

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** **and ending** **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIDGEPORT HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 267 GRANT STREET City, town, or post office, state, and ZIP code BRIDGEPORT, CT 06610 F Name and address of principal officer: PATRICK MCCABE 267 GRANT ST, BRIDGEPORT, CT 06610	D Employer identification number 06-0646554 E Telephone number 203-688-6679 G Gross receipts \$ 463,067,825. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BRIDGEPORTHOSPITAL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1878 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO OPERATE AN ACUTE CARE HOSPITAL IN BRIDGEPORT, CONNECTICUT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2898
	6 Total number of volunteers (estimate if necessary)	6	296
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	584,088.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	34,355.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	2,774,608.	3,168,483.
	9 Program service revenue (Part VIII, line 2g)	420,615,529.	418,827,196.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,616,983.	1,109,678.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,972,534.	19,795,595.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,979,654.	442,900,952.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,000.	25,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	198,130,576.	200,565,110.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	210,631,559.	212,005,256.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	408,773,135.	412,595,366.
	19 Revenue less expenses. Subtract line 18 from line 12	30,206,519.	30,305,586.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	389,784,478.	437,250,967.
	21 Total liabilities (Part X, line 26)	266,526,575.	264,449,007.
	22 Net assets or fund balances. Subtract line 21 from line 20	123,257,903.	172,801,960.

Part II Signature Block

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

Sign Here	Signature of officer PATRICK MCCABE, SRVP, CFO & TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B. BOGGS Preparer's signature <i>Christopher B. Boggs</i> Date 8/15/14 Check if self-employed <input type="checkbox"/> PTIN P00032493 Firm's name ▶ ERNST & YOUNG U.S., LLP Firm's EIN ▶ 34-6565596 Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204 Phone no. 317-681-7000	

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>442900952</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here


Signature of officer

08/07/14

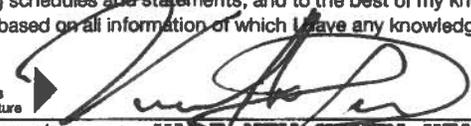
Date

SRVP, CFO & TREASURER

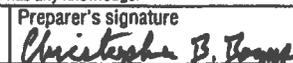
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature		Date	8/13/14	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	P00315411
	Firm's name (or yours if self-employed), address, and ZIP code	YALE-NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVENUE NEW HAVEN, CT 06519			EIN	22-2529464		Phone no.	203-688-9585	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Christopher B. Boggs	Preparer's signature		Date	08/04/14	Check <input type="checkbox"/> if self-employed	PTIN	P00032493
	Firm's name	ERNST & YOUNG U.S., LLP			Firm's EIN	34-6565596		Phone no.	317-681-7000
Firm's address	111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204								

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 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 \$ 342,975,096. including grants of \$ 25,000.) (Revenue \$ 438,306,261.) 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 342,975,096.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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 and XII</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 and XII 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, highest 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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. [X] 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEREDITH B. REUBEN CHAIRMAN/DIRECTOR	1.00 4.00	X		X				0.	0.	0.
(2) PETER F. HURST VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(3) GEORGE P. CARTER VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(4) RICHARD HOYT VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(5) HOWARD TAUBIN VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(6) NEWMAN M. MARSILIUS, III VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(7) WILLIAM M. JENNINGS PRESIDENT & CEO/DIRECTOR	26.00 14.00	X		X				567,422.	305,534.	253,206.
(8) GAYLE L. CAPOZZALO DIRECTOR	4.00 36.00	X						114,652.	1,031,872.	161,371.
(9) JOHN FALCONI DIRECTOR	1.00 3.00	X						0.	0.	0.
(10) RUSSELL FUCHS DIRECTOR	1.00 3.00	X						0.	0.	0.
(11) JANET M. HANSEN DIRECTOR	1.00 3.00	X						0.	0.	0.
(12) MICK MAURER DIRECTOR	1.00 3.00	X						0.	0.	0.
(13) STEPHEN MARSHALCO DIRECTOR	1.00 3.00	X						105,329.	0.	0.
(14) PATRICIA L. MCDERMOTT (THRU 8/13) DIRECTOR	1.00 3.00	X						0.	0.	0.
(15) FRED MCKINNEY DIRECTOR	1.00 3.00	X						0.	0.	0.
(16) RONALD B. NOREN DIRECTOR	1.00 4.00	X						0.	0.	0.
(17) DUNCAN M. O'BRIEN, JR DIRECTOR	1.00 3.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER TORTORA DIRECTOR	1.00 3.00	X					0.	0.	0.	
(19) GARY ZIMMERMAN DIRECTOR	1.00 3.00	X					27,300.	0.	0.	
(20) MICHAEL IVY SENIOR VP	38.00 2.00			X			383,830.	0.	47,436.	
(21) MARYELLEN KOSTURKO SENIOR VP	39.00 1.00			X			315,002.	0.	34,139.	
(22) CAROLYN SALSGIVER SENIOR VP	38.00 2.00			X			341,984.	0.	132,425.	
(23) MELISSA TURNER SENIOR VP	20.00 20.00			X			165,513.	165,513.	110,916.	
(24) PATRICK MCCABE SENIOR VP, CFO & TREASURER	18.00 22.00			X			259,551.	317,224.	174,067.	
(25) MARC BRUNETTI OTHER VP	39.00 1.00			X			224,316.	0.	56,310.	
(26) RYAN O'CONNELL OTHER VP	1.00 39.00			X			0.	267,102.	44,679.	
1b Sub-total							2,504,899.	2,087,245.	1,014,549.	
c Total from continuation sheets to Part VII, Section A							3,908,868.	653,663.	666,558.	
d Total (add lines 1b and 1c)							6,413,767.	2,740,908.	1,681,107.	

