

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 512,581,732 including grants of \$ 555,967) (Revenue \$ 610,727,160)
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 ▶ 512,581,732

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	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	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	1a 260	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,270			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 13		
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 9		
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	No
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	

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-A 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

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 ☐

1

● 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]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,736,172	4,449,447	1,931,990

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 ▶ 350

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NURSEFINDERS INC, PO BOX 910738 DALLAS, TX 753910738	STAFFING	4,280,062
SHEPLEY BULFINCH RICHARDSON ABBOT I, 2 SEAPORT LN BOSTON, MA 02210	ARCHITECTURE SERVICE	3,045,290
UNITEX TEXTILE RENTAL INC, 155 SOUTH TERRACE AVE MOUNT VERNON, NY 10550	LAUNDRY/SERVICE	2,161,925
UNIVERSAL PROTECTION SERVICE LP, PO BOX 828854 PHILADELPHIA, PA 191828854	SECURITY SERVICE	2,146,257
NATIONAL GOVERNMENT SERVICES, 8115 KNUE RD INDIANAPOLIS, IN 46250	MEDICARE SERVICES	1,331,097

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 ► 48	
---	--

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2,833,682				
	e Government grants (contributions)	1e	1,493,258				
	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 ▶		4,326,940				
Program Service Revenue			Business Code				
	2a INPATIENT REVENUE	621990	315,004,761	315,004,761			
	b OUTPATIENT REVENUE	621990	253,897,537	253,897,537			
	c LABORATORY SERVICES	621500	216,639		216,639		
	d MANAGEMENT SERVICE - N	621500	163,270		163,270		
	e SESSION LEASE	621500	16,661		16,661		
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		569,298,868				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,680,225		-46	2,680,271	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real	(ii) Personal			
	6a Gross rents	2,180,887					
	b Less rental expenses	664,824					
	c Rental income or (loss)	1,516,063					
	d Net rental income or (loss) ▶		1,516,063			1,516,063	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	59,293,283	70,200				
	b Less cost or other basis and sales expenses	57,922,101	0				
	c Gain or (loss)	1,371,182	70,200				
	d Net gain or (loss) ▶		1,441,382			1,441,382	
	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	31,725,226	31,725,226			
b PEDIATRIC ANCILLARY RE		900099	10,100,136	10,100,136			
c CAFETERIA/VENDING OTHE		900099	2,571,247		2,571,247		
d All other revenue			2,812,310		2,812,310		
e Total. Add lines 11a-11d ▶			47,208,919				
12 Total revenue. See Instructions ▶			626,472,397	610,727,660	396,524	11,021,273	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	17,535	17,535		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	538,432	538,432		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	9,307,107	930,711	8,376,396	
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.	187,846,362	160,001,002	27,845,360	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,142,020	956,442	185,578	
9 Other employee benefits.	21,139,929	17,704,691	3,435,238	
10 Payroll taxes.	13,101,267	10,972,311	2,128,956	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	29,964	25,095	4,869	
d Lobbying.	121,956	121,956		
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).	192,863,613	174,237,606	18,626,007	
12 Advertising and promotion.				
13 Office expenses.	7,250,648	6,072,418	1,178,230	
14 Information technology.				
15 Royalties.				
16 Occupancy.	17,873,563	14,969,109	2,904,454	
17 Travel.	703,536	548,758	154,778	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	8,234,623	6,896,497	1,338,126	
21 Payments to affiliates.	7,127,562	5,969,333	1,158,229	
22 Depreciation, depletion, and amortization.	29,418,242	24,637,778	4,780,464	
23 Insurance.	8,880,559	7,437,468	1,443,091	
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	75,423,459	75,423,459		
b PROPERTY TAX	3,535,864	2,961,286	574,578	
c OTHER MISC EXPENSES	1,081,230	905,530	175,700	
d DUES, FEES AND MEMBERSHI	943,743	790,385	153,358	
e All other expenses	553,946	463,930	90,016	
25 Total functional expenses. Add lines 1 through 24e.	587,135,160	512,581,732	74,553,428	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		78,566,170	2	41,412,288	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		56,312,304	4	73,092,763	
	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		6,104,697	8	7,068,902	
	9	Prepaid expenses and deferred charges		16,675,922	9	17,448,135	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	660,736,014			
	b	Less: accumulated depreciation	10b	337,819,397	293,285,212	10c	322,916,617
	11	Investments—publicly traded securities		44,387,867	11	51,982,753	
	12	Investments—other securities. See Part IV, line 11		37,528,070	12	31,745,126	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		17,217,110	14	75,743,386	
	15	Other assets. See Part IV, line 11		121,998,464	15	125,202,689	
16	Total assets. Add lines 1 through 15 (must equal line 34)		672,075,816	16	746,612,659		
Liabilities	17	Accounts payable and accrued expenses		65,280,402	17	75,358,933	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		22,682,378	20	20,106,591	
	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		96,462,274	23	94,609,822	
	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		158,524,527	25	224,427,501	
	26	Total liabilities. Add lines 17 through 25		342,949,581	26	414,502,847	
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		264,023,174	27	266,043,405	
	28	Temporarily restricted net assets		41,831,933	28	42,777,785	
	29	Permanently restricted net assets		23,271,128	29	23,288,622	
	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		329,126,235	33	332,109,812		
34	Total liabilities and net assets/fund balances		672,075,816	34	746,612,659		

Part XI Reconciliation of Net AssetsCheck 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	626,472,397
2	Total expenses (must equal Part IX, column (A), line 25)	2	587,135,160
3	Revenue less expenses Subtract line 2 from line 1	3	39,337,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	329,126,235
5	Net unrealized gains (losses) on investments	5	-102,622
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	-36,251,038
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	332,109,812

Part XII Financial Statements and ReportingCheck 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	
b 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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Software ID:

Software Version:

