

Form 990

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

Form header section containing organization name (BRIDGEPORT HOSPITAL), address (267 GRANT STREET, BRIDGEPORT, CT 06610), principal officer (PATRICK MCCABE), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block form with fields for officer signature (PATRICK MCCABE), preparer name (CHRISTOPHER B. BOGGS), firm name (ERNST & YOUNG U.S., LLP), and address.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 346,176,551. including grants of \$) (Revenue \$ 434,193,304.) SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 346,176,551.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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> | X | |
| 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 25</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 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? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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> | | X |
| 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> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | X |
| 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> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 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> | | X |
| 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI **X**

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 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 13 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | |
| 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? | <input checked="" type="checkbox"/> | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | <input checked="" type="checkbox"/> | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | 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? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MICHAEL KRAHN - 203-688-6679
789 HOWARD AVENUE, NEW HAVEN, CT 06519

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PETER F. HURST VICE CHAIR/DIRECTOR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) GEORGE P. CARTER VICE CHAIR/DIRECTOR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) MEREDITH B. REUBEN CHAIRMAN/DIRECTOR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) RICHARD HOYT VICE CHAIR/DIRECTOR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) HOWARD TAUBIN VICE CHAIR/DIRECTOR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) WILLIAM M. JENNINGS PRESIDENT & CEO/DIRECTOR | 36.00 | X | | X | | | 478,067. | 53,118. | 303,580. | |
| (7) DAVID BINDERGLASS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) EMILY E. BLAIR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) GAYLE L. CAPOZZALO DIRECTOR | 1.00 | X | | | | | | 0. | 1,217,519. | 203,569. |
| (10) JANET M. HANSEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) NEWMAN M. MARSILIUS, III DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) RICHARD M. FREEDMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) RONALD B. NOREN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) WILLIAM G. HULCHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JOHN FALCONI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) PATRICIA L. MCDERMOTT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DUNCAN M. O'BRIEN, JR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) RUSSELL FUCHS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) FRED MCKINNEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) PETER TORTORA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) ROBERT S. FOLMAN (THRU 1/2012) DIRECTOR | 2.00 | X | | | | | 28,838. | 0. | 0. | |
| (22) JEFFREY P. PINO (THRU 5/2012) DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) PATRICK MCCABE SENIOR VP, CFO & TREASURER | 24.00 | | | X | | | 307,906. | 204,843. | 172,336. | |
| (24) MICHAEL IVY SENIOR VP | 40.00 | | | X | | | 353,758. | 0. | 46,810. | |
| (25) MARYELLEN KOSTURKO SENIOR VP | 40.00 | | | X | | | 289,348. | 0. | 34,479. | |
| (26) CAROLYN SALSGIVER SENIOR VP | 40.00 | | | X | | | 340,040. | 0. | 125,435. | |
| 1b Sub-total | | | | | | | 1,797,957. | 1,475,480. | 886,209. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 4,965,323. | 1,669,783. | 1,167,989. | |
| d Total (add lines 1b and 1c) | | | | | | | 6,763,280. | 3,145,263. | 2,054,198. | |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| CARDIAC SPECIALISTS 1305 POST RD, FAIRFIELD, CT 06824 | MEDICAL SERVICE | 4,823,150. |
| CERNER CORPORATION 2800 ROCKCREEK PKWY, KANSAS CITY, MO 64141 | MEDICAL SERVICE | 2,858,711. |
| NOVAMED 30 NUTMEG DRIVE, TRUMBULL, CT 06611 | BIOMEDICAL SVC | 1,951,607. |
| UNITEX TEXTILE RENTAL, 155 SOUTH TERRACE AVE, MOUNT VERNON, NY 10550 | LAUNDRY/SERVICE | 1,796,984. |
| SECURITAS SECURITY SERVICES PO BOX 409412, ATLANTA, GA 30384 | SECURITY | 1,696,501. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **115**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) JOSEPH JANELL SENIOR VP | 40.00 | | | X | | | | 368,828. | 0. | 100,295. |
| (28) BRUCE MCDONALD SENIOR VP | 1.00 | | | X | | | | 0. | 518,760. | 57,690. |
| (29) MELLISA TURNER SENIOR VP | 1.00 | | | X | | | | 0. | 284,974. | 114,524. |
| (30) MARC BRUNETTI OTHER VP | 40.00 | | | X | | | | 200,371. | 0. | 47,536. |
| (31) RYAN O'CONNELL OTHER VP | 1.00 | | | X | | | | 0. | 244,783. | 45,986. |
| (32) PATRICK SCHMINCKE OTHER VP | 40.00 | | | X | | | | 198,241. | 0. | 40,689. |
| (33) JOHN SKELLY OTHER VP | 1.00 | | | X | | | | 0. | 514,325. | 189,517. |
| (34) NORMAN G. ROTH EXECUTIVE VP, COO & SECRETARY | 34.00 | | | X | | | | 605,996. | 106,941. | 196,451. |
| (35) MICHAEL WERDMANN PHYSICIAN | 40.00 | | | | X | | | 349,143. | 0. | 94,569. |
| (36) JONATHAN MAISEL PHYSICIAN | 40.00 | | | | X | | | 335,707. | 0. | 60,641. |
| (37) JAMES SIRLEAF PHYSICIAN | 40.00 | | | | X | | | 310,117. | 0. | 54,481. |
| (38) THOMAS LAMONTE PHYSICIAN | 40.00 | | | | X | | | 314,194. | 0. | 64,544. |
| (39) GUILLERMO KATIGBAK PHYSICIAN | 40.00 | | | | X | | | 302,095. | 0. | 70,533. |
| (40) HOPE JUCKEL-REGAN (THRU 6/2011) FORMER OFFICER | 0.00 | | | | | | X | 759,395. | 0. | 30,533. |
| (41) ROBERT J. TREFRY (THRU 9/2010) FORMER OFFICER | 0.00 | | | | | | X | 1,221,236. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 4,965,323. | 1,669,7831 | 1,167,989. |

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|---|-------------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2774608. | | | | |
| | 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 | | 2774608. | | | | |
| | Program Service Revenue | 2 a <u>INPATIENT REVENUE</u> | Business Code 621990 | 244,771,558. | 244,771,558. | | |
| b <u>OUTPATIENT REVENUE</u> | | 621990 | 175,843,971. | 175,843,971. | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 420,615,529. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 774,442. | | | 774,442. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 1,221,421. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 826662. | | | | |
| | | c Rental income or (loss) | 394759. | | | | |
| | d Net rental income or (loss) | | 394,759. | | | 394,759. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 5,278,963. | | | | |
| | | (ii) Other | 23,600. | | | | |
| | | b Less: cost or other basis and sales expenses | 4,460,022. | 0. | | | |
| | | c Gain or (loss) | 818941. | 23,600. | | | |
| | d Net gain or (loss) | | 842,541. | | | 842,541. | |
| | 8 a 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 | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a 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 | | | | | |
| 11 a <u>CAFETERIA/VENDING OTHE</u> | 900099 | 5951332. | 5951332. | | | | |
| b <u>PEDIATRIC ANCILLARY RE</u> | 900099 | 5901390. | 5901390. | | | | |
| c <u>OTHER ANCILLIARY SERVI</u> | 900099 | 1725053. | 1725053. | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 13,577,775. | | | | | |
| 12 Total revenue. See instructions. | | 438,979,654. | 434,193,304. | 0. | 2,011,742. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 11,000. | 11,000. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,403,072. | | 6,403,072. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 144373236. | 118187053. | 26,186,183. | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 559,425. | 449,810. | 109,615. | |
| 9 Other employee benefits | 35,997,861. | 28,943,651. | 7,054,210. | |
| 10 Payroll taxes | 10,796,982. | 8,681,403. | 2,115,579. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 825,143. | 663,463. | 161,680. | |
| c Accounting | 317,913. | 255,621. | 62,292. | |
| d Lobbying | 11,726. | 11,726. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 89,616,485. | 79,676,351. | 9,940,134. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 17,679,825. | 16,194,070. | 1,485,755. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 16,965,545. | 13,641,287. | 3,324,258. | |
| 17 Travel | 634,553. | 494,951. | 139,602. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 2,724,137. | 2,190,365. | 533,772. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 20,175,196. | 16,222,034. | 3,953,162. | |
| 23 Insurance | 2,890,190. | 2,750,747. | 139,443. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 37,138,279. | 37,138,279. | | |
| b BAD DEBT EXPENSE | 16,622,861. | 16,622,861. | | |
| c DEFERRED ISSUANCE COSTS | 1,798,525. | 1,446,119. | 352,406. | |
| d PUBLIC RELATIONS | 1,054,666. | 848,013. | 206,653. | |
| e All other expenses | 2,176,515. | 1,747,747. | 428,768. | |
| 25 Total functional expenses. Add lines 1 through 24e | 408773135. | 346176551. | 62,596,584. | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|--------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 8,000. | 1 | 8,000. | |
| | 2 Savings and temporary cash investments | 41,493,165. | 2 | 29,560,746. | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 41,819,156. | 4 | 42,982,977. | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 3,786,057. | 8 | 3,617,848. | |
| | 9 Prepaid expenses and deferred charges | 18,285,928. | 9 | 25,463,841. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 411,657,184. | | | |
| | b Less: accumulated depreciation | 10b 283,721,413. | | | |
| | 11 Investments - publicly traded securities | 20,408,068. | 11 | 11,742,894. | |
| | 12 Investments - other securities. See Part IV, line 11 | 23,757,516. | 12 | 39,304,780. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 54,807,290. | 15 | 109,167,621. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 328,429,551. | 16 | 389,784,478. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 40,756,922. | 17 | 41,239,465. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | 45,815,000. | 20 | 40,298,906. | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 7,774,311. | 23 | 10,946,983. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 115,267,782. | 25 | 174,041,221. | |
| | 26 Total liabilities. Add lines 17 through 25 | 209,614,015. | 26 | 266,526,575. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 74,738,033. | 27 | 74,553,766. | |
| | 28 Temporarily restricted net assets | 24,996,762. | 28 | 28,832,421. | |
| | 29 Permanently restricted net assets | 19,080,741. | 29 | 19,871,716. | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 118,815,536. | 33 | 123,257,903. | |
| 34 Total liabilities and net assets/fund balances | 328,429,551. | 34 | 389,784,478. | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 438,979,654. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 408,773,135. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 30,206,519. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 118,815,536. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -25,764,152. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 123,257,903. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | X | |

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **BRIDGEPORT HOSPITAL** Employer identification number **06-0646554**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2010. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

| | |
|--|---|
| Name of organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | | \$ <u>33,215.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>2</u> | | \$ <u>40,028.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>3</u> | | \$ <u>336,416.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>4</u> | | \$ <u>40,864.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>5</u> | | \$ <u>23,150.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>6</u> | | \$ <u>1,649,151.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | | \$ <u>650,987.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|--|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

| | |
|--|---|
| Name of organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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 | | | | | | | | | | | | |
|---|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|--|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | |
| c | Total lobbying expenditures | | | | |
| d | Grassroots nontaxable amount | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | |
| f | Grassroots lobbying expenditures | | | | |

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (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? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | 0. |
| d Mailings to members, legislators, or the public? | X | | 500. |
| e Publications, or published or broadcast statements? | | X | 0. |
| f Grants to other organizations for lobbying purposes? | | X | 0. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 58,818. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | 0. |
| i Other activities? | X | | 36,156. |
| j Total. Add lines 1c through 1i | | | 95,474. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| 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

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2012. THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. BRIDGEPORT HOSPITAL HAS CERTAIN

