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Form **990-T**

# Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

**2017**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
BRIDGEPORT HOSPITAL

D Employer identification number (Employees' trust, see instructions.)
06-0646554

Number, street, and room or suite no. If a P.O. box, see instructions
267 GRANT STREET

E Unrelated business activity codes (See instructions.)
621500 541700

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

C Book value of all assets at end of year
672,075,816.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation. ▶ SEE STATEMENT 7

J The books are in care of ▶ DENIS DONEGAN Telephone number ▶ 203-688-6088

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance ▶ | 1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | -531. | STMT 3 | -531. |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions; attach schedule) STATEMENT 4 | 12 | 355,935. | | 355,935. |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 355,404. | | 355,404. |

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## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | |
|---|---|---|---|---|---|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
| 15 | Salaries and wages | | | 15 | |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 8 | | SEE STATEMENT 5 | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | 21 | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b | |
| 23 | Depletion | | | 23 | |
| 24 | Contributions to deferred compensation plans | | | 24 | |
| 25 | Employee benefit programs | | | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | | 26 | |
| 27 | Excess readership costs (Schedule J) | | | 27 | |
| 28 | Other deductions (attach schedule) | | SEE STATEMENT 6 | 28 | 161,630. |
| 29 | **Total deductions.** Add lines 14 through 28 | | | 29 | 161,630. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | 30 | 193,774. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | SEE STATEMENT 9 | 31 | 193,774. |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | 32 | 0. |
| 33 | Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | | | 33 | 1,000. |
| 34 | **Unrelated business taxable income** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | 34 | 0. |

SCANNED SEP 30 2019



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## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ [X] **See instructions** and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ▶ | 35c | 0. |
| 36 | **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax.** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Tax on Non-Compliant Facility Income.** See instructions | 39 | |
| 40 | **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | | | |
| b | Other credits (see instructions) | 41b | | | |
| c | General business credit. Attach Form 3800 | 41c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | | |
| e | **Total credits.** Add lines 41a through 41d | | | 41e | |
| 42 | Subtract line 41e from line 40 | | | 42 | 0. |
| 43 | Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) | | | 43 | |
| 44 | **Total tax.** Add lines 42 and 43 | | | 44 | 0. |
| 45 a | Payments: A 2016 overpayment credited to 2017 | 45a | 12,648. | | |
| b | 2017 estimated tax payments | 45b | | | |
| c | Tax deposited with Form 8868 | 45c | | | |
| d | Foreign organizations' Tax paid or withheld at source (see instructions) | 45d | | | |
| e | Backup withholding (see instructions) | 45e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | | |
| g | Other credits and payments [ ] Form 2439 [ ] Form 4136 [ ] Other Total ▶ | 45g | | | |
| 46 | **Total payments.** Add lines 45a through 45g | | | 46 | 12,648. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [ ] | | | 47 | |
| 48 | **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | | | 48 | |
| 49 | **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | | | 49 | 12,648. |
| 50 | Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ 12,648. **Refunded** ▶ | | | 50 | 0. |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 51 | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge

X ▶ Signature of officer | 8/1/2019 Date | SR VP AND TREASURER ▶ Title

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [X] No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| PHILLIP E GROFF | | 7/22/2019 | | P01247783 |

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103 — Phone no. 267-256-1756

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | **Cost of goods sold** Subtract line 6 from line 5 Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | **Total.** Add lines 1 through 4b | 5 | | | | | |

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| | 2 Rent received or accrued | | |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | 0. | |

**(c) Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

**(b) Total deductions** Enter here and on page 1 Part I, line 6, column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2 Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| | 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| **Totals** | | | ▶ | 0. | 0. |
| **Total dividends-received deductions** included in column 8 | | | | ▶ | 0. |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5. Part of column 4 that is included in the controlling organization s gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
| Totals ▶ | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2 Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A) | | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals ▶ | 0. | | | 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2. Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| Totals ▶ | 0. | 0. | | | | 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 0. | 0. | | | | 0. |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1. Name of periodical | 2 Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| **Totals from Part I** ▶ | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11 col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| **Totals**, Part II (lines 1-5) ▶ | 0. | 0. | | | | 0. |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1 Name | 2. Title | 3 Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| **Total.** Enter here and on page 1, Part II, line 14 | | ▶ | 0. |

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

OPERATION OF A LABORATORY DROP-OFF SERVICE, MANAGEMENT/INVESTMENTS/SESSION LEASE/UBTI UNDER SECTION 512(A)(7).