EIN: 06-0646554

Name: BRIDGEPORT HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

SCHEDULE OGUIDED BY A SINGLE STRATEGY TO PROVIDE UNPARALLELED VALUE TO THE PATIENTS AND COMMUNITY SERVICED, BRIDGEPORT HOSPITAL CONTINUED TO FOCUS ON IMPROVING THE QUALITY, SAFETY AND EFFICIENCY OF THE SERVICES AND CARE PROVIDED THE HOSPITAL, AS A MEMBER OF YALE NEW HAVEN HEALTH, PRESERVED COMMUNITY ACCESS TO HEALTHCARE SERVICES WITH THE INTEGRATION OF BRIDGEPORT HOSPITAL AND MILFORD HOSPITAL IN JUNE UNDER THE AGREEMENT, APPROVED BY THE STATE OF CONNECTICUT'S OFFICE OF HEALTH STRATEGY, MILFORD HOSPITAL BECAME A CAMPUS OF BRIDGEPORT HOSPITAL RECOGNIZING THE CRITICAL ROLE THE FORMER MILFORD HOSPITAL PLAYED IN THE DELIVERY OF HEALTH CARE TO THE REGION, PLANS INCLUDED DEVELOPING THE MILFORD CAMPUS INTO A STATE-OF-THE-ART COMMUNITY HOSPITAL AND CENTER FOR GERONTOLOGIC HEALTH THE CAMPUS ALSO RETAINED THE YALE NEW HAVEN HOSPITAL REHABILITATION AND WELLNESS CENTER MORE PATIENTS SOUGHT CARE AT BRIDGEPORT HOSPITAL DURING THE YEAR, LEADING TO DAILY RECORDS FOR INPATIENT VOLUME AND EMERGENCY DEPARTMENT VISITS THE HOSPITAL ATTRIBUTED THE SURGE IN PATIENT VOLUME TO AN AGING POPULATION COUPLED WITH COMPLEX MEDICAL CONDITIONS TO ENSURE THE BEST CARE POSSIBLE, THE HOSPITAL IDENTIFIED ADDITIONAL BED SPACE IN MEDICAL/SURGICAL UNITS AS WELL AS PROCEDURAL AND SPECIALTY AREAS TO PROVIDE SEAMLESS CARE WITH EXTRA STAFF AND RESOURCES RECOGNIZED FOR ITS FOCUS ON THE HIGHEST STANDARDS OF CARE FOR OLDER ADULTS, BRIDGEPORT HOSPITAL BECAME THE FIRST HOSPITAL IN CONNECTICUT TO EARN GERIATRIC EMERGENCY CARE ACCREDITATION FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS STUDYING INCREASED PATIENT VOLUME IN THE EMERGENCY DEPARTMENT, UPWARDS OF 300 NON-EMERGENCY PATIENTS A MONTH, THE HOSPITAL OPENED A NEW, DEDICATED AMBULANCE ENTRANCE SPECIFICALLY FOR PATIENTS WITHOUT LIFE-THREATENING SYMPTOMS DESIGNED TO ALLEVIATE TRAFFIC CONGESTION AT THE EMERGENCY DEPARTMENT, THE NEW ENTRANCE PROVIDED A MORE CONVENIENT, EFFICIENT ENTRY POINT FOR PATIENTS, AMBULANCE PERSONNEL AND EMERGENCY VEHICLES ONGOING, DEDICATED EFFORTS TO BECOME A HIGH RELIABILITY ORGANIZATION (HRO) RESULTED IN POSITIVE OUTCOMES BRIDGEPORT HOSPITAL, WHICH EMBARKED ON THE HRO JOURNEY MORE THAN FIVE YEARS AGO, IMPLEMENTED SIGNIFICANT WORK TO REDUCE HOSPITAL-ACQUIRED INFECTIONS DAILY SAFETY HUDDLES, ALONG WITH THE SAFETY COACH PROGRAM, INCREASED COMMUNICATION ABOUT POTENTIAL SAFETY CONCERNS BRIDGEPORT HOSPITAL ALSO ACHIEVED CLINICAL MILESTONES THE HOSPITAL WAS THE ONLY ONE IN CONNECTICUT WITH A MORTALITY RATE OF ZERO FOR THE FIRST 100 PATIENTS UNDERGOING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURE AN EFFECTIVE OPTION FOR HEART VALVE REPLACEMENT DUE TO NARROWING OF THE AORTA IN HIGH-RISK PATIENTS WHO ARE NOT APPROPRIATE FOR SURGERY WITH HOSPITAL STAYS AND RECOVERY TIME TYPICALLY SHORTER THAN THE OPEN-CHEST APPROACH, THE PROCEDURE CONTRIBUTED TO BETTER PATIENT OUTCOMES THE CONNECTICUT BURN CENTER AT BRIDGEPORT HOSPITAL BECAME THE FIRST FACILITY IN CONNECTICUT TO USE RECELL "SPRAY-ON SKIN" TO TREAT BURN VICTIMS THE AUTOLOGOUS CELL HARVESTING SYSTEM IS A NEW WAY OF SKIN GRAFTING THAT USES MUCH SMALLER DONOR SITES, WHICH IS PARTICULARLY BENEFICIAL TO PATIENTS WITH LARGE BURNS WHO HAVE LIMITED HEALTHY SKIN TO USE FOR GRAFTING AS AN ADDED INVESTMENT IN CANCER CARE, THE HOSPITAL STANDARDIZED 3D MAMMOGRAPHY THROUGHOUT THE BRIDGEPORT CAMPUS THE 3D IMAGING, WHEN COMBINED WITH A STANDARD MAMMOGRAM, CAN REDUCE THE NEED FOR FOLLOW-UP IMAGING, DETECT SLIGHTLY MORE CANCERS THAN A STANDARD MAMMOGRAM ALONE, AND CAN IMPROVE DETECTION OF CANCER IN DENSE BREAST TISSUE THE HUMAN RIGHTS CAMPAIGN FOUNDATION AWARDED BRIDGEPORT HOSPITAL ITS LGBTQ HEALTHCARE EQUALITY LEADER DESIGNATION IN THE HEALTHCARE EQUALITY INDEX 2019 THE HOSPITAL WAS RECOGNIZED FOR IMPLEMENTING LGBTQ-INCLUSIVE POLICIES AND PRACTICES IN PATIENT-CENTERED CARE, PATIENT SERVICES AND SUPPORT, FULLY INCLUSIVE EMPLOYEE BENEFITS AND POLICIES, AND PATIENT AND COMMUNITY ENGAGEMENT RECOGNIZED FOR WORK WITH THE COMMUNITY, BRIDGEPORT HOSPITAL AND ST. VINCENT'S MEDICAL CENTER SHARED THE 2019 CONNECTICUT HOSPITAL ASSOCIATION COMMUNITY SERVICE AWARD FOR ITS LEADERSHIP AND SUPPORT OF THE KNOW YOUR NUMBERS (KYN) CARDIOVASCULAR WELLNESS CAMPAIGN THE PROGRAM PROVIDED OVER 200 SCREENINGS FOR THE UNDERSERVED AT LOCAL FOOD PANTRIES IN 2019 ALMOST 20 PERCENT OF PARTICIPANTS WERE REFERRED FOR FOLLOW-UP MEDICAL CARE AND OTHER COMMUNITY RESOURCES BRIDGEPORT HOSPITAL ALSO STARTED HOSTING THE CT FOOD BANK MOBILE FOOD PANTRY ONCE A MONTH, WHICH SERVES OVER 150 FAMILIES EACH VISIT, AND ADDED A FARMERS' MARKET THAT ACCEPTS SNAP EACH WEEK DURING THE SUMMER GROWING SEASON THROUGHOUT THE YEAR, BRIDGEPORT HOSPITAL DEMONSTRATED A STRONG COMMITMENT TO PATIENT CARE, CLINICAL QUALITY, PATIENT SAFETY AND SOUND FINANCIAL STEWARDSHIP TO THE PEOPLE AND COMMUNITIES IT SERVES