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 34,442,000. | 32,083,000. | 26,634,000. | 28,740,000. | |
| b Contributions | 874,000. | 1,805,000. | 5,076,000. | 1,551,000. | |
| c Net investment earnings, gains, and losses | 2,394,000. | 1,209,000. | 1,260,000. | -2,608,000. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | -104,000. | -655,000. | -887,000. | -1,049,000. | |
| f Administrative expenses | | | | | |
| g End of year balance | 37,606,000. | 34,442,000. | 32,083,000. | 26,634,000. | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 24.00 %
 - c Temporarily restricted endowment 76.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,654,817. | | 1,654,817. |
| b Buildings | | 123594455. | 98,506,504. | 25,087,951. |
| c Leasehold improvements | | 124939173. | 65,918,721. | 59,020,452. |
| d Equipment | | 144305590. | 119296188. | 25,009,402. |
| e Other | | 17,163,149. | | 17,163,149. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 127935771. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) MONEY MARKET FUND | 930,521. | END-OF-YEAR MARKET VALUE |
| (B) MUTUAL FUNDS | 5,065,756. | END-OF-YEAR MARKET VALUE |
| (C) EQUITY SECURITIES | 4,981,985. | END-OF-YEAR MARKET VALUE |
| (D) HEDGE FUNDS | 3,886,940. | END-OF-YEAR MARKET VALUE |
| (E) YALE ENDOWMENT POOL | 24,439,578. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | 39,304,780. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|---------------------|
| (1) DUE FROM AFFILIATES | 824,140. |
| (2) DEFERRED ISSUANCE COSTS | 914,175. |
| (3) INTEREST IN FOUNDATION, INC. | 55,179,328. |
| (4) OTHER RECEIVABLES | 1,626,690. |
| (5) THIRD PARTY RECEIVABLES | 8,093,288. |
| (6) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES | 42,530,000. |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 109,167,621. |

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

| 1. (a) Description of liability | (b) Book value |
|--|---------------------|
| (1) Federal income taxes | |
| (2) SELF INSURANCE | 18,153,719. |
| (3) ASSET RETIREMENT OBLIGATIONS | 12,812,713. |
| (4) PENSION OBLIGATION | 60,816,249. |
| (5) DEFERRED COMPENSATION | 513,531. |
| (6) THIRD PARTY PAYABLE | 21,038,273. |
| (7) DUE TO AFFILIATES | 18,176,736. |
| (8) MALPRACTICE GROSS LIABILITY | 42,530,000. |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 174,041,221. |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 438,979,654. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 408,773,135. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 30,206,519. |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,334,921. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -27,099,073. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -25,764,152. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 4,442,367. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 438854787. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 1,334,921. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 4,154,124. |
| e | Add lines 2a through 2d | 2e | 5,489,045. |
| 3 | Subtract line 2e from line 1 | 3 | 433365742. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 5,613,912. |
| c | Add lines 4a and 4b | 4c | 5,613,912. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 438979654. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 403987223. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 826,662. |
| e | Add lines 2a through 2d | 2e | 826,662. |
| 3 | Subtract line 2e from line 1 | 3 | 403160561. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 5,612,574. |
| c | Add lines 4a and 4b | 4c | 5,612,574. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 408773135. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT

BRIDGEPORT HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN

ACCORDANCE WITH THE BRIDGEPORT HOSPITAL POOLED INVESTMENT POLICY, TO

PROVIDE FREE CARE BASED ON DONORS WISHES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION 2,843,000.

Part XIV Supplemental Information (continued)

| | |
|--|--------------|
| INCREASE IN TEMP RESTRICTED NET ASSETS | 992,000. |
| INCREASE IN PERM RESTRICTED NET ASSETS | 791,000. |
| TRANSFER FROM YALE NEW HAVEN HEALTH | 900,000. |
| TRANSFER FROM BRIDGEPORT HOSPITAL FOUNDATION | 1,117,804. |
| NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS | 522,000. |
| PENSION LIABILITY ADJUSTMENT | -24,104,000. |
| TRANSFER FROM BRIDGEPORT HOSPITAL & BRIDGEPORT HOSPITAL HEALTH SERVICES | -13,487,000. |
| NET CHANGE IN INTEREST IN BHF | 2,315,700. |
| RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS | 1,838,423. |
| RECLASS THE INCOME TO INVESTMENT | -828,000. |
| TOTAL TO SCHEDULE D, PART XI, LINE 8 | -27,099,073. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|------------|
| NET CHANGE IN INTEREST IN BHF | 2,315,701. |
| RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS | 1,838,423. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 4,154,124. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| RECLASS CONTRIBUTION | 2,774,608. |
| RECLASS REFINANCE FEE TO EXPENSE | 1,798,525. |
| RECLASS THE INCOME TO INVESTMENT | 828,000. |
| RECLASS NET RENTAL INCOME AND EXPENSE | 212,779. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 5,613,912. |

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------|----------|
| RECLASS RENTAL EXPENSE | 826,662. |
|------------------------|----------|

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 | <input checked="" type="checkbox"/> | |
| b If "Yes," was it a written policy? | <input checked="" type="checkbox"/> | |
| 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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> % | | |
| b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: | <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine 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"? | <input checked="" type="checkbox"/> | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | <input checked="" type="checkbox"/> |
| 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? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | <input checked="" type="checkbox"/> | |
| b If "Yes," did the organization make it available to the public? | <input checked="" type="checkbox"/> | |

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 | (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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | 2,448 | 11,160,000. | 2,241,000. | 8,919,000. | 2.27% |
| b Medicaid (from Worksheet 3, column a) | | 94,934 | 102,743,000. | 75,023,000. | 27,720,000. | 7.07% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 97,382 | 113,903,000. | 77,264,000. | 36,639,000. | 9.34% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 10 | 3,528 | 1,994,634. | 916,368. | 1,078,266. | .27% |
| f Health professions education (from Worksheet 5) | 4 | 265 | 25,986,651. | 8,419,238. | 17,567,413. | 4.48% |
| g Subsidized health services (from Worksheet 6) | 2 | 6,850 | 8,986,997. | 6,689,017. | 2,297,980. | .59% |
| h Research (from Worksheet 7) | 2 | 0 | 341,084. | 0. | 341,084. | .09% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 3 | 25,200 | 87,883. | 0. | 87,883. | .02% |
| j Total. Other Benefits | 21 | 35,843 | 37,397,249. | 16,024,623. | 21,372,626. | 5.45% |
| k Total. Add lines 7d and 7j | 21 | 133,225 | 151,300,249. | 93,288,623. | 58,011,626. | 14.79% |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: BRIDGEPORT HOSPITAL

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

| | | Yes | No |
|---|--|-----|----|
| Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011) | | | |
| 1 | During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 | | |
| | If "Yes," indicate what the Needs Assessment describes (check all that apply): | | |
| a | <input type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input type="checkbox"/> Demographics of the community | | |
| c | <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input type="checkbox"/> How data was obtained | | |
| e | <input type="checkbox"/> The health needs of the community | | |
| f | <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j | <input type="checkbox"/> Other (describe in Part VI) | | |
| 2 | Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____ | | |
| 3 | In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | | |
| 4 | Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI | | |
| 5 | Did the hospital facility make its Needs Assessment widely available to the public? | | |
| | If "Yes," indicate how the Needs Assessment was made widely available (check all that apply): | | |
| a | <input type="checkbox"/> Hospital facility's website | | |
| b | <input type="checkbox"/> Available upon request from the hospital facility | | |
| c | <input type="checkbox"/> Other (describe in Part VI) | | |
| 6 | If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply): | | |
| a | <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community | | |
| b | <input type="checkbox"/> Execution of the implementation strategy | | |
| c | <input type="checkbox"/> Participation in the development of a community-wide community benefit plan | | |
| d | <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan | | |
| e | <input type="checkbox"/> Inclusion of a community benefit section in operational plans | | |
| f | <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment | | |
| g | <input type="checkbox"/> Prioritization of health needs in its community | | |
| h | <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community | | |
| i | <input type="checkbox"/> Other (describe in Part VI) | | |
| 7 | Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs | | |
| Financial Assistance Policy | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 8 | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | X | |
| 9 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | X | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> % | | |
| | If "No," explain in Part VI the criteria the hospital facility used. | | |

Part V Facility Information (continued) BRIDGEPORT HOSPITAL

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

Billing and Collections

| | | |
|---|-------------------------------------|-------------------------------------|
| 14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | <input checked="" type="checkbox"/> | |
| 15 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 patient's eligibility under the facility's FAP: | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | | <input checked="" type="checkbox"/> |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency | | |
| b <input type="checkbox"/> Lawsuits | | |
| c <input type="checkbox"/> Liens on residences | | |
| d <input type="checkbox"/> Body attachments | | |
| e <input type="checkbox"/> Other similar actions (describe in Part VI) | | |
| 17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): | | |
| a <input type="checkbox"/> Notified patients of the financial assistance policy on admission | | |
| b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge | | |
| c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills | | |
| d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e <input type="checkbox"/> Other (describe in Part VI) | | |

Part V Facility Information (continued) BRIDGEPORT HOSPITAL

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

| | | | |
|-------------------------------|--|---|---|
| 19 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | |
| d | <input checked="" type="checkbox"/> Other (describe in Part VI) | | |
| 20 | Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | | X |
| If "Yes," explain in Part VI. | | | |
| 21 | Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? | X | |
| If "Yes," explain in Part VI. | | | |

Part V Facility Information (continued)**Section C. 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? 24

| Name and address | Type of Facility (describe) |
|---|--|
| 1 BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610 | OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PR CAR |
| 2 FAIRFIELD URGENT CARE CENTER 309 STILLSON ROAD FAIRFIELD, CT 06825 | URGENT CARE/LAB |
| 3 THE CENTER FOR SLEEP MEDICINE 999 SILVER LANE TRUMBULL, CT 06610 | CARDIAC TESTING |
| 4 THE HUNTINGTON WALK-IN MEDICAL CENTER 887 BRIDGEPORT AVE SHELTON, CT 06484 | URGENT CARE/LAB |
| 5 BRIDGEPORT HOSPITAL OUTPATIENT CARD 25 GERMANTOWN ROAD DANBURY, CT 06810 | CARDIAC TESTING |
| 6 WOUND CARE/HYPERBARIC CHAMBER 141 MILL HILL AVE BRIDGEPORT, CT 06610 | WOUND CARE/HYPERBARIC OXYGEN |
| 7 AHLBIN REHABILITATION CENTER 3585 MAIN ST STRATFORD, CT 06614 | OCC HEALTH/PT/REHAB |
| 8 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 15 CORPORATE DRIVE TRUMBULL, CT 06611 | LAB |
| 9 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 3115 MAIN ST STRATFORD, CT 06614 | LAB |
| 10 PSYCHIATRIC ADULT PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614 | BEHAVIORAL CLINIC |

Part V Facility Information (continued)**Section C. 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) |
|---|--------------------------------------|
| 11 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 4775 MAIN ST BRIDGEPORT, CT 06606 | LAB |
| 12 AHLBIN REHABILITATION CENTER 4 CORPORATE DRIVE SHELTON, CT 06484 | OCC HEALTH/PT/REHAB |
| 13 AHLBIN REHABILITATION CENTER 2600 POST ROAD SOUTHPORT, CT 06890 | OCC HEALTH/PT/REHAB/LAB |
| 14 GERIATRIC PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614 | BEHAVIORAL CLINIC |
| 15 SLEEP CENTER 1070 MAIN ST BRIDGEPORT, CT 06604 | SLEEP CENTER |
| 16 BRIDGEPORT HOSPITAL OUTPATIENT CARD 30 PROSPECT ST RIDGEFIELD, CT 06877 | CARDIAC TESTING |
| 17 GREENWICH HOSPITAL BLOOD DRAW STATION 225 MAIN ST WESTPORT, CT 06880 | LAB |
| 18 TRUMBULL RADIATION ONCOLOGY CENTER 15 CORPORATE DRIVE TRUMBULL, CT 06610 | CANCER TREATMENT/LAB |
| 19 CHILD PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614 | BEHAVIORAL CLINIC |
| 20 BRIDGEPORT HOSPITAL OUTPATIENT CARD 1305 POST ROAD FAIRFIELD, CT 06824 | CARDIAC REHAB/CARDIAC TESTING/LAB |

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: COSTING METHODOLOGY EXPLANATION:

THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$16,622,861.

PART II - COMMUNITY BUILDING ACTIVITIES

BRIDGEPORT HOSPITAL (BH) IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,477 EMPLOYEES IN 2012. THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GREATER BRIDGEPORT AREA. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES. THERE IS CONSIDERABLE RESEARCH

Part VI Supplemental Information

LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH. SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NEIGHBORHOOD CONDITIONS.

BRIDGEPORT HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

WHILE BH'S VISION IS TO BE THE PREFERRED HEALTHCARE PROVIDER IN THE REGION, THE 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

Part VI Supplemental Information

AND NEIGHBORHOODS. DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL PROVIDED \$104,000 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 (NRZ) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCOME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS. THE NRZS RECEIVED TECHNICAL ASSISTANCE FROM THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGE NEIGHBORHOOD RESIDENTS, NON-PROFITS, 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 AND EAST SIDE, WHICH ARE BOTH LOCATED NEAR THE HOSPITAL.