TO FORM 990-T, PAGE 1

FOOTNOTES STATEMENT 2

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION

BRIDGEPORT HOSPITAL IS MAKING THE ELECTION UNDER TREAS. REG. SECTION 1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED SEPTEMBER 30, 2018.

TAXPAYER NAME: BRIDGEPORT HOSPITAL
ADDRESS: 267 GRANT STREET, BRIDGEPORT CT 06610
TAXPAYER IDENTIFICATION NUMBER: 06-0646554

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

BRIDGEPORT HOSPITAL HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE FOR THE TAX YEAR SEPTEMBER 30, 2018. THE TAXPAYER HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT, FOR TAX PURPOSES, ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED $5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(I).

TAXPAYER NAME: BRIDGEPORT HOSPITAL
ADDRESS: 267 GRANT STREET, BRIDGEPORT CT 06610
TAXPAYER IDENTIFICATION NUMBER: 06-0646554

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 3

| DESCRIPTION | AMOUNT |
|---|---|
| YALE NEW HAVEN HEALTH SYSTEM INVESTMENT TRUST | -531. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | -531. |

FORM 990-T OTHER INCOME STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| MANAGEMENT SERVICE - RADIOLOGY | 19,406. |
| LABORATORY SERVICE FOR NON-HOSPITAL PATIENTS | 103,949. |
| MANAGEMENT SERVICE - PURCHASING COALITION | 164,285. |
| TRANSPORTATION FRINGE | 63,919. |
| SESSION LEASE | 4,376. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 355,935. |

FORM 990-T CONTRIBUTIONS STATEMENT 5

| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
|---|---|---|
| VARIOUS CHARITABLE CONTRIBUTIONS | N/A | 16,000. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 | | 16,000. |

FORM 990-T OTHER DEDUCTIONS STATEMENT 6

| DESCRIPTION | AMOUNT |
|---|---|
| DIRECT EXPENSES - LABRADIOLOGY | 60,560. |
| INDIRECT EXPENSES - LABRADIOLOGY | 61,360. |
| DIRECT EXPENSES - RADIOLOGY | 39,710. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 161,630. |

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 7

| CORPORATION'S NAME | IDENTIFYING NO |
|---|---|
| YALE NEW HAVEN HEALTH SERVICES CORP | 22-2529464 |

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 8

| | | | |
|---|---|---|---|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT | | | |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS | | | |
| FOR TAX YEAR 2012 | 18,875 | | |
| FOR TAX YEAR 2013 | 55,000 | | |
| FOR TAX YEAR 2014 | 15,000 | | |
| FOR TAX YEAR 2015 | 5,000 | | |
| FOR TAX YEAR 2016 | 5,000 | | |
| TOTAL CARRYOVER | | 98,875 | |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | | 16,000 | |
| TOTAL CONTRIBUTIONS AVAILABLE | | 114,875 | |
| TAXABLE INCOME LIMITATION AS ADJUSTED | | 0 | |
| EXCESS 10% CONTRIBUTIONS | | 114,875 | |
| EXCESS 100% CONTRIBUTIONS | | 0 | |
| TOTAL EXCESS CONTRIBUTIONS | | 114,875 | |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | | 0 |
| TOTAL CONTRIBUTION DEDUCTION | | | 0 |

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 9

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 09/30/14 | 276,989. | 8,818. | 268,171. | 268,171. |
| 09/30/15 | 291,452. | 0. | 291,452. | 291,452. |
| 09/30/16 | 545,637. | 0. | 545,637. | 545,637. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 1,105,260. | 1,105,260. |