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			
WILLIAM JENNINGS PRESIDENT & CEO/TRU /EX OFFICIO	31 00 9 00	X		X				841,552	210,388	302,620
VINCENT PETRINI TRUSTEE/EX-OFFICIO	6 00 34 00	X						118,879	673,646	242,732
THOMAS LENCI TRUSTEE	1 00 0 00	X						0	0	0
RONALD NOREN VICE CHAIRMAN/TRUSTEE	1 00 0 00	X		X				0	0	0
RICHARD MEISENHEIMER TRUSTEE	1 00 2 00	X						0	0	0
NEWMAN MARSILIUS III TRUSTEE	1 00 1 00	X						0	0	0
MICHAEL IVY INTERIM CEO/TRUSTEE	7 00 33 00	X		X				150,642	740,732	117,995
MEREDITH REUBEN TRUSTEE	1 00 1 00	X						0	0	0
KENNETH LIPOW TRUSTEE/EX-OFFICIO	1 00 0 00	X						0	0	0
JOHN FALCONI CHAIRMAN/TRUSTEE	1 00 2 00	X		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			
JEFFREY TENGEL TRUSTEE	1 00 0 00	X						0	0	0
GARY ZIMMERMAN VICE CHAIRMAN/TRUSTEE	1 00 0 00	X		X				106,600	0	0
FRED MCKINNEY TRUSTEE	1 00 0 00	X						0	0	0
EDDY RODRIGUEZ TRUSTEE	1 00 0 00	X						0	0	0
ADRIENNE HOUEL TRUSTEE	1 00 0 00	X						0	0	0
RYAN O'CONNELL VP OF PERFORMANCE & RISK	25 00 15 00			X				197,128	312,247	69,096
PAMELA SCAGLIARINI COO & SECRETARY	38 00 2 00			X				793,386	0	247,620
MELISSA TURNER SR VP HUMAN RESOURCE	20 00 20 00			X				276,926	276,926	157,478
MARYELLEN KOSTURKO SR VP PATIENT CARE	40 00 0 00			X				470,946	0	29,724
MARY CHRISTOFFERSEN VP OF NURSING	40 00 0 00			X				289,366	0	33,169

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			
MARC LOMBARDI ASSISTANT SECRETARY	3 00 37 00			X				19,438	278,910	35,927
JOHN SKELLY SR VP & TREASURER	36 00 4 00			X				594,909	66,101	215,617
GINA CALDER VP OF AMBULATORY SERVICES	40 00 0 00			X				282,862	0	22,802
CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS	8 00 32 00			X				103,256	413,028	180,275
THOMAS LAMONTE PHYSICIAN	40 00 0 00					X		396,891	0	46,093
ROCKMAN FERRIGNO PHYSICIAN	40 00 0 00					X		654,173	0	75,290
JONATHAN MAISEL PHYSICIAN	40 00 0 00					X		443,360	0	45,656
GUILLERMO KATIGBAK PHYSICIAN	40 00 0 00					X		390,213	0	39,132
FRANCISCO GARRIDO PHYSICIAN	40 00 0 00					X		605,645	0	32,644
GAYLE CAPOZZALO TRUSTEE/EX-OFFICIO (CURRENT YR COMP)	1 00 39 00						X	0	1,346,320	38,120

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
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>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ 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.		
a 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>		
b 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.		
a 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>		
b 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 (explain in Part VI). 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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-
1				
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

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?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		51,589
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		69,867
j	Total. Add lines 1c through 1i			121,956
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 2019. 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: NORTHEAST MEDICAL GROUP INC EIN 06-1330992 \$ 41,010; GREENWICH HOSPITAL EIN 06-0646659 \$ 83,487; LAWRENCE + MEMORIAL HOSPITAL EIN 06-0646704 \$ 78,566; LMW HEALTHCARE, INC. EIN 46-0543230 \$ 59,458; YALE NEW HAVEN HOSPITAL EIN 06-0646652 \$ 591,010.

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	26,628,000	26,140,000	24,648,000	23,226,000	23,470,000
b					
c	654,000	2,087,000	2,453,000	2,106,000	634,000
d					
e	1,075,000	1,599,000	961,000	684,000	878,000
f					
g	26,207,000	26,628,000	26,140,000	24,648,000	23,226,000

2

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

a

Board designated or quasi-endowment ▶ 8 700 %

b

Permanent endowment ▶ 20 600 %

c

Temporarily restricted endowment ▶ 70 700 %

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,338,313		43,338,313
b Buildings		288,299,397	111,633,128	176,666,269
c Leasehold improvements		33,753,496	17,148,352	16,605,144
d Equipment		284,841,069	209,037,917	75,803,152
e Other		10,503,739		10,503,739
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				322,916,617

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	2,058,220
(2) INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION,INC	93,773,327
(3) INTEREST IN BRIDGEPORT HOSPITAL AUXILIARY	498,580
(4) INTEREST IN CENTURY FINANCIAL SERVICES	776,226
(5) THIRD PARTY RECEIVABLES	2,626,336
(6) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	25,470,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	125,202,689

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
(1) Federal income taxes	
SELF INSURANCE	23,113,946
ASSET RETIREMENT OBLIGATIONS	9,026,479
PENSION OBLIGATION	103,075,000
THIRD PARTY PAYABLE	24,226,339
DUE TO AFFILIATES	39,515,737
MALPRACTICE GROSS LIABILITY	25,470,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	224,427,501

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 AND BASED ON DONORS' WISHES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BRIDGEPORT HOSPITAL IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS. FOLLOWING IS THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS: MOST ENTITIES WITHIN THE SYSTEM ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM. U.S. GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'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 SYSTEM RECOGNIZES 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 SYSTEM AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018.

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493226014120

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☐ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 55000 0000000000 %		
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		
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)		22,347	59,639,637	40,154,920	19,484,717	3 320 %
b Medicaid (from Worksheet 3, column a)		120,862	144,820,850	100,099,487	44,721,363	7 620 %
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		143,209	204,460,487	140,254,407	64,206,080	10 940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	8,485	1,261,329	0	1,261,329	0 210 %
f Health professions education (from Worksheet 5)	3	179	11,926,746	0	11,926,746	2 030 %
g Subsidized health services (from Worksheet 6)	2	10,832	5,339,243	4,022,578	1,316,665	0 220 %
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	66,802	141,605	0	141,605	0 020 %
j Total. Other Benefits	18	86,298	18,668,923	4,022,578	14,646,345	2 480 %
k Total. Add lines 7d and 7j	18	229,507	223,129,410	144,276,985	78,852,425	13 420 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2018

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	0	0	0	0		
2 Economic development	1	0	1,400	0	1,400	0 %
3 Community support	3	1,109	28,028	0	28,028	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	1,262	0	1,262	0 %
7 Community health improvement advocacy	0	0	0	0		
8 Workforce development	1	0	2,700	0	2,700	0 %
9 Other	0	0	0	0		
10 Total	6	1,109	33,390		33,390	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,937,092	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	209,903,765
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	221,747,021
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-11,843,256
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☒ Cost accounting system	☐ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
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)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
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	
6 a 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	
b 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)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
b ☒ Other website (list url) <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 <u>550 000000000000</u> %			
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? 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)	15	Yes	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>SEE PART V</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

BRIDGEPORT HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☒ Other similar actions (describe in Section C) f ☐ None of these actions or other similar actions were permitted		
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?	19	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BRIDGEPORT HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 25

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION
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

990 Schedule H, Supplemental Information

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 30 YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. BRIDGEPORT HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2019, BRIDGEPORT HOSPITAL PROVIDED \$33,390 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. 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 STREETS CAPES 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. THE HOSPITAL PROVIDES ONGOING 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 HUNDREDS OF ITEMS RANGING FROM PENS AND PENCILS TO NOTEBOOKS, BACKPACKS AND OTHER ITEMS TO HELP ASSIST OVER 250 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 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.
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 DUE TO THE ADOPTION OF ASU NO. 2014-09 REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606). BAD DEBT EXPENSE IS NO LONGER REPORTED ON THE AUDITED FINANCIAL STATEMENTS. RATHER IT IS TREATED AS A PRICE CONCESSION. BAD DEBT IS DETERMINED IF THERE WAS AN ADVERSE EVENT THAT PREVENTED A PATIENT FROM BEING ABLE TO PAY THE EXPECTED AMOUNT. FOR THE PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY UNCOLLECTED AMOUNTS BUT DID NOT, THESE UNCOLLECTED AMOUNTS ARE TREATED AS IMPLICIT PRICE CONCESSIONS. THE HOSPITAL IS REPORTING BOTH BAD DEBT AND IMPLICIT PRICE CONCESSIONS ON SCHEDULE H, PART III, LINE 2.

