SPECIFICALLY FOCUSED IN TOWNS WHERE THE HOSPITAL IS ENGAGED WITH COMMUNITY PARTNERS THROUGH THE PRIMARY CARE ACTION GROUP THIS GEOGRAPHIC AREA INCLUDES BRIDGEPORT, EASTON, FAIRFIELD, MONROE, STRATFORD, AND TRUMBULL THE GREATER BRIDGEPORT REGION HAS A POPULATION OF 323,231 BRIDGEPORT, CONNECTICUT'S LARGEST CITY COMPRISES 45% OF THE REGION'S POPULATION THE MEDIAN AGE OF THE AREA IS 40 3 YEARS, WHICH IS HIGHER THAN THE STATE AS A WHOLE, EXCEPT FOR THE CITY OF BRIDGEPORT BRIDGEPORT'S MEDIAN AGE IS LOWER AT 32 8 YEARS THE TOWNS IN THE REGION VARY DRAMATICALLY IN TERMS OF THEIR RACIAL AND ETHNIC COMPOSITION THE COMMUNITIES OF EASTON, FAIRFIELD, MONROE AND TRUMBULL ARE OVER 80% WHITE AND STRATFORD IS OVER TWO-THIRDS WHITE BY CONTRAST, CLOSE TO 80% OF BRIDGEPORT'S POPULATION IS NON-WHITE, HISPANICS AND AFRICAN-AMERICAN'S EACH COMPRISE MORE THAN ONE THIRD OF BRIDGEPORT'S RESIDENTS THERE ARE WIDE GAPS IN MEDIAN HOUSEHOLD INCOME RATES WITHIN THE GREATER BRIDGEPORT REGION THE TOWNS OF EASTON, FAIRFIELD, MONROE, AND TRUMBULL ARE AFFLUENT WITH MEDIAN INCOMES SUBSTANTIALLY HIGHER THAN NATIONAL AND STATE AVERAGES STRATFORD, WHICH HAS A LONG HISTORY AS AN INDUSTRIAL TOWN, WAS DESCRIBED BY RESIDENTS AS BLUE COLLAR AND MIDDLE CLASS BRIDGEPORT HAS A HIGH POVERTY RATE AND A LOWER MEDIAN INCOME THAT BOTH STATE AND NATIONAL AVERAGES, IT IS AMONG ONE OF THE POOREST CITIES IN THE COUNTRY THE PROPORTION OF RESIDENTS WITH A COLLEGE DEGREE OR HIGHER IN EASTON, FAIRFIELD, MONROE AND TRUMBULL IS GREATER THAN THAT OF THE STATE OVERALL AT 37% ONLY 16% OF BRIDGEPORT ADULTS HAVE A COLLEGE DEGREE OR HIGHER, LESS THAN HALF THE RATE FOR THE STATE, STRATFORD ALSO FALLS BELOW THE STATE RATE WITH ONLY 31% OF THE RESIDENTS HAVING A COLLEGE DEGREE OR HIGHER

Form and Line Reference	Explanation
PART VI, LINE 5	AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, BRIDGEPORT HOSPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH AND OTHER INNOVATIVE SERVICES DURING FISCAL YEAR 2016, BRIDGEPORT HOSPITAL PROVIDED \$80.1 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES. BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF COMMUNITY BENEFITS AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY MEMBERS RESIDING 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 2016 THERE WERE A TOTAL OF 1,163 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF. BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 20,657 INPATIENTS AND MORE THAN 294,320 OUTPATIENT ENCOUNTERS IN 2016. BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST PRIVATE EMPLOYERS IN BRIDGEPORT WITH 2,659 EMPLOYEES IN 2016.

Form and Line Reference	Explanation
PART VI, LINE 6	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

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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
1	BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 WWW.BRIDGEPORTHOSPITAL.ORG 0040	X	X	X			X			