DURING 2012, BRIDGEPORT HOSPITAL WORKED CLOSELY WITH THE CITY OF BRIDGEPORT TO DEVELOP AND IMPLEMENT AN NRZ IN THE MILL HILL NEIGHBORHOOD, WHICH DIRECTLY SURROUNDS THE HOSPITAL. IN ORDER TO BE RECOGNIZED AS AN NRZ, THE GROUP MUST RECEIVE APPROVAL FROM THE CITY COUNCIL AND DEVELOP A REVITALIZATION OR STRATEGIC PLAN FOR THE NEIGHBORHOOD. THE PROCESS FOR THE MILL HILL AREA TO BECOME AN NRZ WAS

Part VI Supplemental Information

INITIATED THROUGH A NEIGHBORHOOD WORKSHOP HELD ON JUNE 30, 2013.

SIX YEARS AGO, PRIOR TO THE CITY'S EFFORT TO DEVELOP AN NRZ IN MILL HILL, THE HOSPITAL CREATED WHAT IS NOW CALLED THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP. THIS UNIQUE PROGRAM WAS DEVELOPED TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL. OVER 900 NEIGHBORHOOD RESIDENTS RECEIVE INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS. THE RESIDENTS IDENTIFIED ISSUES OR CONCERNS THEY HAD RELATED TO THEIR NEIGHBORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES. IN 2012, EXPERT SPEAKERS AT COMMUNITY PARTNERSHIP MEETINGS PROVIDED INFORMATION ABOUT SUCCESSFUL AGING, ECONOMIC DEVELOPMENT INITIATIVES IN THE NEIGHBORHOOD SUCH AS PLANS FOR THE FORMER GE COMPLEX ON BOSTON AVENUE AND THE PROPOSED GRANT STREET PLAZA TO IMPROVE SAFETY.

THE HOSPITAL ALSO PROVIDED OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS. THE EAST END COMMUNITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROUGH VARIOUS INITIATIVES INCLUDING SAFE STREETS, FOOD PANTRIES, ANNUAL TOY DRIVES AND A LITTLE LEAGUE TEAM.

BRIDGEPORT HOSPITAL, ALONG WITH OTHER AREA BUSINESSES, IS A FOUNDING MEMBER OF THE SEAVIEW AVENUE BUSINESS ALLIANCE. THE SEAVIEW AVENUE BUSINESS ALLIANCE IS A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING STREETSCAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR. THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS

Part VI Supplemental Information

GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE. IN 2012, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE U.S. HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO THE BRIDGEPORT CHILD ADVOCACY COALITION, ONLY 70% OF BRIDGEPORT'S GRADUATING CLASS OF 2012 WENT ON TO POST-SECONDARY EDUCATION, COMPARED TO 86% STATEWIDE. RESULTS FROM THE CONNECTICUT MASTERY TEST CONSISTENTLY DEMONSTRATE AN ACHIEVEMENT GAP BETWEEN BRIDGEPORT YOUTH AND THEIR STATEWIDE PEERS.

REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR. ONE EXAMPLE IS THE NEWLY CREATED YALE-BRIDGEPORT GEAR UP PARTNERSHIP, WHICH PROVIDES EARLY EXPOSURE TO CAREER OPPORTUNITIES FOR STUDENTS TO IMPROVE THEIR ENGAGEMENT AND MOTIVATION IN SCHOOL. THE FUNDING FOR THIS PROJECT TARGETS BRIDGEPORT STUDENTS WHO ARE IN THE GRADUATING CLASSES OF 2014 AND 2017 AND WILL FOLLOW THOSE STUDENTS FROM SEVENTH GRADE THROUGH THEIR FRESHMAN YEAR IN COLLEGE AS PART OF A RESEARCH STUDY THROUGH YALE UNIVERSITY. OVER 45 SEVENTH GRADERS ATTENDED A CAREER FAIR AND TOUR OF BRIDGEPORT HOSPITAL AS PART OF THE PROGRAM. ADDITIONAL PARTNERS

Part VI Supplemental Information

INCLUDE THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, ST. VINCENT'S MEDICAL CENTER, UNITED WAY OF COASTAL FAIRFIELD COUNTY, PEOPLE'S BANK, FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, UNIVERSITY OF BRIDGEPORT, HOUSATONIC COMMUNITY COLLEGE AND NORWALK COMMUNITY COLLEGE.

HOSPITAL STAFF FROM VARIOUS DEPARTMENTS INCLUDING THE EMERGENCY DEPARTMENT, WOMEN'S CARE CENTER, SURGICAL SERVICES, CENTRAL STERILE PROCESSING, FOOD AND NUTRITION SERVICES, AND PHYSICAL THERAPY PARTICIPATED IN MENTORING PROGRAMS COORDINATED THROUGH THE HOSPITAL'S HUMAN RESOURCES AND VOLUNTEER SERVICES DEPARTMENTS. OVER 30 AREA HIGH SCHOOL STUDENTS PARTICIPATED IN THE PROGRAMS, WHICH INCLUDE E-MENTORING, AN INTERNSHIP PROGRAM AND TEEN CAMP FOCUSED ON PROVIDING BASIC KNOWLEDGE AND INSIGHT INTO THE SKILLS REQUIRED FOR A NUMBER OF CAREERS IN HEALTHCARE.

A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL. HOSPITAL EMPLOYEES CONTRIBUTED NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 350 STUDENTS TO BEGIN THEIR SCHOOL YEAR. HALL ELEMENTARY SCHOOL IS LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT.

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

Part VI Supplemental Information

RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION.

PART III, LINE 4: FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS:

THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY.

SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS.

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR

FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE

HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS

ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE

HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE.

THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$17.7

MILLION AND \$16.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011,

RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE

RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ALLOCATION

BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S

ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS

CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS

BAD DEBT VS. CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS

INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$11.2 MILLION AND \$11.7

MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE

Schedule H (Form 990) 2011

Part VI Supplemental Information

ESTIMATED COST OF CHARITY CARE IS ESTIMATED USING THE RATIO OF COST TO GROSS CHARGES APPLIED TO THE GROSS UNCOMPENSATED COST ASSOCIATED WITH PROVIDING CHARITY CARE.

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT CHARGES, WAS \$16.6 MILLION AND \$12.3 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THE HOSPITAL RECEIVED \$20.0 MILLION AND \$5.0 MILLION, RESPECTIVELY, IN DISTRIBUTIONS FROM CDSHP, OF WHICH APPROXIMATELY \$12.6 MILLION AND \$3.5 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF \$16.9 MILLION AND \$4.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF BRIDGEPORT PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF

Part VI Supplemental Information

COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

COSTING METHODOLOGY:

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 8: MEDICARE EXPLANATION:

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

Part VI Supplemental Information

PART III, LINE 9B: COLLECTION PRACTICES EXPLANATION:

IF, AT ANY TIME, THE HOSPITAL, OR A COLLECTION AGENCY OR LAW FIRM, RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS, OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM, THE HOSPITAL, COLLECTION AGENCY OR LAW FIRM SHALL, CONSISTENT WITH CONNECTICUT LAW, CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSISTANCE.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 19D:

ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP-ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREE CARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 21:

ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP-ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREE CARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

PART VI, LINE 2 - NEEDS ASSESSMENT:

BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP (PCAG). FORMED NEARLY TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS/DISTRICTS, THREE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A

Part VI Supplemental Information

PLAN AND STARTING THE INITIAL WORK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE ASSESSMENT REQUIRES AN ANALYSIS OF MAJOR HEALTH NEEDS IN THE HOSPITAL'S SERVICE AREA AS WELL AS A PLAN TO ADDRESS KEY FINDINGS.

THE PCAG COMMUNITY HEALTH NEEDS ASSESSMENT SUBCOMMITTEE, WHICH INCLUDES THE PCAG MEMBERS AND ALL LOCAL TOWN HEALTH DEPARTMENTS IN A SUCCESSFUL COMMUNITY-WIDE COLLABORATION, INITIATED THE FIRST PHASE OF THE CHNA BY COMPLETING A COMPREHENSIVE INVENTORY OF EXISTING HEALTH STATUS INDICATORS AND ASSET MAPPING. HEALTH SCORECARDS WERE COMPLETED FOR EACH TOWN BASED ON HEALTHY PEOPLE 2020 BENCHMARKS, DATA GAPS WERE IDENTIFIED AND A CONSULTANT WAS SELECTED TO ASSIST WITH FILLING IN THE DATA GAPS AND LEADING THE DEVELOPMENT OF THE RESULTING COMMUNITY HEALTH IMPROVEMENT PLAN. THE CONSULTANT WORK PLAN FOR FY 2013 INCLUDES THE DEVELOPMENT OF A SURVEY TOOL TO BE USED FOR PRIMARY DATA COLLECTION, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. LOCAL PCAG REPRESENTATIVES WERE ALSO VERY INVOLVED AT THE STATE LEVEL TO DEVELOP A STATE-WIDE APPROACH COMMUNITY HEALTH NEEDS ASSESSMENTS TO FACILITATE FUTURE ALIGNMENT ACROSS THE STATE OF CONNECTICUT.

THE 2012 EFFORTS OF THE PRIMARY CARE ACTION GROUP IS MEANT TO COMPLIMENT AND EXPAND PREVIOUS EFFORTS INCLUDING THE 2010 BRIDGEPORT HOSPITAL LED REVIEW OF PAST NEEDS ASSESSMENT REPORTS, LOCAL, REGIONAL, STATE AND NATIONAL PUBLIC HEALTH DATA AND STATE HOSPITAL AND OTHER LOCAL PROVIDER DATA TO IDENTIFY THE KEY HEALTH ISSUES IN THE COMMUNITY. WHERE POSSIBLE, DATA FOR INSURED PATIENTS WAS SPECIFICALLY COMPARED TO THAT OF UNINSURED PATIENTS TO IDENTIFY DIFFERENCES. THIS DATA WAS ALSO UTILIZED BY THE CITY OF BRIDGEPORT TO CREATE SPECIFIC QUESTIONS FOR A 2011 ASSESSMENT THAT RESULTED IN THE CREATION OF FACT SHEETS FOR PRIORITY AREAS INCLUDING: OBESITY, CHRONIC DISEASE: DIABETES AND

Part VI Supplemental Information

ASTHMA, LEAD TESTING, ISSUES RELATED TO CHILDREN, HOMELESSNESS, SMOKING AND FOOD INSECURITY.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBLE FOR ASSISTANCE

THE BRIDGEPORT HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS: THE BRIDGEPORT HOSPITAL WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES; AND THROUGH THE FREE CARE DEPARTMENT.

IF A PATIENT INQUIRES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE. INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE. APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY FOURTH MONDAY OF EACH MONTH.

IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM. SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL. ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME. CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME.

IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS

Part VI Supplemental Information

AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

PART VI, LINE 4 - COMMUNITY INFORMATION:

THE HOSPITAL'S PRIMARY GEOGRAPHIC AREA IS COMPRISED OF EIGHT CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT, EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL, . THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 142,546. THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY. THE PER CAPITA INCOME FOR BRIDGEPORT IS \$19,979, WHICH IS \$17,648 BELOW THE STATE OF CONNECTICUT PER CAPITA INCOME OF \$37,627. ABOUT 21.9% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 9.5% FOR THE WHOLE STATE.

BRIDGEPORT HAS A HIGH PROPORTION OF UNDER OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA. A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 6,268 PATIENTS (33% OF TOTAL) WERE MEDICAID OR UNINSURED IN FY 2012. THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY

Part VI Supplemental Information

PRICING.

THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FY 2012, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 79,058 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH 7,738 (10%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 34,507(44%) IDENTIFIED AS MEDICAID BENEFICIARIES.

BRIDGEPORT HOSPITAL AND ST. VINCENT'S MEDICAL CENTER ARE THE TWO ACUTE CARE HOSPITALS LOCATED IN THE GREATER BRIDGEPORT AREA.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000 OUTPATIENTS A YEAR. BRIDGEPORT HOSPITAL WAS BEST IN FAIRFIELD COUNTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U.S. NEWS & WORLD REPORT'S 2012-13 BEST HOSPITAL RANKINGS. THE HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE; THE HEART INSTITUTE, INCLUDING THE CONNECTICUT CARDIAC ARRHYTHMIA CENTER; THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER; THE WOMEN'S CARE CENTER; CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE; AND THE AHLBIN CENTERS FOR REHABILITATION MEDICINE.

BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAINING OF MORE THAN 200 RESIDENT PHYSICIANS AND FELLOWS. A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING, WHICH GRADUATES MORE NURSES THAN ANY OTHER NURSING SCHOOL IN CONNECTICUT.

Part VI Supplemental Information

EVERY YEAR, AS PART OF OUR VITAL MISSION, WHICH FOCUSES ON PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL MANAGED \$58.5 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5.

GUARANTEEING ACCESS TO CARE

BRIDGEPORT HOSPITAL (BH) RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FY 2012, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$39.4 MILLION. HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FY 2012, BH PROVIDED SERVICES FOR 94,934 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$27.7 MILLION (AT COST). BH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FY 2012, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR A TOTAL EXPENSE OF \$8.9 MILLION (AT COST).

THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC. THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS

Part VI Supplemental Information

IN THE PRIMARY CARE CLINIC TO ENROLL IN PUBLIC PROGRAMS. LAST YEAR, OVER 150 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION REVIEW. THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS.

BRIDGEPORT HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE OUTPATIENT PSYCHIATRIC PROGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC. TOTAL VISITS FOR THESE ESSENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVER 36,000 ANNUALLY.

THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSERVED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS. A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 62 PATIENTS IN THE COMMUNITY IN FY 2012, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF NEARLY \$526,000. THE NORMA F. PFRIEM BREAST CARE CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 700 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR.

AS A TESTAMENT TO THE UNIQUE COLLABORATION OF THE PRIMARY CARE ACTION GROUP (PCAG), BRIDGEPORT HOSPITAL AND ST. VINCENT'S MEDICAL CENTER TOGETHER RECEIVED THE COMMUNITY SERVICE AWARD FROM THE CONNECTICUT

Part VI Supplemental Information

HOSPITAL ASSOCIATION AND CONNECTICUT DEPARTMENT OF HEALTH FOR THE DISPENSARY OF HOPE, A PCAG INITIATIVE THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST TO UNINSURED AND LOW-INCOME RESIDENTS OF GREATER BRIDGEPORT. THE DISPENSARY HAS HELPED MORE THAN 700 PATIENTS AND PROVIDED \$200,000 IN MEDICATIONS SINCE ITS LAUNCH IN MARCH 2011.

PROMOTING HEALTH AND WELLNESS

DURING FY 2012, BRIDGEPORT HOSPITAL PROVIDED \$1.1 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE CHILD FIRST PROGRAM, THE BRIDGEPORT HOSPITAL-BASED EARLY INTERVENTION PROGRAM FOR AT-RISK CHILDREN, WAS DESIGNATED AS ONE OF ONLY NINE EVIDENCE-BASED HOME VISITING MODELS FOR MATERNAL, INFANT AND EARLY CHILDHOOD CARE BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES. IN ADDITION, THANKS TO A MAJOR GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION AND LOCAL SUPPORTING ORGANIZATIONS, CHILD FIRST EXPANDED FROM THE BRIDGEPORT AREA TO FIVE OTHER METROPOLITAN AREAS IN CONNECTICUT: HARTFORD, NEW HAVEN, NEW LONDON, NORWALK AND WATERBURY. CHILD FIRST INTENDS TO REPLICATE THE MODEL IN AT LEAST TWO NEW STATES BY 2015.

THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT. THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS'S BRAIN, EYE, AND MOTOR AREAS AND

Part VI Supplemental Information

PROPER NUTRITION. THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES.

THE ONCOLOGY SOCIAL WORKER IN THE NORMA F. PFRIEM CANCER INSTITUTE ASSISTED 500 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES. THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS. THROUGH THESE REFERRALS INDIVIDUALS RECEIVED OVER \$36,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER.

THE HOSPITAL SPONSORED FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS. MORE THAN 425 PEOPLE PARTICIPATED IN THESE GROUPS DURING FY 2012. MORE THAN 2,000 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS BACK PAIN, DIABETES, GYNECOLOGICAL ISSUES, HEADACHES, MENTAL HEALTH AND SMOKING CESSATION. THE FIFTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS'S EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 650 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT.

BRIDGEPORT HOSPITAL PROVIDED BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPLE. THE HOSPITAL ALSO HELD TWO BLOOD DRIVES DURING 2012, COLLECTING OVER 71 PINTS OF BLOOD.

Part VI Supplemental Information

ADVANCING CAREERS IN HEALTH CARE

AS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS/MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELDS INCLUDING NURSING, LABORATORY AND RADIOLOGY. IN 2012, THE COST TO BH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$17.6 MILLION, AND BENEFITED 265 INDIVIDUALS.

ALL FOUR BRIDGEPORT HOSPITAL RESIDENCY AND SIX HOSPITAL FELLOWSHIP PROGRAMS MAINTAINED FULL ACCREDITATION IN 2012. THE HOSPITAL ITSELF WAS REACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION TO PROVIDE RESIDENCY AND FELLOWSHIP TRAINING. THIRTY-TWO RESIDENTS AND FELLOWS GRADUATED IN 2012 FROM BRIDGEPORT HOSPITAL PROGRAMS AND ALL OPEN POSITIONS FOR 2012-13 WERE FILLED.

IN 2012, BRIDGEPORT HOSPITAL BECAME A NATIONAL TRAINING SITE FOR CONVERGENT HYBRID ABLATION, AN INNOVATIVE PROCEDURE TO TREAT ARTERIAL FIBRILLATION THAT COMBINES THE BEST APPROACHES OF MINIMALLY INVASIVE SURGICAL AND CATHETER-BASED PROCEDURES. MORE THAN TWO DOZEN PHYSICIANS FROM ACROSS THE COUNTRY VISITED BRIDGEPORT HOSPITAL DURING THE YEAR TO TRAIN IN HYBRID ABLATION.

Part VI Supplemental Information

A TOTAL OF 93 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (47 IN THE 15-MONTH ACCELERATED PROGRAM AND 46 IN THE TRADITIONAL TWO-YEAR PROGRAM). MOST GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 14 NURSES GRADUATED WITH MASTER'S DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM. THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 11 GRADUATES AND 27 COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.

DURING 2012, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 130 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY COLLEGE, GOODWIN COLLEGE, ST. JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPIAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY.

RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF

Part VI Supplemental Information

RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS'S OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FY 2012, THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$239,400.

THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TRIALS OF NEW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, AND STUDY QUALITY-OF-LIFE ISSUES AND REHABILITATION DURING AND AFTER TREATMENT. BRIDGEPORT HOSPITAL OFFERS A NUMBER OF CLINICAL TRIALS AT VARIOUS LOCATIONS IN THE COMMUNITY. THERE ARE MANY TRIALS AVAILABLE FOR THE FOLLOWING CANCERS: BREAST CANCER, COLON CANCER, PROSTATE CANCER, LUNG CANCER, PANCREATIC CANCER, KIDNEY CANCER, OVARIAN CANCER, NON-HODGKIN'S LYMPHOMA, ANEMIA RELATED TO CANCER, RADIATION THERAPY IN BREAST CANCER, CRYOABLATION THERAPY IN BREAST CANCER AND SUPPORTIVE CARE. THE BRIDGEPORT HOSPITAL NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CANCER CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH.

CREATING HEALTHIER COMMUNITIES

IN FY 2012, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING NEARLY

Part VI Supplemental Information

\$88,000. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW.

BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP (PCAG), FORMED NEARLY TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS / DISTRICTS, THREE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A PLAN AND STARTING THE INITIAL WORK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBED IN RESPONSE TO QUESTION 2 AND ON GET HEALTHY CONNECTICUT (CT).

GET HEALTHY CT EXPANDED ITS REACH AND IMPACT THIS YEAR. THE COALITION, WHICH WAS FORMED NEARLY TWO YEARS AGO BY MEMBERS OF PRIMARY CARE ACTION GROUP, LAUNCHED A WEBSITE TO PROVIDE INFORMATION ABOUT ITS MISSION AND MEMBER ORGANIZATIONS, AS WELL AS EDUCATION AND ACCESS TO RESOURCES ON HOW TO EAT HEALTHY AND BE PHYSICALLY ACTIVE. IT APPLIED FOR A CMS INNOVATIONS GRANT AND A CDC COMMUNITY TRANSFORMATION GRANT, AND IN APRIL, CREATED AND DISSEMINATED A HEALTHY EATING PLEDGE TO LOCAL ORGANIZATIONS AND BUSINESSES, ASKING THEM TO AGREE TO SERVE HEALTHY FOODS AT MEETINGS. OVER 50 ORGANIZATIONS, INCLUDING BRIDGEPORT HOSPITAL, BUSINESSES, NON-PROFIT ORGANIZATIONS AND CHURCHES, HAVE SIGNED THE PLEDGE AND ARE SERVING HEALTHIER FOODS, WHICH WILL HELP THE COMMUNITY REDUCE OBESITY OVER TIME. A PHYSICAL ACTIVITY PLEDGE AIMED AT HELPING EMPLOYERS TO ENCOURAGE PHYSICAL ACTIVITY FOR THEIR EMPLOYEES WAS IMPLEMENTED IN SEPTEMBER.

THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING

Part VI Supplemental Information

BODIES OF OTHER ORGANIZATIONS. AS A RESULT, THE HOSPITAL PROVIDED OVER \$25,000 OF IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE PRIMARY CARE ACTION GROUP, GET HEALTHY CT, BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH CARE COUNCIL, OPTIMUS HEALTHCARE, RONALD MCDONALD HOUSE OF CT, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD AND VNS OF CONNECTICUT. HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION. THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES.

SUPPLEMENTAL INFORMATION

IN ADDITION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF DIRECTORS WITH MANY MEMBERS RESIDING IN EASTON, FAIRFIELD, STRATFORD AND TRUMBULL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. A TOTAL OF 55 PHYSICIANS JOINED THE HOSPITAL'S MEDICAL STAFF IN FISCAL YEAR 2012, WHICH NOW TOTALS 886 MEMBERS.

THE HOSPITAL AS A NOT-FOR-PROFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. FY 2012 EXAMPLES INCLUDE THE FOLLOWING PROJECTS. BRIDGEPORT HOSPITAL WAS SELECTED FOR THE SEVENTH TIME AS ONE OF THE NATION'S MOST WIRED HOSPITALS BY HOSPITALS AND HEALTH NETWORKS, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION. THE AWARD RECOGNIZES HEALTH SYSTEMS AND HOSPITALS AS BEING AMONG THE TOP HOSPITALS NATIONALLY TO HAVE INVESTED

Part VI Supplemental Information

IN AND SUCCESSFULLY LEVERAGED LEADING-EDGE TECHNOLOGY IN THE AREAS OF SAFETY AND QUALITY, CUSTOMER SERVICE, PUBLIC HEALTH AND SAFETY, WORKFORCE MANAGEMENT AND BUSINESS PROCESSES. IN FY 2012, BRIDGEPORT HOSPITAL CONTINUED PREPARATIONS FOR ITS SEPTEMBER 2013, INPATIENT EPIC IMPLEMENTATION WITH EXERCISES SUCH AS THE AUGUST 2012 EPIC EQUIPMENT WORKFLOW WALK-THROUGH INVOLVING DIRECTORS, MANAGERS, SUPER-USERS AND PHYSICIANS. THE EPIC SYSTEM ALLOWS CAREGIVERS TO PROVIDE ONE STANDARD OF CARE ACROSS THE SYSTEM THAT IS SAFER, MORE EFFECTIVE AND EFFICIENT, AND WILL IMPROVE PATIENT OUTCOMES.