990 Schedule H, Supplemental Information

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
PART III, LINE 4	BRIDGEPORT HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR YALE NEW HAVEN HEALTH SERVICES CORPORATION (YNHHC). THE CONSOLIDATED FINANCIAL STATEMENTS FOR YNHHC INCLUDES THE FOLLOWING FOOTNOTE REGARDING UNCOMPENSATED CARE AND COMMUNITY BENEFIT EXPENSE ON PAGE 25: THE SYSTEM'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES, AND/OR WHO ARE UNINSURED OR UNDERINSURED. THE SYSTEM PROVIDES FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE SYSTEM, DURING THE REGISTRATION, BILLING, AND COLLECTION PROCESS, A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE SYSTEM TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM, AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE SYSTEM, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE. TOGETHER, CHARITY CARE AND FREE CARE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$88.9 MILLION AND \$86.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ALLOCATION BETWEEN IMPLICIT PRICE CONCESSION 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 IMPLICIT PRICE CONCESSIONS VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE SYSTEM FOR EACH ACCOUNT ANALYZED. 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 AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. THE SYSTEM MADE PAYMENTS INTO THE CDSHP OF \$333.1 MILLION AND \$367.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY. FOR THE ASSESSMENT DURING THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THE SYSTEM RECEIVED \$155.1 MILLION AND \$202.8 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$92.0 MILLION AND 126.2 MILLION WAS RELATED TO CHARITY CARE. THESE ARE RECORDED IN NET PATIENT SERVICE REVENUE. ADDITIONALLY, THE SYSTEM 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 SERVE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE SYSTEM VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM. IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE SYSTEM PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE SYSTEM'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE SYSTEM ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE HOSPITAL PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, STRATAJAZZ
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

990 Schedule H, Supplemental Information

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 COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.
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 PROCESS. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	TO DEFINE COMMUNITY FOR CHNA PURPOSES, THIS GREATER BRIDGEPORT COMMUNITY HEALTH NEEDS ASSESSMENT USES A GEOGRAPHIC APPROACH FOCUSING ON SIX TOWNS WITHIN FAIRFIELD COUNTY, CT BRIDGEPORT, EASTON, FAIRFIELD, MONROE, STRATFORD, AND TRUMBULL THESE COMMUNITIES ARE SERVED BY BOTH BRIDGEPORT HOSPITAL AND ST VINCENT'S MEDICAL CENTER REPRESENTING AT LEAST 75% OF TOTAL DISCHARGES AND DO NOT OVERLAP WITH CHNA AREAS IDENTIFIED BY OTHER ACUTE CARE HOSPITALS AND/OR COLLABORATIONS UPON DEFINING THE GEOGRAPHIC AREA AND POPULATION SERVED IN GREATER BRIDGEPORT, HIA WAS DILIGENT TO ENSURE THAT NO GROUPS, ESPECIALLY MINORITY, LOW-INCOME OR MEDICALLY UNDER-SERVED, WERE EXCLUDED NUMEROUS FACTORS ARE ASSOCIATED WITH THE HEALTH OF A COMMUNITY INCLUDING WHAT RESOURCES AND SERVICES ARE AVAILABLE AS WELL AS WHO LIVES IN THE COMMUNITY WHILE INDIVIDUAL CHARACTERISTICS SUCH AS AGE, GENDER, RACE, AND ETHNICITY HAVE AN IMPACT ON PEOPLE'S HEALTH, THE DISTRIBUTION OF THESE CHARACTERISTICS ACROSS A COMMUNITY IS ALSO CRITICALLY IMPORTANT AND CAN AFFECT THE NUMBER AND TYPE OF SERVICES AND RESOURCES AVAILABLE THE GREATER BRIDGEPORT AREA HAS A TOTAL POPULATION OF 330,000 THE TYPICAL BRIDGEPORT RESIDENT IS 34 YEARS OLD, BUT MOST TOWNS IN THE REGION HAVE A MEDIAN AGE THAT IS AT LEAST 10 YEARS HIGHER THAN THAT THE POPULATION OF OLDER ADULTS IS PROJECTED TO GROW SIGNIFICANTLY THROUGHOUT THE REGION OVER THE NEXT 20 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 TWO-THIRDS WHITE BY CONTRAST, CLOSE TO 80% OF BRIDGEPORT'S POPULATION IS NON-WHITE, HISPANICS AND AFRICAN-AMERICANS EACH COMPRISE MORE THAN ONE THIRD OF BRIDGEPORT'S RESIDENTS BRIDGEPORT BENEFITS FROM HIGH RATES OF IMMIGRATION, BUT ABOUT 23 PERCENT OF ITS POPULATION STRUGGLES WITH LOW ENGLISH PROFICIENCY, ABOUT TWICE THE RATE OF CONNECTICUT OVERALL (8 PERCENT) INCOME AND POVERTY ARE CLOSELY CONNECTED TO HEALTH OUTCOMES A HIGHER INCOME MAKES IT EASIER TO LIVE IN A SAFE NEIGHBORHOOD WITH GOOD SCHOOLS AND MANY RECREATIONAL OPPORTUNITIES HIGHER WAGE EARNERS ARE BETTER ABLE TO BUY MEDICAL INSURANCE AND MEDICAL CARE, PURCHASE NUTRITIOUS FOODS, AND OBTAIN QUALITY CHILD CARE THAN THOSE EARNING LOWER WAGES COMMUNITIES WHERE RESIDENTS HAVE LOWER INCOME LEVELS HAVE BEEN SHOWN TO HAVE HIGHER RATES OF ASTHMA, DIABETES, AND HEART DISEASE, AND LOWER LIFE EXPECTANCIES 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, AND CERTAIN NEIGHBORHOODS SUCH AS THE EAST END HAVE RATES OF CONCENTRATED POVERTY AND OTHER CONDITIONS THAT RANK THEM AMONG THE MOST ECONOMICALLY-DISADVANTAGED NEIGHBORHOODS IN THE NORTHEAST US ONLY 18% OF BRIDGEPORT ADULTS AGE 25 AND OVER HAVE A COLLEGE DEGREE OR HIGHER, LESS THAN HALF THE RATE FOR THE STATE, STRATFORD ALSO FALLS BELOW THE STATE RATE WITH ONLY 33% OF THE RESIDENTS HAVING A COLLEGE DEGREE OR HIGHER THE PROPORTION OF RESIDENTS WITH A COLLEGE DEGREE OR HIGHER IN EASTON, FAIRFIELD, MONROE AND TRUMBULL IS GREATER THAN THAT OF THE STATE, WITH FAIRFIELD'S ADULTS HAVING A COLLEGE EDUCATIONAL ATTAINMENT RATE OF 63%
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 2019, BRIDGEPORT HOSPITAL PROVIDED \$78.9 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 2019 THERE WERE A TOTAL OF 1,522 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 501-BED URBAN TEACHING HOSPITAL SERVING 21,219 INPATIENTS AND 341,878 OUTPATIENT ENCOUNTERS IN 2019 BRIDGEPORT HOSPITAL IS ONE OF THE LARGEST PRIVATE EMPLOYERS IN BRIDGEPORT WITH 3,306 EMPLOYEES IN 2019