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)
1 1 - NORMA F PFRIEM CANCER INSTITUTE 5520 PARK AVENUE TRUMBULL,CT 06611	ONCOLOGY RADIOLOGY, LAB, PERINATAL/ATU
1 2 - CARDIAC DIAGNOSTIC TESTING 1305 POST ROAD FAIRFIELD,CT 06824	CARDIAC SERVICES, DIAGNOSTIC TESTING
2 3 - OUTPATIENT RADIOLOGY 4699 MAIN STREET BRIDGEPORT,CT 06610	RADIOLOGY, OUTPATIENT
3 4 - BRIDGEPORT HOSPITAL REHABILITATION 226 MILL HILL AVENUE BRIDGEPORT,CT 06610	REHABILITATION
4 5 - CARDIAC DIAGNOSTIC TESTING 999 SILVER LANE TRUMBULL,CT 06611	CARDIAC SERVICES
5 6 - OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD,CT 06824	RADIOLOGY
6 7 - CARDIAC DIAGNOSTIC TESTING 25 GERMANTOWN ROAD DANBURY,CT 06810	CARDIAC SERVICES
7 8 - FAIRFIELD URGENT CARE CENTER 309 STILLSON ROAD FAIRFIELD,CT 06824	MEDICAL OFFICE
8 9 - OUTPATIENT RADIOLOGY 2909 MAIN STREET STRATFORD,CT 06614	RADIOLOGY
9 10 - REACH AT BH 305 BOSTON AVENUE STRATFORD,CT 06614	VARIOUS MEDICAL SERVICES
10 11 - CARDIAC DIAGNOSTIC TESTING 20 COMMERCE PARK MILFORD,CT 06460	CARDIAC SERVICES, DIAGNOSTIC TESTING
11 12 - AHLBIN REHAB CENTER-STRATFORD 3585 MAIN STREET STRATFORD,CT 06614	PHYSICAL THERAPY
12 13 - OUTPATIENT RADIOLOGY 2595 MAIN STREET STRATFORD,CT 06614	RADIOLOGY, OUTPATIENT
13 14 - BRIDGEPORT HOSPITAL LAB 4 CORPORATE DRIVE SHELTON,CT 06484	BLOOD DRAW CENTER
14 15 - AHLBIN REHAB CENTER-SOUTHPORT 2600 POST ROAD SOUTHPORT,CT 06890	PHYSICAL THERAPY, DRAW STATION

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)
16 16 - CARDIAC DIAGNOSTIC TESTING 30 PROSPECT STREET RIDGEFIELD,CT 06877	CARDIAC SERVICES, DIAGNOSTIC TESTING
1 17 - BRIDGEPORT HOSPITAL LAB 40 COMMERCE PARK MILFORD,CT 06460	BLOOD DRAW CENTER
2 18 - BLOOD DRAW STATION 887 BRIDGEPORT AVENUE SHELTON,CT 06484	BLOOD DRAW CENTER
3 19 - AHLBIN PHYSICAL THERAPY 2750 RESERVOIR AVE TRUMBULL,CT 06611	REHABILITATION
4 20 - IVY BROOK MEDICAL CENTER 2 IVY BROOK ROAD SHELTON,CT 06484	CARDIAC SERVICES, DIAGNOSTIC TESTING
5 21 - BRIDGEPORT HOSPITAL LAB 15 CORPORATE DRIVE TRUMBULL,CT 06611	BLOOD DRAW CENTER
6 22 - BRIDGEPORT HOSPITAL LAB 3115 MAIN STREET STRATFORD,CT 06614	BLOOD DRAW CENTER
7 23 - NORMA PFRIEM BREAST CENTER 111 BEACH ROAD FAIRFIELD,CT 06824	CANCER CENTER
8 24 - SLEEP STUDY CENTER 1070 MAIN STREET BRIDGEPORT,CT 06610	SLEEP CENTER
9 25 - OUTPATIENT RADIOLOGY 2660 MAIN STREET BRIDGEPORT,CT 06606	OUTPATIENT RADIOLOGY
10 26 - CENTER FOR GERIATRICS 95 ARMORY ROAD STRATFORD,CT 06614	ELDER CARE
11 27 - CARDIAC DIAGNOSTIC TESTING 300 SEYMOUR AVENUE DERBY,CT 06418	CARDIAC SERVICES, DIAGNOSTIC TESTING