BRIDGEPORT HOSPITAL WAS BEST IN FAIRFIELD COUNTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U.S. NEWS & WORLD REPORT'S 2012-13 BEST HOSPITAL RANKINGS. OVERALL, THE HOSPITAL WAS RANKED FOURTH BEST HOSPITAL IN CONNECTICUT. IN ADDITION, U.S. NEWS NOTED THAT BRIDGEPORT HOSPITAL "SCORED HIGH IN PATIENT SAFETY, DEMONSTRATING A COMMITMENT TO REDUCING ACCIDENTS AND MEDICAL MISTAKES. DURING FY 2012, BRIDGEPORT HOSPITAL RECEIVED VARIOUS AWARDS AND RECOGNITION INCLUDING: BRIDGEPORT HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD FOR MEETING NATIONAL QUALITY MEASURES FOR STROKE CARE. BRIDGEPORT HOSPITAL WAS CERTIFIED BY THE JOINT COMMISSION AND DESIGNATED BY THE STATE OF CONNECTICUT AS A PRIMARY STROKE CENTER. THE CENTER FOR SLEEP MEDICINE AT BRIDGEPORT HOSPITAL WAS REACCREDITED FOR THE MAXIMUM OF FIVE YEARS BY THE AMERICAN ACADEMY OF SLEEP MEDICINE FOR MEETING RIGID NATIONAL STANDARDS GOVERNING PATIENT CARE, STAFF CREDENTIALS AND FACILITIES. THE RESPIRATORY THERAPY DEPARTMENT EARNED NATIONAL RECOGNITION FROM THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE FOR MEETING A NUMBER OF

Part VI Supplemental Information

QUALITY STANDARDS FOR STAFF COMPETENCY AND CREDENTIALING, INFECTION CONTROL, 24/7 AVAILABILITY OF RESPIRATORY THERAPISTS AND MEDICAL OVERSIGHT.

THE HOSPITAL OBTAINED APPROVAL FROM THE BRIDGEPORT MUNICIPAL BOARDS AND DEPARTMENTS IN AUGUST TO CREATE THE GRANT STREET PLAZA IN FRONT OF THE HOSPITAL. THE PROJECT, WHICH WILL COMMENCE IN OCTOBER, WILL MAKE THE HOSPITAL ENTRANCE MORE WELCOMING AND SAFE.

THE HOSPITAL'S NEW OUTPATIENT RADIATION ONCOLOGY CENTER OPENED IN SEPTEMBER 2012 IN TRUMBULL ADJACENT TO OTHER CANCER SERVICES ON PARK AVENUE. THE NEW CENTER CONSOLIDATES THE HOSPITAL'S RADIATION ONCOLOGY SERVICE INTO ONE CONVENIENT, NEWLY CONSTRUCTED BUILDING THAT HOUSES A NEW STATE-OF-THE-ART LINEAR ACCELERATOR WITH INTENSITY-MODULATED RADIATION THERAPY, IMAGE GUIDED RADIATION THERAPY AND STEREOTACTIC RADIO SURGERY CAPABILITIES AND A NEW CT SIMULATOR. THE NORMA F. PFRIEM CANCER INSTITUTE PARTNERED WITH THE YALE GENETIC COUNSELING PROGRAM THROUGH THE YALE CANCER CENTER TO PROVIDE GENETIC COUNSELING SERVICES IN THE GREATER BRIDGEPORT COMMUNITY. A CERTIFIED GENETIC COUNSELOR SEES PATIENTS ONCE A MONTH AT THE NEW PARK AVENUE CAMPUS IN TRUMBULL. YALE-NEW HAVEN HOSPITAL AND BRIDGEPORT HOSPITAL INTEGRATED THEIR TWO PEDIATRIC SERVICES ON FEBRUARY 1, 2012, CREATING A SEPARATE INPATIENT CAMPUS OPERATING UNDER THE YALE-NEW HAVEN HOSPITAL LICENSE ON THE BRIDGEPORT HOSPITAL CAMPUS. THIS ACHIEVED THE GOAL OF DEVELOPING A SINGLE STANDARD OF CARE AND ENHANCED QUALITY AND EFFICIENCY.

TO ENSURE THE ONGOING PROVISION OF HIGH QUALITY CARDIAC SURGICAL CARE, BRIDGEPORT HOSPITAL INTEGRATED ITS CARDIAC SURGICAL PROGRAM WITH THE

Part VI Supplemental Information

YALE SCHOOL OF MEDICINE AND IMPLEMENTED A MEDICAL STAFF SUCCESSION PLAN THAT APPOINT TWO PHYSICIAN LEADERS FROM THE YALE SECTION OF CARDIAC SURGERY TO OVERSEE AND GROW THE HOSPITAL'S CARDIAC SURGICAL PROGRAM. AS PART OF THE INTEGRATION, THE HOSPITAL WILL WORK CLOSELY WITH YALE SCHOOL OF MEDICINE IN PROVIDING HIGH QUALITY CARDIAC SURGICAL CARE.

IN FEBRUARY, BRIDGEPORT HOSPITAL BECAME THE FIRST IN CONNECTICUT TO UTILIZE WIRELESS FETAL MONITORING TECHNOLOGY FOR FULL-TERM MOTHERS. THE NEW BELTLESS MONITORS ARE MORE COMFORTABLE AND ALLOW GREATER FREEDOM OF MOVEMENT THAN TRADITIONAL STATIONARY MONITORS, WHILE STILL PROVIDING HIGH QUALITY IMAGING.

COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2012, 293 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 59,625 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES. THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL, REPUTATION AS WELL AS FUNDRAISING EFFORTS.

PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE

Part VI Supplemental Information

HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM HOLDS ITS EXECUTIVES ACCOUNTABLE TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THEIR EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON SUCH IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' INCENTIVE SYSTEMS ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY. EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLANS INCORPORATES THE CONCEPTS OF WORKING WITH THEIR COMMUNITIES TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTHY COMMUNITIES; PROVIDING SERVICES IN THE COMMUNITY THAT PROMOTE HEALTH AND ENHANCE THE WELL-BEING OF THEIR COMMUNITIES AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CAN NOT AFFORD THE NECESSARY SERVICES.

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT:
CONNECTICUT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (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 non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EAST END COMMUNITY COUNCIL INC, 1149 STRATFORD AVE BRIDGEPORT, CT 06607 | 06-1614075 | 501(C)(3) | 6,000. | 0. | | | SUPPORT MISSION |
| LOVE CHRISTIAN ACADEMY 729 UNION AVENUE BRIDGEPORT, CT 06607 | 06-1448782 | 501(C)(3) | 5,000. | 0. | | | SUPPORT MISSION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Part I Questions Regarding Compensation

| | Yes | No |
|--|-------------------------------------|------------------------------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 Indicate which, if any, of the following the 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. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 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. | 4a 4b 4c | X X |
| Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. | 5a 5b | X X |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. | 6a 6b | X X |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2011

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-----------------------|------|--|---|---|---|-------------------------------|---------------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 WILLIAM M. JENNINGS | (i) | 444,179. | 0. | 33,888. | 194,493. | 78,729. | 751,289. | 0. |
| | (ii) | 49,353. | 0. | 3,765. | 21,610. | 8,748. | 83,476. | 0. |
| 2 GAYLE L. CAPOZZALO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 611,828. | 225,236. | 380,455. | 140,600. | 62,969. | 1,421,088. | 0. |
| 3 PATRICK MCCABE | (i) | 207,947. | 68,366. | 31,593. | 87,061. | 16,427. | 411,394. | 0. |
| | (ii) | 138,343. | 45,482. | 21,018. | 57,920. | 10,928. | 273,691. | 0. |
| 4 MICHAEL IVY | (i) | 296,589. | 35,065. | 22,104. | 13,852. | 32,958. | 400,568. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 MARYELLEN KOSTURKO | (i) | 234,210. | 38,300. | 16,838. | 22,985. | 11,494. | 323,827. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 CAROLYN SALSGIVER | (i) | 242,393. | 53,390. | 44,257. | 105,495. | 19,940. | 465,475. | 11,945. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 JOSEPH JANELL | (i) | 247,405. | 68,035. | 53,388. | 79,590. | 20,705. | 469,123. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 BRUCE MCDONALD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 405,372. | 84,946. | 28,442. | 26,667. | 31,023. | 576,450. | 0. |
| 9 MELLISA TURNER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 192,662. | 51,018. | 41,294. | 86,349. | 28,175. | 399,498. | 0. |
| 10 MARC BRUNETTI | (i) | 169,104. | 21,860. | 9,407. | 17,729. | 29,807. | 247,907. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 RYAN O'CONNELL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 226,147. | 5,000. | 13,636. | 7,286. | 38,700. | 290,769. | 0. |
| 12 PATRICK SCHMINCKE | (i) | 171,714. | 19,860. | 6,667. | 12,337. | 28,352. | 238,930. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 JOHN SKELLY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 357,718. | 91,856. | 64,751. | 138,206. | 51,311. | 703,842. | 0. |
| 14 NORMAN G. ROTH | (i) | 409,454. | 134,705. | 61,837. | 147,277. | 19,706. | 772,979. | 0. |
| | (ii) | 72,257. | 23,772. | 10,912. | 25,990. | 3,478. | 136,409. | 0. |
| 15 MICHAEL WERDMANN | (i) | 320,963. | 5,167. | 23,013. | 24,500. | 70,069. | 443,712. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 JONATHAN MAISEL | (i) | 308,334. | 5,035. | 22,338. | 17,150. | 43,491. | 396,348. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JAMES SIRLEAF | (i) | 290,825. | 4,710. | 14,582. | 17,150. | 37,331. | 364,598. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 THOMAS LAMONTE | (i) | 295,566. | 4,661. | 13,967. | 24,500. | 40,044. | 378,738. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 GUILLERMO KATIGBAK HOPE JUCKEL-REGAN | (i) | 279,196. | 4,465. | 18,434. | 22,050. | 48,483. | 372,628. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 (THRU 6/2011) ROBERT J. TREFRY (THRU | (i) | 197,003. | 71,115. | 491,277. | 26,008. | 4,525. | 789,928. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 9/2010) | (i) | 0. | 244,656. | 976,580. | 0. | 0. | 1,221,236. | 172,500. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 4B: PART I, LINE 4 - SEVERENCE, NONQUALIFIED, AND

EQUITY-BASED PAYMENTS:

| | SEVERENCE | NONQUALIFIED | EQUITY-BASED |
|---------------------|-----------|--------------|--------------|
| PATRICK MCCABE | \$0 | \$71,664 | \$0 |
| JOSEPH JANELL | \$0 | \$52,640 | \$0 |
| WILLIAM M. JENNINGS | \$0 | \$107,120 | \$0 |
| MELLISSA TURNER | \$0 | \$40,416 | \$0 |
| JOHN SKELLY | \$0 | \$71,056 | \$0 |
| NORMAN ROTH | \$0 | \$94,416 | \$0 |
| CAROLYN SALSGIVER | \$0 | \$45,728 | \$0 |

THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS
REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH
THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS CONSISTENT
WITH THE COMPENSATION REPORTING PER IRS INSTRUCTIONS.

INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS
RESPECTIVELY REPORTED DURING THE REPORTING YEAR. INCLUDED IN SECTION II,
COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2011 CALENDAR YEAR THAT WERE

Part III Supplemental Information

Complete this part to 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.

RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011 CALENDAR

YEAR FORM W-2S.

GAYLE CAPAZZALO \$ 294,699

ROBERT TREFRY \$ 24,695

HOPE JUCKEL-REGAN \$ 478,872

THE SUPPLEMENTAL RETIREMENT PLAN IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

PART I, LINE 7:

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

Part III Supplemental Information

Complete this part to 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.

OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number
06-0646554

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|----------------------------------|--------------|----|-------------------------|----|----------------------|----|
| SEE PART VI FOR COLUMN (F) CONTINUATIONS | | | | | | | | | | | |
| (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) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CHEFA - SERIES D | 06-0806186 | 20774YJE8 | 05/31/12 | 40,467,946. | REFINANCING OF SERIES A AND C BO | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | |
|---|-------------|----|-----|----|-----|----|-----|----|--|
| | A | | B | | C | | D | | |
| 1 Amount of bonds retired | 48,477,550. | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | |
| 3 Total proceeds of issue | 40,467,946. | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | |
| 7 Issuance costs from proceeds | 781,263. | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | |
| 13 Year of substantial completion | | | | | | | | | |
| | 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 | | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|--|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| | | X | | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | .00 % | | % | | % | | % |
| 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 | | .00 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | % | | % | | % |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | |

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CHEFA - SERIES D

(F) DESCRIPTION OF PURPOSE: REFINANCING OF SERIES A AND C BONDS

PART III, LINE 3C

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

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 |
| EASTERN BAG AND PAPER GROUP | SEE SCHEDULE O | 142,631. | | | X |
| CENTURY FINANCIAL SERVICES | SEE SCHEDULE O | 528,004. | | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: EASTERN BAG AND PAPER GROUP

(A) NAME OF PERSON: CENTURY FINANCIAL SERVICES, INC.