990 Schedule H, Supplemental Information

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 SUCH AS BRIDGEPORT HOSPITAL 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 AND IMPLEMENTATION STRATEGIES FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

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		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			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION A	THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS BRIDGEPORT HOSPITAL, THROUGH THE HEALTH IMPROVEMENT ALLIANCE, SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH COMMUNITY MEMBERS AND COMMUNITY STAKEHOLDERS, AS WELL AS INCLUSION OF BOTH COMMUNITY PARTNERS AND AREA RESIDENTS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY BRIDGEPORT HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 6A ST VINCENT'S MEDICAL CENTER, ALSO LOCATED IN BRIDGEPORT, IS PART OF THE HEALTH IMPROVEMENT ALLIANCE, WHICH CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 6B YES, THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS SPEARHEADED, FUNDED, AND MANAGED BY THE HEALTH IMPROVEMENT ALLIANCE, WHICH INCLUDES BRIDGEPORT HOSPITAL, ST VINCENT'S MEDICAL CENTER, CITY OF BRIDGEPORT DEPARTMENT OF HEALTH AND SOCIAL SERVICES, FAIRFIELD HEALTH DEPARTMENT, MONROE HEALTH DEPARTMENT, TRUMBULL HEALTH DEPARTMENT, STRATFORD HEALTH DEPARTMENT, OPTIMUS HEALTHCARE, SOUTHWEST COMMUNITY HEALTH CENTER, AMERICARES FREE CLINIC OF BRIDGEPORT, LLC THE ORGANIZATIONS ARE REPRESENTATIVE OF THOSE IN THE COMMUNITY WHO SERVE UNDERSERVED, LOW-INCOME, AND HARD TO REACH POPULATIONS REPRESENTATIVES FROM THESE ORGANIZATIONS PROVIDE REGULAR INPUT AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN IMPLEMENTATION PROCESS BY ROUTINELY ATTENDING MONTHLY COALITION MEETINGS, PROVIDING FEEDBACK AND GUIDANCE AT EACH STAGE OF THE CHNA PROCESS, IDENTIFYING SPECIFIC POPULATIONS FOR COMMUNITY CONVERSATIONS, RESPONDING TO KEY INFORMANT SURVEYS, ATTENDING COMMUNITY FORUMS AND PRIORITIZATION SESSIONS, AND BY BEING VALUED COMMUNITY PARTNERS THE HEALTH IMPROVEMENT ALLIANCE FORMERLY THE PRIMARY CARE ACTION GROUP WAS FOUNDED IN 2003 WITH THE MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY HIA'S VISION IS TO WORK TOGETHER AS A COALITION TO IDENTIFY, PRIORITIZE, AND MEASURABLY IMPROVE THE HEALTH OF THEIR COMMUNITY THROUGH HEALTH CARE PREVENTION, EDUCATION, AND SERVICES TO DEVELOP A SHARED VISION AND PLAN FOR THE COMMUNITY AND HELP SUSTAIN LASTING CHANGE, THE PCAG ASSESSMENT AND PLANNING PROCESS AIMED TO ENGAGE AGENCIES, ORGANIZATIONS, AND RESIDENTS IN THE AREA THROUGH PARTICIPATORY AND COLLABORATIVE APPROACHES PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE HTTPS //WWW BRIDGEPORTHOSPITAL ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT ASPX PART V, SECTION B, LINE 7B - OTHER WEBSITES (LIST URL) HTTPS //WWW TRUMBULL-CT GOV/DOCUMENTCENTER/VIEW/3468/2019-CHNA-IMPLEMENTATION-PLAN-PDF?BIDID= , HTTPS //FAIRFIELDCT ORG/HEALTHDATA , HTTP //WWW TOWNOFSTRATFORD COM/HEALTH/DATA , HTTP //WWW MONROECT ORG/HEALTH PART V, SECTION B, LINE 10A HTTPS //WWW BRIDGEPORTHOSPITAL ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 11 IN FEBRUARY 2019, HEALTH IMPROVEMENT ALLIANCE MEMBERS AND THEIR COMMUNITY PARTNERS (INCLUDING THOSE WITH PUBLIC HEALTH DEPARTMENTS AND / OR KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY OR MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS) REVIEWED THE PRIMARY AND SECONDARY CHNA DATA AND DETERMINED, BY GROUP CONSENSUS, THAT THE 2016 PRIORITIES WOULD BE MAINTAINED MOVING FORWARD FOR THE 2019 CHNA IN 2019, CONCURRENT WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS, HIA RESTRUCTURED ITS TASK FORCES TO FOCUS ON THREE PRIORITY AREAS HEALTHY LIFESTYLES, BEHAVIORAL HEALTH AND ACCESS TO CARE AS PART OF THE CHNA ENGAGEMENT PROCESS, HEALTH EQUITY SOLUTIONS (HES) WORKED WITH HIA TO DEVELOP A PROCESS TO PRIORITIZE HEALTH ISSUES FOR THE GREATER BRIDGEPORT REGION FOLLOWING DATA COLLECTION FROM THE 2018 DATAHAVEN COMMUNITY WELLBEING SURVEY, KEY INFORMANT INTERVIEWS, AND COMMUNITY CONVERSATIONS, EACH OF THE THREE HIA TASK FORCES MET WITH HEALTH EQUITY SOLUTIONS TO PRIORITIZE HEALTH ISSUES, DEVELOP MEASURABLE GOALS, SET INDICATORS, AND IDENTIFY STRATEGIES AND ACTIONS FOR EACH PRIORITY BASED ON THE FEEDBACK FROM THE PRIORITIZATION SESSIONS, COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) WERE DEVELOPED FOR EACH OF THE THREE PRIORITY AREAS THESE FOCUS AREAS WILL BE ADDRESSED THROUGH A SOCIAL DETERMINANTS OF HEALTH LENS BRIDGEPORT HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL THREE AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (HEALTHY LIFESTYLES, AND BEHAVIORAL HEALTH AND ACCESS TO CARE) BRIDGEPORT HOSPITAL FOLLOWED THE SAME PROCESS DETAILED ABOVE WITHIN ITS OWN FACILITY AND DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN OUTLINING SPECIFIC GOALS, OBJECTIVES AND STRATEGIES TO PURSUE FOR THE NEXT THREE-YEAR CYCLE PROGRESS ON BOTH PLANS WILL BE MONITORED REGULARLY USING A MONITORING TOOL DEVELOPED TO TRACK THE SPECIFIC GOALS, OBJECTIVES, AND STRATEGIES IDENTIFIED IN EACH AREA
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 13H THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY PART V, SECTION B, LINE 16A, 16B AND 16C HTTPS //WWW BRIDGEPORTHOSPITAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
BRIDGEPORT HOSPITAL	PART V, SECTION B, LINE 18E THE FINANCIAL ASSISTANCE POLICY PERMITS BRIDGEPORT HOSPITAL TO PLACE A PROPERTY LIEN
SCHEDULE H, PART V, SECTION D	THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT BRIDGEPORT HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE PART V, SECTION B, LINE 3J QUANTITATIVE AND QUALITATIVE DATA WERE COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U S CENSUS, U S BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS IN ADDITION, HIA PARTNERED WITH DATAHAVEN AND, IN PART, SPONSORED THE 2018 DATAHAVEN COMMUNITY WELLBEING SURVEY, HIRED HEALTH EQUITY SOLUTIONS TO CONDUCT COMMUNITY CONVERSATIONS IN THE GREATER BRIDGEPORT REGION, WORKED WITH THE YALE SCHOOL OF PUBLIC HEALTH STUDENT CONSULTING GROUP TO CONDUCT AND LATER ANALYZE KEY INFORMANT SURVEYS, AND A STUDENT PRACTICUM TEAM ALSO FROM THE YALE SCHOOL OF PUBLIC HEALTH TO IDENTIFY COMMUNITY RESOURCES HEALTH OUTCOMES AND RISK FACTORS RELATED TO CHRONIC DISEASE, MENTAL HEALTH AND SUBSTANCE ABUSE, MORTALITY AND MORBIDITY INCLUDE SELF-REPORTED HEALTH STATUS, NEIGHBORHOOD ENVIRONMENTS AND FINANCIAL STRESS KEY FINDINGS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE GREATER BRIDGEPORT REGION INCLUDE HEALTH OUTCOMES AND FINDINGS AS THEY RELATE TO THE TOP THREE HEALTH PRIORITIES THAT WERE SELECTED FOR ACTION PLANNING AT A REGIONAL LEVEL HEALTHY LIFESTYLES, ACCESS TO CARE AND BEHAVIORAL HEALTH SIGNIFICANT HEALTH ISSUES IDENTIFIED INCLUDE OBESITY RATES, MEDICAL CONDITIONS AND COMPLICATIONS FROM OBESITY (E G HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DIABETES, HEART DISEASE, ETC), SMOKING (INCLUDING E-CIGARETTE) PREVALENCE RATES, COMMUNITY NEED FOR MENTAL HEALTH SERVICES, AND SUPPORT, FINANCIAL STRESS, CHALLENGES RELATED TO ACCESS TO MEDICAL CARE AND TYPE OF INSURANCE COVERAGE LEADING TO FEELINGS OF DISCRIMINATION