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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 on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 on 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 in column (B) reported as deferred on 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	THE INDIVIDUALS LISTED BELOW 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. SEVERANCE NONQUALIFIED EQUITY-BASED: WILLIAM M. JENNINGS \$0 \$180,742 \$0; PATRICK MCCABE 0 121,484 0; JOHN SKELLY 0 96,527 0; MELLISSA TURNER 0 69,659 0; CAROLYN SALSGIVER 0 65,210 0; PAMELA SCAGLIARINI 0 22,537 0. INDIVIDUAL LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT RESPECTIVELY REPORTED DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) IS AMOUNT VESTED DURING THE 2015 CALENDAR YEAR THAT WAS RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUAL'S 2015 CALENDAR YEAR FORM W-2: GAYLE CAPOZZALO \$ 380,628. 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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1WILLIAM JENNINGS PRESIDENT & CEO/DIRECTOR	(i)	626,366	195,328	87,030	239,273	14,470	1,162,467	15,048
	(ii)	156,592	48,832	21,757	59,819	-	-	3,762
						3,617	290,617	
1GAYLE CAPOZZALO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	713,269	274,705	474,584	23,550	-	-	12,135
						14,735	1,500,843	
2JOHN SKELLY SR VP & TREASURER	(i)	374,440	91,583	64,469	160,625	20,140	711,257	0
	(ii)	41,604	10,176	7,163	17,847	-	-	0
						2,238	79,028	
3PATRICK MCCABE THRU 916 SR VP,& TREASURER	(i)	48,559	16,239	6,984	22,843	2,141	96,766	0
	(ii)	437,031	146,155	62,861	205,591	-	-	0
						19,272	870,910	
4PAMELA SCAGLIARINI COO & SEC	(i)	375,952	73,408	56,493	88,210	20,695	614,758	519
	(ii)	0	0	0	0	-	-	0
						0	0	
5MARC BRUNETTI SR VP SUPPORT OPERATIONS	(i)	255,837	44,402	18,000	24,559	23,301	366,099	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6MICHAEL IVY SR VP MEDICAL AFFAIRS	(i)	426,159	98,933	29,400	10,400	23,389	588,281	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7MARYELLEN KOSTURKO SR VP PATIENT CARE	(i)	305,754	65,492	23,400	23,704	4,435	422,785	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS	(i)	217,376	58,138	40,866	105,323	20,031	441,734	0
	(ii)	54,344	14,535	10,216	26,331	-	-	0
						5,008	110,434	
9MELISSA TURNER SR VP HUMAN RESOURCE	(i)	139,049	38,036	28,359	61,505	12,292	279,241	0
	(ii)	139,049	38,036	28,359	61,504	-	-	0
						12,293	279,241	
10RYAN O'CONNELL VP OF PERFORMANCE & RISK	(i)	337,739	48,867	22,200	10,400	16,652	435,858	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11GINA CALDER EFF 916 VP OF AMBULATORY SERVICES	(i)	162,426	14,496	18,000	13,676	5,047	213,645	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12JENNIFER WILLCOX ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	239,057	49,448	38,121	17,659	-	-	9,839
						15,395	359,680	
13JONATHAN MAISEL PHYSICIAN	(i)	403,925	10,177	23,511	26,150	18,741	482,504	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14THOMAS LAMONTE PHYSICIAN	(i)	322,703	8,377	24,183	26,150	18,741	400,154	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15ROCKMAN FERRIGNO PHYSICIAN	(i)	486,425	35,687	17,742	15,394	48,623	603,871	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16GUILLERMO KATIGBAK PHYSICIAN	(i)	332,373	8,575	18,496	26,150	13,738	399,332	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17FRANCISCO GARRIDO PHYSICIAN	(i)	447,167	8,967	17,465	12,654	15,252	501,505	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

Department of the Treasury
Internal Revenue Service
Name of the organization
BRIDGEPORT HOSPITAL

OMB No 1545-0047

2015

Open to Public Inspection

► 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.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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	9,015,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	40,467,953							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	775,780							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	39,692,173							
12	Other unspent proceeds								
13	Year of substantial completion	2012							
		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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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).

Return Reference	Explanation
PART III - PRIVATE BUSINESS USE	THIS SECTION IS NOT REQUIRED TO BE COMPLETED AS THE BOND REFUNDED PRE-2003 BOND ISSUANCES