PART IV, COLUMN D

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

NAME OF INTERESTED PERSON: EASTERN BAG AND PAPER GROUP

TRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CEO OF EASTERN BAG AND PAPER GROUP. AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS, WHICH INCLUDED A COMPARISON TO COMPETITIVE ALTERNATIVES AVAILABLE IN THE MARKETPLACE AND IN WHICH MS. REUBEN WAS NOT INVOLVED, THE HOSPITAL PURCHASED JANITORIAL AND FOOD SERVICE SUPPLIES AND SERVICES FROM EASTERN BAG AND PAPER GROUP.

AMOUNT OF TRANSACTION: \$142,631

NAME OF INTERESTED PERSON: CENTURY FINANCIAL SERVICES, INC.

OFFICER PATRICK MCCABE IS AN OFFICER AND DIRECTOR OF CENTURY FINANCIAL SERVICES, INC. CENTURY FINANCIAL SERVICES, INC. PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL. CENTURY FINANCIAL SERVICES, INC.

Part V Supplemental Information

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

IS PARTIALLY OWNED BY THE HOSPITAL'S CORPORATE PARENT, BRIDGEPORT
HOSPITAL AND HEALTHCARE SERVICES, INC.

AMOUNT OF TRANSACTION: \$528,004

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING

HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000

OUTPATIENTS A YEAR. BRIDGEPORT HOSPITAL IS BEST IN FAIRFIELD COUNTY

FOR GERIATRICS ACCORDING TO U.S. NEWS & WORLD REPORT'S 2011-2012 BEST

HOSPITALS RANKINGS. THE HOSPITAL IS THE SITE OF THE CONNECTICUT BURN

CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE; THE HEART

INSTITUTE, INCLUDING THE CONNECTICUT ARRHYTHMIA CENTER; THE NORMA F.

PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER; THE WOMEN'S CARE

CENTER; CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE; AND AHLBIN

CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL PARTICIPATES

IN THE TRAINING OF MORE THAN 200 RESIDENT PHYSICIANS AND FELLOWS. A

MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL

OPERATES ITS OWN SCHOOL OF NURSING, WHICH GRADUATES MORE NURSES THAN

ANY OTHER NURSING SCHOOL IN CONNECTICUT.

DURING FISCAL YEAR (FY) 2012, BRIDGEPORT HOSPITAL PROVIDED

APPROXIMATELY \$58.5 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE

INCLUDES \$36.6 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED

MEDICAID (AT COST), \$17.6 MILLION IN HEALTH PROFESSIONS EDUCATION, AND

OVER \$4.3 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION

ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO

COMMUNITY GROUPS. AN ADDITIONAL \$104,000 DOLLARS WAS PROVIDED IN THE

AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR

ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE

DEVELOPMENT, ADVOCACY AND COALITION BUILDING. BRIDGEPORT HOSPITAL HAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT
AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

FORM 990, PART VI:

PART I, LINE 4 & PART VI, LINE 1B

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER
OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO
A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND
DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE.
BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND
ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO
CONFIRM THAT 12 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO
REASON TO BELIEVE THAT THE REMAINING VOTING MEMBER IS NOT INDEPENDENT.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY
EMPLOYEES:

TRUSTEES GEORGE P. CARTER, JANET M. HANSEN, AND RICHARD M. HOYT ARE BOARD
MEMBERS OF THE SAME BUSINESS ENTITY.

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR
DIRECTORS OF TAXABLE AFFILIATES OR JOINT VENTURES WITHIN THE ORGANIZATION'S
CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL
INTERESTS IN THE TAXABLE AFFILIATES OR JOINT VENTURES AND SERVE ONLY AS A
FUNCTION OF THEIR ROLES WITH THE ORGANIZATION. THE TAXABLE AFFILIATES AND
JOINT VENTURES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS
OFFICERS AND/OR DIRECTORS INCLUDE: YALE-NEW HAVEN AMBULATORY SERVICES

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

CORPORATION AND SAMI HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF BRIDGEPORT HOSPITAL IS BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE HOSPITAL IS GOVERNED BY ITS BOARD OF DIRECTORS, WHICH ELECTS THE PERSONS TO SERVE ON SUCH BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7B:

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC. SHALL HAVE THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES:

A) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS, PROGRAMS AND EXPENDITURES REQUIRING CERTIFICATE OF NEED APPROVAL BY APPROPRIATE GOVERNMENTAL BODIES, AND PLANS THAT MATERIALLY AFFECT THE GROWTH, OPERATING AND DEVELOPMENT OF THE HOSPITAL.

B) TO VOTE UPON ALL MATTERS ON WHICH MEMBERS ARE ENTITLED TO VOTE UNDER THE CONNECTICUT REVISED NONSTOCK CORPORATION ACT, AS AMENDED, SUPPLEMENTED OR OTHERWISE MODIFIED FROM TIME TO TIME

C) TO ELECT AND REMOVE THE DIRECTORS AND NON-VOTING PHYSICIAN DIRECTORS IN ACCORDANCE WITH THE PROVISIONS BY THESE BYLAWS.

D) TO ELECT AND REMOVE THE OFFICERS AND THE HOSPITAL IN ACCORDANCE WITH THE PROVISIONS OF THE BYLAWS

E) TO ACT ON ANY OTHER MATTERS ON WHICH ACTION BY MEMBERS IS REQUIRED OR PERMITTED BY THESE BYLAWS

FORM 990, PART VI, SECTION B, LINE 11:

132212
01-23-12

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE ADMINISTRATIVE DIRECTOR OF FINANCE. SUBSEQUENTLY IT IS SENT TO ERNST & YOUNG US, LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US, LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF DIRECTORS VIA A WEB PORTAL.

FORM 990, PART VI, SECTION B, LINE 12C:

BRIDGEPORT HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SERVICES CORP. CONFLICT OF INTEREST POLICY. THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC:R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES. THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT. THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST. FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL:

THE MANAGEMENT AFFAIRS COMMITTEE OF BRIDGEPORT HOSPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE MANAGEMENT AFFAIRS COMMITTEE IS AUTHORIZED UNDER THE BRIDGEPORT HOSPITAL BYLAWS AND IS RESPONSIBLE FOR

- (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS,
- (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND
- (3) REPORTING SUCH ACTIONS TO THE FULL BRIDGEPORT HOSPITAL BOARD ON AN ANNUAL BASIS.

IN ADDITION, THE MANAGEMENT AFFAIRS COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE MANAGEMENT AFFAIRS COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE MANAGEMENT AFFAIRS COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE MANAGEMENT AFFAIRS COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE MANAGEMENT AFFAIRS COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE MANAGEMENT AFFAIRS COMMITTEE, AND PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15B - COMPENSATION PROCESS FOR OTHER OFFICERS OR KEY EMPLOYEES:

THE MANAGEMENT AFFAIRS COMMITTEE OF BRIDGEPORT HOSPITAL STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE MANAGEMENT AFFAIRS COMMITTEE IS AUTHORIZED UNDER THE BRIDGEPORT HOSPITAL BYLAWS AND IS RESPONSIBLE FOR

- (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS,
- (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND
- (3) REPORTING SUCH ACTIONS TO THE FULL BRIDGEPORT HOSPITAL BOARD ON AN ANNUAL BASIS.

IN ADDITION, THE MANAGEMENT AFFAIRS COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE MANAGEMENT AFFAIRS COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE MANAGEMENT AFFAIRS COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE MANAGEMENT

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

AFFAIRS COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE MANAGEMENT AFFAIRS COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE MANAGEMENT AFFAIRS COMMITTEE, AND PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE. COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII- RELATED ORGANIZATIONS

FOR INDIVIDUALS WHO RECEIVE COMPENSATION FROM RELATED ORGANIZATIONS. OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

| | |
|--|------------|
| NET UNREALIZED GAINS ON INVESTMENTS: | 1,334,921. |
| NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION | 2,843,000. |
| INCREASE IN TEMP RESTRICTED NET ASSETS | 992,000. |
| INCREASE IN PERM RESTRICTED NET ASSETS | 791,000. |
| TRANSFER FROM YALE NEW HAVEN HEALTH | 900,000. |
| TRANSFER FROM BRIDGEPORT HOSPITAL FOUNDATION | 1,117,804. |

| | |
|---|--|
| Name of the organization BRIDGEPORT HOSPITAL | Employer identification number 06-0646554 |
|---|--|

| | |
|---|--------------|
| NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS | 522,000. |
| PENSION LIABILITY ADJUSTMENT | -24,104,000. |
| TRANSFER FROM BRIDGEPORT HOSPITAL & BRIDGEPORT HOSPITAL | |
| HEALTH SERVICES | -13,487,000. |
| NET CHANGE IN INTEREST IN BHF | 2,315,700. |
| RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS | 1,838,423. |
| RECLASS THE INCOME TO INVESTMENT | -828,000. |
| TOTAL TO FORM 990, PART XI, LINE 5 | -25,764,152. |

DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILED ON BEHALF OF THE TAXPAYER:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS). THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: YALE-NEW HAVEN HOSPITAL

ADDRESS: 20 YORK STREET NEW HAVEN, CT 06504

IDENTIFYING NUMBER OF U.S. TAX RETURN WITH WHICH THE FORMS 5471 WERE OR WILL BE FILED: 06-0646652

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN,

UT 84201-0027

132212
01-23-12

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

Name of the organization **BRIDGEPORT HOSPITAL** Employer identification number **06-0646554**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CONNECTICUT | 501C3 | LINE 3 | GREENWICH HEALTH CARE SERVICES INC. | X | |
| GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11B, II | YALE NEW HAVEN HEALTH SERVICES CORP | | X |
| THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11B, II | GREENWICH HEALTH CARE SERVICES INC. | X | |
| BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11A, I | YALE NEW HAVEN HEALTH SERVICES CORP | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| SCHS PROPERTIES INC - 06-1297708 267 GRANT STREET BRIDGEPORT, CT 06610 | TITLE HOLDING | CONNECTICUT | 501C2 | | BRIDGEPORT HOSP & HEALTHCARE SERVICES | X | |
| BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11A, I | BRIDGEPORT HOSP & HEALTHCARE SERVICES | X | |
| BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 7 | BRIDGEPORT HOSP & HEALTHCARE SERVICES | X | |
| NORMA F PFREIM BREAST CANCER INC - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430 | HEALTHCARE | CONNECTICUT | 501C3 | LINE 11A, I | BRIDGEPORT HOSPITAL | X | |
| NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 | HEALTHCARE | CONNECTICUT | 501C3 | LINE 9 | YALE NEW HAVEN HEALTH SERVICES CORP | X | |
| NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 | HEALTHCARE | CONNECTICUT | 501C3 | LINE 11A, I | NORTHEAST MEDICAL GROUP, INC | X | |
| YNH NETWORK CORP - 06-1513687 789 HOWARD AVE NEW HAVEN, CT 06519 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11A, I | YALE NEW HAVEN HEALTH SERVICES CORP | | X |
| YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504 | HEALTHCARE | CONNECTICUT | 501C3 | LINE 3 | YNH NETWORK CORP | X | |
| YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519 | NURSING HOME | CONNECTICUT | 501C3 | LINE 3 | YNH NETWORK CORP | X | |
| CARITAS INSURANCE - 03-0322238 30 MAIN STREET BURLINGTON, VT 05401 | INSURANCE | VERMONT | 501C3 | LINE 11A, I | YALE NEW HAVEN HOSPITAL | X | |
| YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11A, I | N/A | | X |
| PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | SYSTEM SUPPORT | CONNECTICUT | 501C3 | LINE 11B, II | GREENWICH HOSP & HEALTHCARE SERVICES CORP | X | |

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate 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 | |
| SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510 | HEALTHCARE | CT | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | | N/A |
| SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437 | HEALTHCARE | CT | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | | N/A |
| ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519 | MANAGEMENT SERVICES | CT | N/A | C CORP | N/A | N/A | N/A |
| YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526 40 TEMPLE STREET NEW HAVEN, CT 06510 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| QUINNIPIAC MEDICAL PC - 06-1405531 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511 | RENTAL | CT | N/A | C CORP | N/A | N/A | N/A |
| YNH GERIATRIC SERVICES PC - 06-1561581 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |

Part IV Continuation of 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 |
|--|----------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| YNH MEDICAL SERVICES PC - 06-1561583 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| CHC PHYSICIANS, P.C. - 06-1436530 789 HOWARD AVE NEW HAVEN, CT 06519 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH PEDIATRIC SERVICES PC - 74-3054409 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH INTEGRATIVE MEDICINE - 26-0236411 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830 | HEALTHCARE | CT | N/A | C CORP | N/A | N/A | N/A |
| YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511 | TITLE HOLDING | CT | N/A | C CORP | N/A | N/A | N/A |
| YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519 | ADMINISTRATIVE SERVICES | CT | N/A | C CORP | N/A | N/A | N/A |
| MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511 | PHARMACY | CT | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH OCCUPATIONAL HEALTH SERVICES INC - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | HEALTHCARE | NY | N/A | C CORP | N/A | N/A | N/A |
| LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA, BERMUDA | INSURANCE | BERMUDA | N/A | C CORP | N/A | N/A | N/A |
| GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830 | HEALTHCARE | NJ | N/A | C CORP | N/A | N/A | N/A |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV 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?