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 - BRIDGEPORT HOSPITAL 5520 PARK AVENUE TRUMBULL, CT 06611	OBGYN, DIAGNOSTIC RADIOLOGY, GEN SURGERY, DRAW STATION, RAD ONC, GASTRO
1 2 - BRIDGEPORT HOSPITAL 1305 POST ROAD FAIRFIELD, CT 06824	CARDIAC REHABILITATION CARDIOVASCULAR DISEASE, NUTRITION
2 3 - BRIDGEPORT HOSPITAL 4699 MAIN STREET BRIDGEPORT, CT 06610	DIAGNOSTIC RADIOLOGY
3 4 - BRIDGEPORT HOSPITAL 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	REHAB PRIM CARE, OBGYN, CARDIOV DISEASE, DERMATOLOGY, ENDOCRIN, DIAB & METAB
4 5 - BRIDGEPORT HOSPITAL 999 SILVER LANE TRUMBULL, CT 06611	CARDIOVASCULAR DISEASE
5 6 - BRIDGEPORT HOSPITAL 425 POST ROAD FAIRFIELD, CT 06824	DIAGNOSTIC RADIOLOGY
6 7 - BRIDGEPORT HOSPITAL 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIOVASCULAR DISEASE
7 8 - BRIDGEPORT HOSPITAL 309 STILLSON ROAD FAIRFIELD, CT 06824	DRAW STATION, DIAGNOSTIC RADIOLOGY, EMERGENCY MEDICINE
8 9 - BRIDGEPORT HOSPITAL 2909 MAIN STREET STRATFORD, CT 06614	DIAGNOSTIC RADIOLOGY
9 10 - BRIDGEPORT HOSPITAL 20 COMMERCE PARK MILFORD, CT 06460	CARDIOVASCULAR DISEASE
10 11 - BRIDGEPORT HOSPITAL 3585 MAIN STREET STRATFORD, CT 06614	REHABILITATION
11 12 - BRIDGEPORT HOSPITAL 4 CORPORATE DRIVE SHELTON, CT 06484	REHABILITATION
12 13 - BRIDGEPORT HOSPITAL 2600 POST ROAD SOUTHPORT, CT 06890	REHABILITATION, DRAW STATION
13 14 - BRIDGEPORT HOSPITAL 30 PROSPECT STREET RIDGEFIELD, CT 06877	CARDIOVASCULAR DISEASE
14 15 - BRIDGEPORT HOSPITAL 40 COMMERCE PARK MILFORD, CT 06460	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 - BRIDGEPORT HOSPITAL 887 BRIDGEPORT AVENUE SHELTON, CT 06484	DIAGNOSTIC RADIOLOGY, DRAW STATION
1 17 - BRIDGEPORT HOSPITAL 2750 RESERVOIR AVE TRUMBULL, CT 06611	REHABILITATION
2 18 - BRIDGEPORT HOSPITAL 2 IVY BROOK ROAD SHELTON, CT 06484	CARDIOVASCULAR DISEASE
3 19 - BRIDGEPORT HOSPITAL 15 CORPORATE DRIVE TRUMBULL, CT 06611	DRAW STATION
4 20 - BRIDGEPORT HOSPITAL 111 BEACH ROAD FAIRFIELD, CT 06824	GENETICS
5 21 - BRIDGEPORT HOSPITAL 1070 MAIN STREET BRIDGEPORT, CT 06610	SLEEP MEDICINE
6 22 - BRIDGEPORT HOSPITAL 1558 BARNUM AVENUE BRIDGEPORT, CT 06610	PSYCHIATRY
7 23 - BRIDGEPORT HOSPITAL 1825 BARNUM AVENUE STRATFORD, CT 06614	DRAW STATION
8 24 - BRIDGEPORT HOSPITAL 129 KINGS HIGHWAY NORTH WESTPORT, CT 06883	DRAW STATION
9 25 - BRIDGEPORT HOSPITAL 849 BOSTON POST ROAD SUITE 204 MILFORD, CT 06460	DRAW STATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
BRIDGEPORT HOSPITAL

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
06-0646554

Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TAXI TRANSPORTAION VOUCHERS	2192		43,847	FMV	A TAXI VOUCHER PROGRAM OFFERS TAXI CAB SERVICES AT REDUCED RATES FOR ELIGIBLE PATIENTS
(2) CARE COORDINATION	161	494,585			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	BRIDGEPORT HOSPITAL ("BH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)(3) ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVES. NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART III ARE GRANTS. THESE AMOUNTS ARE ASSISTANCES GIVEN TO CHARITABLE ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION. BH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO BH. ASSISTANCE DONATED BY BH TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES. BH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Part I Questions Regarding Compensation

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

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?

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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

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?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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.