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
CONNECTICUT NEUROSURGICAL (1) SPECIALISTS PC	SEE SCHEDULE O	487,581	SEE PART V		No
(2) EBP SUPPLY SOLUTIONS	SEE SCHEDULE O	268,177	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
PART I EXCESS BENEFIT TRANSACTIONS	(A)NAME OF DISQUALIFIED PERSON CONNECTICUT NEUROSURGICAL SPECIALISTS, P C (CNS)/DRS KENNETH LIPOW AND GARY ZIMMERMAN(B)RELATIONSHIP BETWEEN DISQUALIFIED PERSON AND ORGANIZATION CNS RENTS SPACE FROM THE HOSPITAL AND PROVIDES MEDICAL SERVICES TO THE HOSPITAL CNS' OBLIGATIONS UNDER THE LEASE WERE GUARANTEED BY DRS LIPOW AND ZIMMERMAN (C)DESCRIPTION OF TRANSACTION THERE WERE CERTAIN AMOUNTS DUE TO AND FROM CNS AND THE HOSPITAL THAT WERE NOT TIMELY PAID AND/OR PAID AT WHAT WAS LATER DETERMINED TO BE LESS THAN FAIR MARKET VALUE THE ISSUE WAS DISCOVERED AND SELF CORRECTED REASONABLE STEPS HAVE BEEN TAKEN TO MITIGATE ANY FUTURE OCCURANCE PART I, LINE 2A REQUEST FOR ABATEMENT HAS BEEN OR WILL BE FILED BY THE DISQUALIFIED PERSONS THE ORGANIZATION BELIEVES THAT NO ORGANIZATION MANAGER PARTICIPATED IN THE TRANSACTION KNOWING THAT IT WAS AN EXCESS BENEFIT TRANSACTION
PART IV, COLUMN D	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSNAME OF INTERESTED PERSON CONNECTICUT NEUROSURGICAL SPECIALISTS, P C TRUSTEE GARY ZIMMERMAN, M D , IS A GREATER THAN 35% OWNER OF CONNECTICUT NEUROSURGICAL SPECIALISTS, P C CONNECTICUT NEUROSURGICAL SPECIALISTS, P C RENTS SPACE FROM THE HOSPITAL AND PROVIDES MEDICAL SERVICES TO THE HOSPITAL AMOUNT OF TRANSACTION \$409,152 (MEDICAL SERVICES) AND \$78,429 (RENTAL PAYMENTS FROM CNS TO THE HOSPITAL) NAME OF INTERESTED PERSON EBP SUPPLY SOLUTIONSTRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CHIEF EXECUTIVE OFFICER OF EBP SUPPLY SOLUTIONS, INC 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, INC AMOUNT OF TRANSACTION \$268,177

**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 990-EZ 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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
BRIDGEPORT HOSPITAL**Employer identification number**

06-0646554

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT TEN (10) VOTING MEMBERS ARE INDEPENDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF BRIDGEPORT HOSPITAL IS YALE NEW HAVEN HEALTH SERVICES CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE HOSPITAL NOMINATES INDIVIDUALS TO SERVE ON THE HOSPITAL'S BOARD FOR APPROVAL BY ITS SO LE MEMBER, YALE NEW HAVEN HEALTH SERVICES CORPORATION

990 Schedule O, Supplemental Information

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 THAT DO NOT CONFORM WITH SYSTEM 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 YALE NEW HAVEN HEALTH SERVICES CORPORATION RETAINS THE FOLLOWING DIRECT AUTHORITY ADOPTION OF BUDGETARY TARGETS, INDEBTEDNESS, MANAGEMENT AND CONTROL OF LIQUID ASSETS, APPOINTMENT OF THE INDEPENDENT AUDITOR AND APPOINTMENT OF THE CEO

990 Schedule O, Supplemental Information

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 EXECUTIVE DIRECTOR/DIRECTOR OF FINANCE. SUBSEQUENTLY IT IS SENT TO KPMG 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 KPMG 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.

990 Schedule O, Supplemental Information

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-B OARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMP LETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE B ECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRE D TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATE MENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CO RPORATE 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 WO ULD 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 CONFL ICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECU SE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POT ENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL AND 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 A ND 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF FORM 990, FORM 1023 (IF AVAILABLE) 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 62,352,799 MANAGEMENT AND GENERAL EXPENSES 1 6,733,626 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 79,086,425 PHYSICIAN FEES PROGRAM SERV ICE EXPENSES 34,798,072 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,798,072 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 8,872,963 MANAGEME NT AND GENERAL EXPENSES 2,815,801 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,688,764

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER NON OPERATING INCOME ADJUSTMENT 315,162 NET CHANGE OF INTEREST IN BHF 522,500 NET ASSETS RELEASE FROM RESTRICTION - BHF 2,126,210 RECLASS BHF INVESTMENT INCOME TO CHANGE O F NET ASSETS 2,320,370 RECLASS REALIZED INVESTMENT FROM TEMP RESTRICTED TO P/L -229,821 INCREASE IN UNRESTRICTED NET ASSETS -40,727,724 INCREASE IN TEMP RESTRICTED NET ASSETS 7, 458,000 INCREASE IN PERM RESTRICTED NET ASSETS 257,000

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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	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) Disproportionate 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	
(1) SHORELINE SURGERY CENTER LLC 111 GOOSE LANE GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	N/A									
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	N/A									
(4) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	N/A									
(5) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT 789 HOWARD AVENUE NEW HAVEN, CT 06519 27-1374301	INVESTMENT	DE	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	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.