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

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) YALE NEW HAVEN SERVICES CORPORATION | O | 2,182,000. | TRANSACTION REVIEW |
| (2) YALE NEW HAVEN SERVICES CORPORATION | L | 50,566,669. | COMPARABLE MARKET VALUE |
| (3) YALE NEW HAVEN SERVICES CORPORATION | Q | 48,267,670. | CASH |
| (4) BRIDGEPORT HOSPITAL FOUNDATION, INC | P | 1,107,318. | TRANSACTION REVIEW |
| (5) BRIDGEPORT HOSPITAL FOUNDATION, INC | K | 363,282. | TRANSACTION REVIEW |
| (6) BRIDGEPORT HOSPITAL AND HEALTHCARE | Q | 13,352,228. | CASH |

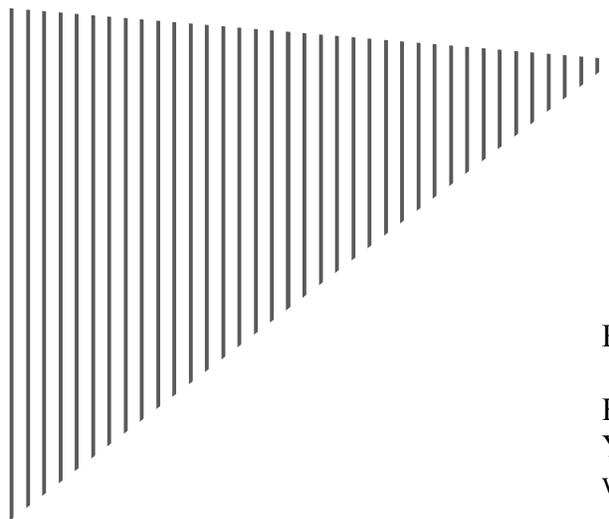
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) BRIDGEPORT HOSPITAL FOUNDATION, INC | R | 2,087,566. | CASH |
| (8) SCHS PROPERTIES, INC. | P | 16,580. | TRANSACTION REVIEW |
| (9) SCHS PROPERTIES, INC. | K | 14,880. | TRANSACTION REVIEW |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.



FINANCIAL STATEMENTS

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

Ernst & Young LLP



Bridgeport Hospital

Financial Statements

Years Ended September 30, 2012 and 2011

Contents

| | |
|--|---|
| Report of Independent Auditors..... | 1 |
| Balance Sheets | 2 |
| Statements of Operations and Changes in Net Assets | 4 |
| Statements of Cash Flows..... | 6 |
| Notes to Financial Statements..... | 7 |

Report of Independent Auditors

The Board of Directors
Bridgeport Hospital

We have audited the accompanying balance sheets of Bridgeport Hospital (the “Hospital”) as of September 30, 2012 and 2011, and the related statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital’s internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital’s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bridgeport Hospital as of September 30, 2012 and 2011, and the results of its operations and its changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

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



December 21, 2012

Bridgeport Hospital

Balance Sheets

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

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

See accompanying notes.

Bridgeport Hospital

Statements of Operations and Changes in Net Assets

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

(Continued on next page)

Bridgeport Hospital

Statements of Operations and Changes in Net Assets (continued)

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

See accompanying notes.

Bridgeport Hospital

Statements of Cash Flows

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

See accompanying notes.

Bridgeport Hospital

Notes to Financial Statements

September 30, 2012

1. Organization and Significant Accounting Policies

Bridgeport Hospital (the “Hospital”) is a voluntary association incorporated under the General Statutes of the State of Connecticut. Bridgeport Hospital & Healthcare Services, Inc. (“BHHS”), a Connecticut not-for-profit corporation, is the sole member of the following not-for-profit, non-stock corporations: the Hospital, Bridgeport Hospital Foundation, Inc. (the “Foundation”), Southern Connecticut Health System Properties, Inc. (“Properties”).

Yale-New Haven Health Services Corporation (“YNHHSC”) is the sole member of BHHS and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional health care providers and related entities. Under the terms of an agreement with YNHHSC, BHHS and the Hospital continue to operate autonomously with separate boards, management and medical staff; however, YNHHSC approves the Hospital’s strategic plans, operating and capital budgets, and Board appointments.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated receivables and payables to third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

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

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. See Notes 5 and 6 for additional information relative to temporarily and permanently restricted net assets.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value on the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use or restricted or held in the long-term investment portfolio.

Cash and cash equivalents are maintained with domestic financial institutions with deposits which exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts.

The amount of the allowances for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

Investments

The Hospital has designated all investments reported in the accompanying balance sheets as trading securities. As such, unrealized gains and losses are included in the excess of revenue and over expenses.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

The Hospital participates in the Yale New Haven Health System Investment Trust (the “Trust”), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools: the Long-Term Investment Pool (“L-TIP”) and the Intermediate-Term Investment Pool (“I-TIP”). Governance of the Trust is performed by the Yale New Haven Health System Investment Committee.

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital’s investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2011, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2012. Withdrawals of the Hospital’s investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

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

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital’s holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital’s risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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

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

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

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

Assets Limited as to Use

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

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories

Inventories, included in prepaid expenses and other current assets, are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

Deferred Financing Costs

Deferred financing costs represent costs incurred to obtain long-term financing. Amortization of the costs is provided using a method that approximates the interest method over the remaining term of the applicable indebtedness. Refer to Note 7 for additional information relative to debt-related matters.

Benefits and Insurance

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. Liabilities have been accrued for claims, including claims incurred but not reported (“IBNRs”), which are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately \$1.0 million and \$1.3 million, respectively, and is included in accrued expenses in the accompanying balance sheets.

The Hospital is effectively self-insured for workers’ compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated liability for self-insured workers’ compensation claims and IBNRs, discounted at 3.0% in 2012 and 3.5% in 2011, aggregated approximately \$5.2 million and \$4.1 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

Property, Plant and Equipment

Property, plant and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at the date of contribution. The carrying amounts of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Depreciation of property, plant and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 40 years.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Goodwill

In 2011, the Hospital acquired certain tangible and intangible assets of Cardiac Specialists, P.C. for \$1.6 million. As a result of the transaction, goodwill in the amount of approximately \$0.8 million was recorded and is included in other assets at September 30, 2012 and 2011.

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

Excess of Revenue Over Expenses

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

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

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal or state income taxes on related income pursuant to Section 501(a) of the Code.

Interest in Bridgeport Hospital Foundation, Inc.

The Hospital recognizes its accumulated interest in the net assets held by the Foundation as interest in Bridgeport Hospital Foundation, Inc. The Hospital recognizes the periodic change in such interest in its statements of operations and changes in net assets (net change in interest in Bridgeport Hospital Foundation, Inc.).

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Asset Retirement Obligation

The Hospital maintains an asset retirement obligation liability related to the estimated future costs to remediate environmental liabilities in certain buildings. The asset and asset retirement obligation liability were approximately \$0.4 million and \$12.8 million, respectively, at September 30, 2012 and approximately \$0.5 million and \$13.3 million, respectively, at September 30, 2011.

Reclassifications

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

Change in Accounting Principle

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

New Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update No. 2011-07, “Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities” (“ASU 2011-07”). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations for periods beginning after December 15, 2011.

In August 2010, the Financial Accounting Standards Board (FASB) issued amended guidance relating to measuring charity care for disclosures. The amended guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying financial statements for all periods presented.

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

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the Connecticut Disproportionate Share Hospital Program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

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

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in

Bridgeport Hospital

Notes to Financial Statements (continued)

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

the accompanying balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from Medicare and Medicaid programs accounted for approximately 36% and 18%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and 36% and 17% for the year ended September 30, 2011. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 32%, respectively, for the year ended September 30, 2012 and approximately 37% and 32%, respectively, for the year ended September 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2007 for Medicare and 1994 for Medicaid. Other years remain open for settlement.

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

Bridgeport Hospital

Notes to Financial Statements (continued)

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

Net patient service revenue is comprised of the following for the years ended September 30, 2012 and 2011 (in thousands):

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

3. Uncompensated Care and Community Benefit Expense

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

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

Bridgeport Hospital

Notes to Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

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

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

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

Additionally, the Hospital provides benefits for the broader community which includes services provided to other needy populations that may not qualify as poor but need special services and support. Benefits include the cost of health promotion and education of the general community, interns and residents, health screenings, and medical research. The benefits are provided through the community health centers, some of which service non-English speaking residents, disabled children, and various community support groups. The Hospital voluntarily assists with the direct funding of several City of Bridgeport programs, including an economic development program and a youth initiative program.

In addition to the quantifiable services defined above, the Hospital provides additional benefits to the community through its advocacy of community service by employees. The Hospital’s employees serve numerous organizations through board representation, membership in associations and other related activities. The Hospital also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

Bridgeport Hospital

Notes to Financial Statements (continued)

4. Investments and Assets Limited as to Use

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

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

- (a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.
- (b) Investments with external commodities futures manager.
- (c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions.
- (d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.
- (e) Investments with external direct real estate managers and fund of funds managers. Investment vehicles both closed end REITs and limited partnerships.
- (f) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.

The Hospital's ownership percentage of the Trust was approximately 7.0% and 3.5% as of September 30, 2012, and 2011, respectively. The Hospital's prorata portion of the Trust's investments are included in the above table. Primarily all of the above investments are deemed to be available for satisfying donor restrictions as they become due.

Bridgeport Hospital

Notes to Financial Statements (continued)

5. Endowment

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (CUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

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

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

Bridgeport Hospital

Notes to Financial Statements (continued)

5. Endowment (continued)

Changes in endowment net assets for the fiscal year ended September 30, 2011 are as follows (in thousands):

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|---|---------------------|-----------------------------------|-----------------------------------|------------------|
| Endowment net assets, beginning of year | \$ 80 | \$ 14,695 | \$ 17,308 | \$ 32,083 |
| Investment returns: | | | | |
| Investment income | 9 | 889 | – | 898 |
| Net appreciation (realized and unrealized) | (2) | (245) | – | (247) |
| Total investment return | 7 | 644 | – | 651 |
| Appropriation of endowment assets for expenditure | – | (97) | – | (97) |
| Other changes: | | | | |
| Contribution bequests | – | 32 | 1,773 | 1,805 |
| Endowment net assets, end of year | <u>\$ 87</u> | <u>\$ 15,274</u> | <u>\$ 19,081</u> | <u>\$ 34,442</u> |

From time to time, the fair value of assets associated with permanently restricted endowment funds may fall below the level determined under Connecticut UPMIFA.

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets as of September 30 are available for the following purposes:

| | <u>2012</u> | <u>2011</u> |
|----------------------------|-------------------------|------------------|
| | <i>(In Thousands)</i> | |
| Indigent care | \$ 17,945 | \$ 15,538 |
| Capital campaign | – | 16 |
| Other health care services | 10,887 | 9,443 |
| | <u>\$ 28,832</u> | <u>\$ 24,997</u> |

Permanently restricted net assets of approximately \$19.9 million and \$19.1 million for the years ended September 30, 2012 and 2011, respectively, consists of donor-restricted endowment principal. The income generated from permanently restricted funds is expendable for purposes designated by donors, including the support of various health care services.