See Additional Data Table**Schedule J (Form 990) 2018**

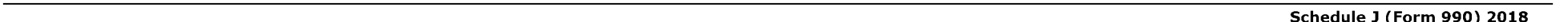
Part III **Supplemental Information**

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 3	THE FILING ORGANIZATION DOES NOT HAVE AND/OR COMPENSATE ITS OWN CEO/EXECUTIVE DIRECTOR. INDIVIDUALS LISTED ON PART VII AS OFFICERS OF THE CORPORATION ARE EMPLOYEES OF A RELATED ORGANIZATION(S) AND COMPENSATED THROUGH THE RESPECTIVE RELATED ORGANIZATION(S). THE METHOD(S) USED BY THE RELATED ORGANIZATION(S) FOR DETERMINING COMPENSATION FOR THESE INDIVIDUALS ARE: -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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 \$173,892 \$0 PAMELA SCAGLIARINI 0 119,056 0 VINCENT PETRINI 0 119,235 0 JOHN SKELLY 0 103,806 0 MELISSA TURNER 0 82,430 0 CAROLYN SALSGIVER 0 82,103 0 THE 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 2018 CALENDAR YEAR THAT WAS RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUAL 2018 CALENDAR YEAR FORM W-2 GAYLE CAPOZZALO \$131,149 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) / EXECUTIVE DEFERRED COMPENSATION ACCOUNT PLAN (EDCAP) ARE 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)

Return Reference	Explanation
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				
WILLIAM JENNINGS PRESIDENT & CEO/TRU /EX OFFICIO	(i)	532,429	226,582	82,541	240,685	1,411	1,083,648	0
	(ii)	133,107	56,646	20,635	60,171	353	270,912	0
VINCENT PETRINI TRUSTEE/EX-OFFICIO	(i)	74,895	23,325	20,659	33,598	2,812	155,289	0
	(ii)	424,405	132,173	117,068	190,387	15,935	879,968	0
MICHAEL IVY INTERIM CEO/TRUSTEE	(i)	102,834	23,386	24,422	16,603	3,338	170,583	0
	(ii)	505,649	114,994	120,089	81,642	16,412	838,786	0
RYAN O'CONNELL VP OF PERFORMANCE & RISK	(i)	155,244	26,048	15,836	19,090	7,651	223,869	0
	(ii)	245,902	41,260	25,085	30,237	12,118	354,602	0
PAMELA SCAGLIARINI COO & SECRETARY	(i)	501,380	142,051	149,955	228,785	18,835	1,041,006	0
	(ii)	0	0	0	0	0	0	0
MELISSA TURNER SR VP HUMAN RESOURCE	(i)	175,964	47,928	53,034	69,534	9,205	355,665	0
	(ii)	175,964	47,928	53,034	69,534	9,205	355,665	0
MARYELLEN KOSTURKO SR VP PATIENT CARE	(i)	340,934	97,845	32,167	28,581	1,143	500,670	0
	(ii)	0	0	0	0	0	0	0
MARY CHRISTOFFERSEN VP OF NURSING	(i)	240,207	28,150	21,009	21,433	11,736	322,535	0
	(ii)	0	0	0	0	0	0	0
MARC LOMBARDI ASSISTANT SECRETARY	(i)	15,609	2,580	1,249	1,144	1,197	21,779	438
	(ii)	223,969	37,026	17,915	16,415	17,171	312,496	6,288
JOHN SKELLY SR VP & TREASURER	(i)	415,745	88,153	91,011	177,209	16,846	788,964	0
	(ii)	46,194	9,795	10,112	19,690	1,872	87,663	0
GINA CALDER VP OF AMBULATORY SERVICES	(i)	241,953	37,677	3,232	16,493	6,309	305,664	0
	(ii)	0	0	0	0	0	0	0
CAROLYN SALSGIVER SR VP STRATEGY & BUSINESS	(i)	70,194	17,712	15,350	32,173	3,882	139,311	0
	(ii)	280,778	70,850	61,400	128,690	15,530	557,248	0
THOMAS LAMONTE PHYSICIAN	(i)	386,644	7,540	2,707	30,360	15,733	442,984	0
	(ii)	0	0	0	0	0	0	0
ROCKMAN FERRIGNO PHYSICIAN	(i)	583,347	18,726	52,100	59,364	15,926	729,463	0
	(ii)	0	0	0	0	0	0	0
JONATHAN MAISEL PHYSICIAN	(i)	432,980	8,626	1,754	29,850	15,806	489,016	0
	(ii)	0	0	0	0	0	0	0
GUILLERMO KATIGBAK PHYSICIAN	(i)	379,975	7,597	2,641	27,150	11,982	429,345	0
	(ii)	0	0	0	0	0	0	0
FRANCISCO GARRIDO PHYSICIAN	(i)	592,820	12,217	608	15,715	16,929	638,289	0
	(ii)	0	0	0	0	0	0	0
GAYLE CAPOZZALO TRUSTEE/EX-OFFICIO (CURRENT YR COMP)	(i)	0	0	0	0	0	0	0
	(ii)	398,863	271,950	675,507	25,325	12,795	1,384,440	151,250
GAYLE CAPOZZALO TRUSTEE/EX-OFFICIO (VESTED DEFERRED)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	131,149	0	0	131,149	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRIDGEPORT HOSPITAL

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

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	16,870,000							
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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA- SERIES D DATE THE REBATE COMPUTATION WAS PERFORMED 05/31/2017

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

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EBP SUPPLY SOLUTIONS	SEE SCHEDULE O	312,748	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, COLUMN D	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS NAME OF INTERESTED PERSON EBP SUPPLY SOLUTIONS TRUSTEE 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 \$312,748

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
BRIDGEPORT HOSPITAL**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****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 IN THE EVENT THAT THE ORGANIZATION DOES NOT RECEIVE A RESPONSE FROM ANY SUCH VOTING MEMBER, THE ORGANIZATION REVIEWS OTHER INFORMATION KNOWN TO IT REGARDING THE VOTING MEMBER AND MAKES A REASONABLE ASSESSMENT OF INDEPENDENCE BASED ON THAT INFORMATION