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

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
See Additional Data Table			

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.

[illegible]

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	NAME OF RELATED ORGANIZATION GREENWICH HOSPITAL DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER YALE NEW HAVEN HEALTH SERVICES CORPORATION NAME OF RELATED ORGANIZATION PERRYRIDGE CORPORATION DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER GREENWICH HOSPITAL NAME OF RELATED ORGANIZATION THE GREENWICH HOSPITAL ENDOWMENT FUND INC DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER GREENWICH HOSPITAL

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
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	SEE SCHEDULE R PART VII	Yes	
GREENWICH HEALTH CARE SERVICES INC - MERGED WITH GH 5122016 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	SEE SCHEDULE R PART VII	Yes	
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
NORTHEAST MEDICAL GROUP PLLC 99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	N/A		No
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	SEE SCHEDULE R PART VII	Yes	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS INC 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
LAWRENCE MEMORIAL COPORATION 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
LAWRENCE MEMORIAL HOSPITAL INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL COPORATION	Yes	
ASSOCIATED SPECIALISTS OF SOUTHEASTERN CONNECTICUT INC 403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 20-8006123	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	LAWRENCE MEMORIAL HOSPITAL INC	Yes	
VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT INC 403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 9	LAWRENCE MEMORIAL COPORATION	Yes	
L&M PHYSICIAN ASSOCIATION INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 27-1094375	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	LAWRENCE MEMORIAL COPORATION	Yes	
LMW HEALTHCARE INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL COPORATION	Yes	
THE WESTERLY HOSPITAL FOUNDATION INC 25 WELLS STREET WESTERLY, RI 02879 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 11A, I	LMW HEALTHCARE INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (If section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
LAWRENCE MEMORIAL FOUNDATION INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553026	FUNDRAISING SERVICES	CT	501C3	PF	LAWRENCE MEMORIAL COPORATION	Yes	
WESTERLY HOSPITAL AUXILIARY INC 25 WELLS ST WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 11C, III-FI	LMW HEALTHCARE INC	Yes	
L&M HEALTHCARE INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	LAWRENCE MEMORIAL COPORATION	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
(1) YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
YALE NEW HAVEN AMBULATORY (1) SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(2) MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL SERVICES	CT	N/A	C				Yes	
(3) GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(4) YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C				Yes	
(5) YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C				Yes	
(6) MEDICAL CENTER PHARMACY INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
(7) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	N/A	C				Yes	
(8) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	N/A	C				Yes	
(9) PRIMARYNET OF CONNECTICUT INC- TERMINATED 93016 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(10) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	N/A	C				Yes	
(11) CENTURY MANAGEMENT SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLE MANAGEMENT SERVICES	CT	N/A	C				Yes	
(12) L&M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	N/A	C				Yes	
(13) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	N/A	C				Yes	
(14) LAWRENCE & MEMORIAL INDEMNITY COMPANY LTD PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-1021436	INSURANCE	CJ	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	P	79,217,925	TRANSACTION REVIEW
(1)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	M	77,416,962	COMPARABLE MARKET VALUE
(2)	BRIDGEPORT HOSPITAL FOUNDATION INC	Q	2,854,000	TRANSACTION REVIEW
(3)	BRIDGEPORT HOSPITAL FOUNDATION INC	L	1,302,285	TRANSACTION REVIEW
(4)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	L	11,098,363	COMPARABLE MARKET VALUE
(5)	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Q	5,292,353	TRANSACTION REVIEW
(6)	NORTHEAST MEDICAL GROUP INC	R	466,140	CASH
(7)	BRIDGEPORT HOSPITAL AUXILIARY INC	S	446,105	TRANSACTION REVIEW
(8)	BRIDGEPORT HOSPITAL AUXILIARY INC	C	89,570	TRANSACTION REVIEW
(9)	BRIDGEPORT HOSPITAL FOUNDATION INC	S	5,410,452	CASH