Bridgeport Hospital

Notes to Financial Statements (continued)

7. Debt

A summary of debt at September 30 is as follows:

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

The Hospital's Series A and C tax-exempt revenue bonds were issued through the State of Connecticut Health and Educational Facilities Authority ("CHEFA") under a Master Trust Indenture. The bonds were due serially or via mandatory sinking fund redemptions through July 1, 2025. The bonds were collateralized by a pledge of the gross receipts of the Hospital and the Foundation (the "Obligated Group") and a first mortgage on substantially all property, plant and equipment of the Hospital. The Master Trust Indenture also placed certain limits on the incurrence of additional borrowings of the Obligated Group and required the Obligated Group to satisfy certain measures of financial performance while the revenue bonds were outstanding. The Series A and C bonds were insured by commercial bond insurers to maturity.

In November 2010, the Hospital obtained a \$6.6 million term loan from CHEFA. The proceeds of the loan are to be used for the purchase and installation of energy savings equipment and various renovations and improvements to the Hospital's infrastructure. The loan is to be paid in monthly installments over 10 years at a fixed interest rate of 3.22%.

Bridgeport Hospital

Notes to Financial Statements (continued)

7. Debt (continued)

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

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

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

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

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

Bridgeport Hospital

Notes to Financial Statements (continued)

7. Debt (continued)

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

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

8. Retirement Benefit Plans

The Hospital and certain other affiliates of BHHS have a defined benefit pension plan covering substantially all employees. The benefits are based on years of service and employees' average compensation as defined by the plan documents. The Hospital and affiliates of BHHS make contributions in amounts sufficient to meet the required benefits to be paid to plan participants as they become due as required under the Employee Retirement Income Security Act of 1974.

On June 30, 2006, the Hospital and certain other affiliates of BHHS froze their defined benefit plan. On October 1, 2006 the Hospital and certain other affiliates of BHHS instituted a defined contribution plan covering substantially all employees. The Hospital matches employee 403(b) contributions on a bi-weekly basis, as defined by the defined contribution plan documents, and provides an annual contribution to the employees' accounts based on each employee's year of service and compensation. The Hospital expensed approximately \$9.6 million and \$10.1 million relating to the defined contribution plan for the years ended September 30, 2012 and 2011, respectively. Amounts due to the defined contribution plan amounted to \$4.8 million and \$5.8 million at September 30, 2012 and 2011, respectively, and are included in accrued expenses.

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

The following table sets forth the funded status of the Hospital and affiliates of BHHS's plans as of September 30:

| | Pension Benefits | |
|--|-------------------------|--------------|
| | 2012 | 2011 |
| | <i>(In Thousands)</i> | |
| Change in benefit obligation | | |
| Benefit obligation, beginning of year | \$ (166,112) | \$ (159,195) |
| Interest cost | (8,464) | (8,423) |
| Actuarial loss | (30,864) | (4,026) |
| Benefits paid | 5,914 | 5,532 |
| Benefit obligation, end of year | \$ (199,526) | \$ (166,112) |
| Change in plan assets | | |
| Fair value of plan assets, beginning of year | \$ 107,905 | \$ 103,733 |
| Actual return on plan assets | 14,665 | (2,276) |
| Employer contribution | 15,829 | 11,979 |
| Benefits paid | (5,914) | (5,532) |
| Fair value of plan assets, end of year | \$ 132,485 | \$ 107,904 |
| Accrued obligation | \$ (67,041) | \$ (58,208) |
| Net amounts allocated to Parent | 6,225 | 6,225 |
| Accrued pension obligation | \$ (60,816) | \$ (51,983) |

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

The actuarial loss in 2012 and 2011 primarily relates to a decrease in the discount rate used to measure the benefit obligation.

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

Accumulated Benefit Obligation

The projected benefit obligation, accumulated benefit obligations and fair value of plan assets were as follows for September 30:

| | 2012 | 2011 |
|--------------------------------|-----------------------|-------------|
| | <i>(In Thousands)</i> | |
| Projected benefit obligation | \$ 199,526 | \$ 166,112 |
| Accumulated benefit obligation | 199,526 | 166,112 |
| Fair value of plan assets | 132,485 | 107,904 |

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

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

Assumptions

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

| | Pension Benefits | |
|---------------|-------------------------|-------------|
| | 2012 | 2011 |
| Discount rate | 4.0% | 5.2% |

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

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

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

Measurement Date

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

Plan Assets

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

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

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

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

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

| | Level 1 | Level 2 | Level 3 | Total |
|--|------------------|------------------|------------------|-------------------|
| Money market funds | \$ 3,812 | \$ – | \$ – | \$ 3,812 |
| U.S. equity securities | 14,623 | – | – | 14,623 |
| International equity securities | – | – | 5,312 | 5,312 |
| Fixed income: | | | | |
| U.S. government | 31,939 | 7,719 | – | 39,658 |
| Corporate debt | 170 | 34,429 | – | 34,599 |
| International government | 360 | – | – | 360 |
| Private equity | – | – | 9,540 | 9,540 |
| Total investments as of September 30, 2011 | <u>\$ 50,904</u> | <u>\$ 42,148</u> | <u>\$ 14,852</u> | <u>\$ 107,904</u> |

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

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

| | Private Equity | International Equity | Hedge Funds | Total |
|---|-------------------|-------------------------|----------------|------------------|
| Beginning balance as of October 1, 2010 | \$ 9,330 | \$ – | \$ 2,993 | \$ 12,323 |
| Realized gains | – | – | – | – |
| Unrealized gains (losses) | 65 | (688) | (93) | (716) |
| Purchases, sales, issuance, settlements, transfers, other | 145 | 6,000 | (2,900) | 3,245 |
| Ending balance as of September 30, 2011 | <u>\$ 9,540</u> | <u>\$ 5,312</u> | <u>\$ –</u> | <u>\$ 14,852</u> |

The Hospital's investment strategy for its pension assets, balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term while ensuring security of principal to meet near term expenses and obligations through the fixed income allocation. The allocations of the investment pool to various sectors of the markets are designed to reduce volatility in the portfolio.

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

The Hospital's pension portfolio return assumption of 6.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses.

Cash Flows

Contributions: The Hospital and its affiliates expected contribution to the defined benefit pension plan in fiscal year 2013 is approximately \$6.5 million.

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

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

In addition, certain employees participate in a Hospital sponsored nonqualified pension benefit program. Included in other long-term liabilities in the accompanying balance sheets at September 30, 2012 and 2011 is approximately \$0.5 million and \$1.2 million, respectively, related to the obligation for the nonqualified benefits. The Hospital has established a trust with fair values of approximately \$0.5 million and \$1.1 million at September 30, 2012 and 2011, respectively, to fund the obligation. Such amounts are included in other assets in the accompanying balance sheets.

9. Professional Liability and Self-Insurance Arrangements

Yale-New Haven Hospital ("YNHH") and a number of academic medical centers are shareholders in The Medical Center Insurance Company, Ltd. (the "Captive"). The Captive was formed to insure for professional and comprehensive general liability risks of its shareholders and certain affiliated entities of the shareholders. On October 1, 1997, the Hospital was added to the YNHH program as an additional insured. The Captive and its wholly-owned subsidiary write direct insurance and reinsurance for varying levels of per claim limit exposure. The Captive has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, and the Captive. The Hospital pays insurance premiums to YNHHS.

Bridgeport Hospital

Notes to Financial Statements (continued)

9. Professional Liability and Self-Insurance Arrangements (continued)

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

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

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

10. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcome of these lawsuits cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or results of operations of the Hospital.

Bridgeport Hospital

Notes to Financial Statements (continued)

10. Commitments and Contingencies (continued)

The Hospital has an irrevocable letter of credit with a bank to provide coverage to the State of Connecticut for workers compensation claims. There were no amounts outstanding under this letter of credit during fiscal years 2012 and 2011.

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

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

| | |
|------------|------------------|
| 2013 | \$ 2,837 |
| 2014 | 2,590 |
| 2015 | 1,628 |
| 2016 | 1,558 |
| 2017 | 1,013 |
| Thereafter | 9,098 |
| | <u>\$ 18,724</u> |

Proposed Acquisition

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

Bridgeport Hospital

Notes to Financial Statements (continued)

11. Functional Expenses

The Hospital provides general health care services to residents within its geographic location, including pediatric care, cardiac catheterization and outpatient surgery. Net expenses related to providing these services for the year ended September 30 are as follows:

| | 2012 | 2011 |
|----------------------------|-----------------------|-------------|
| | <i>(In Thousands)</i> | |
| Health care services | \$ 315,110 | \$ 297,515 |
| General and administrative | 88,877 | 85,763 |
| | \$ 403,987 | \$ 383,278 |

12. Related Party Transactions

The Hospital provides management services and purchases support and management services and participates in service contracts, lease agreements and other consulting contracts with affiliated organizations. The related amounts for the years ended September 30 were as follows:

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

Bridgeport Hospital

Notes to Financial Statements (continued)

12. Related Party Transactions (continued)

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

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

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

Included in depreciation and amortization expense for the years ended September 30, 2012 and 2011 is approximately \$1.0 million and \$0.3 million, respectively, of costs allocated from YNHHS for shared capital projects.

Accounts receivable from and payable to related organizations included in prepaid expenses and other assets, and accrued expenses, respectively, in the accompanying balance sheets for the years ended September 30 are as follows:

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

Bridgeport Hospital

Notes to Financial Statements (continued)

13. Other Revenue

Other revenue consisted of the following (in thousands):

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

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

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

Bridgeport Hospital

Notes to Financial Statements (continued)

14. Non-Operating Gains and Losses, Net

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

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

15. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Bridgeport Hospital

Notes to Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2012 and 2011 are classified in the following tables in two of the three categories described above (in thousands):

| | Level 1 | Level 2 | Level 3 | Total |
|--|-----------|----------|-----------|-----------|
| Cash and cash equivalents | \$ 15,511 | \$ — | \$ — | \$ 15,511 |
| Money market funds | 5,458 | — | — | 5,458 |
| Mutual Funds | 145 | — | — | 145 |
| U.S. equity securities | 3,872 | — | — | 3,872 |
| International equity securities | 2,702 | — | — | 2,702 |
| Fixed income | | | | |
| U.S. government | 10,623 | — | — | 10,623 |
| Corporate debt | 285 | — | — | 285 |
| International government | 2,344 | 1,616 | — | 3,960 |
| Interest in Yale University endowment pool | — | — | 24,439 | 24,439 |
| Investments at fair value | \$ 40,940 | \$ 1,616 | \$ 24,439 | 66,995 |
| Common collective trusts | | | | 9,325 |
| Alternative investments | | | | 4,296 |
| Investments not at fair value | | | | 13,621 |
| Total investments as of September 30, 2012 | | | | \$ 80,616 |
| | | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Cash and cash equivalents | \$ 37,123 | \$ — | \$ — | \$ 37,123 |
| Money market funds | 1,527 | — | — | 1,527 |
| U.S. equity securities | 1,868 | — | — | 1,868 |
| International equity securities | 1,606 | — | — | 1,606 |
| Fixed income | | | | |
| U.S. government | 13,825 | — | — | 13,825 |
| Corporate debt | 10,460 | — | — | 10,460 |
| International government | 1,224 | — | — | 1,224 |
| Interest in Yale University endowment pool | — | — | 11,933 | 11,933 |
| Investments at fair value | \$ 67,633 | \$ — | \$ 11,933 | 79,566 |
| Common collective trusts | | | | 3,532 |
| Alternative investments | | | | 2,569 |
| Investments not at fair value | | | | 6,101 |
| Total investments as of September 30, 2011 | | | | \$ 85,667 |

Bridgeport Hospital

Notes to Financial Statements (continued)

15. Fair Value Measurements (continued)

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

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

Fair values of the Hospital's debt are based on current borrowing rates for similar types of debt using undiscounted cash flow analyses. The fair value of the long-term debt at September 30, 2012 and 2011 is \$48.0 million and \$59.2 million.

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

16. Subsequent Events

Subsequent events have been evaluated through December 21, 2012, which is the date the financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the financial statements.

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.