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 CERTAIN OF THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES MAY SERVE AS OFFICERS AND/OR DIRECTORS OF TAX-EXEMPT AND 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 AND/OR TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN SUCH AFFILIATES 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 ENTITY IS A CONNECTICUT NON-STOCK CORPORATION ITS SOLE MEMBER OF BRIDGEPORT HOSPITAL IS YALE NEW HAVEN HEALTH SERVICES CORPORATION ("YNHHS"), ITSELF A CONNECTICUT NON-STOCK CORPORATION EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	YNHHS HAS THE AUTHORITY TO DESIGNATE ONE REPRESENTATIVE OF YNHHS TO SERVE AS A TRUSTEE OF THE HOSPITAL AND FURTHER TO APPROVE NOMINEES TO THE HOSPITAL'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE HOSPITAL'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE YALE NEW HAVEN HEALTH SERVICES CORPORATION, AS THE ENTITY'S SOLE MEMBER, HAS THE RIGHTS, POWERS AND PRIVILEGES SET FORTH IN THE HOSPITAL'S BYLAWS, INCLUDING, IN PART, THE AUTHORITY TO APPROVE THE NOMINEES TO THE HOSPITAL'S BOARD OF TRUSTEES, AMENDMENTS TO THE GOVERNING DOCUMENTS, OPERATING AND CAPITAL BUDGETS, INITIATION OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OR THE DISCONTINUATION OR CONSOLIDATION OF SUCH PROGRAMS, CERTAIN FUNDAMENTAL CORPORATION TRANSACTIONS, AND THE ISSUANCE AND INCURRENCE OF INDEBTEDNESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE YNHHS TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR OF CORPORATE FINANCE SUBSEQUENTLY, IT IS SENT TO KPMG LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUPS ARE RECEIVED AND REVIEWED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE HOSPITAL 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 ITS BOARD OF TRUSTEES BY 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 SYSTEM CONFLICT OF INTEREST POLICY APPROVED AND ADOPTED BY THE SYSTEM COMPLIANCE COMMITTEE, WHICH HAS BEEN DELEGATED THE AUTHORITY TO APPROVE AND ADOPT COMPLIANCE POLICIES ON BEHALF OF THE ENTITIES IN THE SYSTEM THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO PROMPTLY REPORT CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT TO DEVELOP A PLAN TO MITIGATE ANY ACTUAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS WITH WHICH SHE OR HE HAD AN ACTUAL OR POTENTIAL CONFLICT AND THE ACTUAL OR POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B, LINE 15A COMPENSATION PROCESS FOR TOP OFFICIALS THE TOP BRIDGEPORT HOSPITAL OFFICIAL IS AN EMPLOYEE OF YNHHS THE YNHHS COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE (THE "YNHHS COMPENSATION COMMITTEE"), WHICH INCLUDES A REPRESENTATIVE OF THE HOSPITAL, IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR YNHHS OFFICER-LEVEL EXECUTIVES, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR YNHHS OFFICER-LEVEL EXECUTIVES, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD OF TRUSTEES ON AN ANNUAL BASIS IN ADDITION, THE YNHHS COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL YNHHS OFFICER-LEVEL EXECUTIVES, AND ASSURES THAT ALL OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS THE YNHHS COMPENSATION COMMITTEE CONSISTS OF TRUSTEES WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE COMMITTEES IN ITS COMPENSATION DELIBERATIONS IS COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE YNHHS COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE YNHHS COMPENSATION COMMITTEE IS CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE COMMITTEE, AND PROVIDED TO THE BOARD OF TRUSTEES OF YNHHS AND THE BRIDGEPORT HOSPITAL FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION PROCESS FOR OFFICERS CERTAIN OFFICER-LEVEL EXECUTIVES ARE EMPLOYEES OF YNHHS, OTHER OFFICER-LEVEL EXECUTIVES ARE EMPLOYED DIRECTLY BY BRIDGEPORT HOSPITAL, COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BY THE YNHHS COMPENSATION COMMITTEE COMPENSATION OF OFFICER-LEVEL EXECUTIVES EMPLOYED DIRECTLY BY BRIDGEPORT HOSPITAL IS APPROVED BY THE BRIDGEPORT HOSPITAL'S COMPENSATION COMMITTEE AND BOARD OF TRUSTEES FOR OFFICER-LEVEL EXECUTIVES EMPLOYED BY BRIDGEPORT HOSPITAL'S EXECUTIVE COMPENSATION COMMITTEES IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ITS OFFICER-LEVEL EXECUTIVES, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR OFFICER-LEVEL EXECUTIVES, AND (3) REPORTING SUCH ACTIONS TO THE FULL BOARD ON AN ANNUAL BASIS, AS APPLICABLE IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL OFFICER-LEVEL EXECUTIVES EMPLOYED BY BRIDGEPORT HOSPITAL, AND ASSURES THAT ALL OFFICER-LEVEL EXECUTIVE COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECT LY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUAT ED ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BRIDGEPORT HOSPITAL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 84,325,159 MANAGEMENT AND GENERAL EXPENSES 16,361,598 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 100,686,757 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 78,798,001 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 78,798,001 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 11,114,446 MANAGEMENT AND GENERAL EXPENSES 2,264,409 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,378,855

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN UNRESTRICTED NET ASSETS - PENSION LIABILITY -38,701,453 NET CHANGE IN INTEREST IN FOUNDATION 2,372,542 OTHER CHANGES -27,433 TRANSFERS FROM BHA 105,306

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRIDGEPORT HOSPITAL

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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.

See Additional Data Table

(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

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 ENDOSCOPY CENTER LLC 800 BOSTON POST ROAD GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	N/A									
(2) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	N/A									
(3) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT TRUST 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	N/A									
(4) YNHHCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	N/A									

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

See Additional Data Table

(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

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

1a

No

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

1b

No

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

Yes

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

1l

Yes

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

1m

Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	BRIDGEPORT HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	YALE NEW HAVEN HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 06-1044331	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN CARE CONTINUUM CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 12A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	NY	501C3	LINE 12A, I	NORTHEAST MEDICAL GROUP INC	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 10	GREENWICH HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	LAWRENCE MEMORIAL CORPORATION	Yes	
25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	N/A		No
20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12C, III-FI	GREENWICH HOSPITAL	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	N/A	C				Yes	
(1) CORPORATE PROFESSIONAL BUSINESS SERVICESINC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
(2) GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(3) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	N/A	C				Yes	
(4) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	N/A	C				Yes	
(5) L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	N/A	C				Yes	
(6) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	N/A	C				Yes	
(7) MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
(8) YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	N/A	C				Yes	
(9) YNH-H-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	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 CORP	M	95,110,645	COMPARABLE MARKET VALUE
(1)	YALE NEW HAVEN HEALTH SERVICES CORP	Q	15,448,626	TRANSACTION REVIEW
(2)	YALE NEW HAVEN HEALTH SERVICES CORP	S	1,990,232	CASH
(3)	YALE NEW HAVEN HEALTH SERVICES CORP	R	149,586,513	CASH
(4)	YALE NEW HAVEN HEALTH SERVICES CORP	E	34,514,268	TRANSACTION REVIEW
(5)	BRIDGEPORT HOSPITAL FOUNDATION INC	L	6,381,064	COMPARABLE MARKET VALUE
(6)	BRIDGEPORT HOSPITAL FOUNDATION INC	S	597,362	CASH
(7)	BRIDGEPORT HOSPITAL FOUNDATION INC	Q	5,552,828	TRANSACTION REVIEW
(8)	CENTURY FINANCIAL SERVICES INC	S	1,855,758	CASH
(9)	SOUTHERN CONNECTICUT HEALTH SYSTEM	P	75,321	TRANSACTION REVIEW
(10)	NORTHEAST MEDICAL GROUP INC	M	29,882,043	COMPARABLE MARKET VALUE
(11)	NORTHEAST MEDICAL GROUP INC	P	29,953,139	TRANSACTION REVIEW
(12)	NORTHEAST MEDICAL GROUP INC	L	1,380,827	COMPARABLE MARKET VALUE
(13)	NORTHEAST MEDICAL GROUP INC	S	91,380	CASH
(14)	GREENWICH HOSPITAL	K	109,806	TRANSACTION REVIEW
(15)	GREENWICH HOSPITAL	P	297,368	TRANSACTION REVIEW
(16)	YALE NEW HAVEN HOSPITAL	S	8,641,553	CASH
(17)	YALE NEW HAVEN HOSPITAL	R	383,168	CASH
(18)	YALE NEW HAVEN HOSPITAL	Q	6,809,869	TRANSACTION REVIEW
(19)	YALE NEW HAVEN HOSPITAL	P	2,614,727	TRANSACTION REVIEW
(20)	YALE NEW HAVEN HOSPITAL	L	14,303,799	COMPARABLE MARKET VALUE
(21)	MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC	S	2,155,524	CASH
(22)	LMW HEALTHCARE INC	S	644,507	CASH
(23)	BRIDGEPORT HOSPITAL AUXILIARY INC	C	101,454	TRANSACTION REVIEW