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 **272**

	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
UNITEX TEXTILE RENTAL, 155 SOUTH TERRACE AVE, MOUNT VERNON, NY 10550	LAUNDRY/SERVICE	2,374,793.
SECURITAS SECURITY SERVICES PO BOX 409412, ATLANTA, GA 30384	SECURITY	2,196,109.
NURSEFINDERS INC PO BOX 910738, DALLAS, TX 75391-0738	MEDICAL SERVICE	2,016,768.
GE HEALTHCARE INC PO BOX 96483, CHICAGO, IL 60693	MEDICAL SERVICE	1,919,592.
NOVAMED 30 NUTMEG DRIVE, TRUMBULL, CT 06611	BIOMEDICAL SVC	1,854,128.

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 **160**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 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	3,168,483.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,168,483.				
	Program Service Revenue	2 a INPATIENT REVENUE		621990	241,403,196.	241,403,196.	
b OUTPATIENT REVENUE		621990	176,839,912.	176,839,912.			
c LABORATORY SERVICES		621500	490,111.		490,111.		
d RESEARCH SERVICES		541700	93,977.		93,977.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f			418,827,196.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			289,212.		289,212.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a	Gross rents	(i) Real	1,183,128.			
		Less: rental expenses	(ii) Personal	866,598.			
		Rental income or (loss)		316,530.			
		d Net rental income or (loss)			316,530.		316,530.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	20,112,991.			
		Less: cost or other basis and sales expenses	(ii) Other	7,750.			
		Gain or (loss)		19,300,275.	0.		
		d Net gain or (loss)		812,716.	7,750.		820,466.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		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				
Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	PEDIATRIC ANCILLARY REVENUE	900099	9,568,831.	9,568,831.			
	CAFETERIA/VENDING OTHER OPERATING	900099	4,146,829.	4,146,829.			
	IT MEANINGFUL USE	900099	3,586,737.	3,586,737.			
	All other revenue	900099	2,176,668.	2,176,668.			
	e Total. Add lines 11a-11d		19,479,065.				
12 Total revenue. See instructions.			442,900,952.	437,722,173.	584,088.	1,426,208.	

Part IX Statement of Functional Expenses

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

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

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	25,000.	25,000.		
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	4,538,305.		4,538,305.	
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	148,546,265.	120,383,026.	28,163,239.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,232,841.	981,925.	250,916.	
9 Other employee benefits	35,299,015.	28,541,216.	6,757,799.	
10 Payroll taxes	10,948,684.	8,720,331.	2,228,353.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,546,536.	1,231,774.	314,762.	
c Accounting	419,577.	334,182.	85,395.	
d Lobbying	113,213.	113,213.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	89,358,065.	76,874,031.	12,484,034.	
12 Advertising and promotion				
13 Office expenses	9,446,547.	7,522,193.	1,924,354.	
14 Information technology				
15 Royalties				
16 Occupancy	19,385,468.	15,447,895.	3,937,573.	
17 Travel	541,617.	422,461.	119,156.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,665,007.	1,326,133.	338,874.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,793,664.	18,154,538.	4,639,126.	
23 Insurance	1,028,085.	878,339.	149,746.	
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	47,722,105.	47,722,105.		
b OTHER PROFESSIONAL FEES	10,443,592.	8,312,951.	2,130,641.	
c YNHHS SYSTEM SUPPORT FE	5,032,091.	4,007,925.	1,024,166.	
d OTHER MISC EXPENSES	877,008.	675,471.	201,537.	
e All other expenses	1,632,681.	1,300,387.	332,294.	
25 Total functional expenses. Add lines 1 through 24e	412,595,366.	342,975,096.	69,620,270.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	8,000.	1	8,000.
	2	Savings and temporary cash investments	29,560,746.	2	30,118,829.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	42,982,977.	4	51,432,238.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,617,848.	8	4,271,378.
	9	Prepaid expenses and deferred charges	25,463,841.	9	52,164,171.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 428,109,618.		
	b	Less: accumulated depreciation	10b 285,401,858.	10c	142,707,760.
	11	Investments - publicly traded securities	11,742,894.	11	24,738,696.
	12	Investments - other securities. See Part IV, line 11	39,304,780.	12	29,927,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	109,167,621.	15	101,882,895.
16	Total assets. Add lines 1 through 15 (must equal line 34)	389,784,478.	16	437,250,967.	
Liabilities	17	Accounts payable and accrued expenses	41,239,465.	17	48,244,843.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	40,298,906.	20	37,740,706.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	10,946,983.	23	18,666,198.
	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	174,041,221.	25	159,797,260.
	26	Total liabilities. Add lines 17 through 25	266,526,575.	26	264,449,007.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	74,553,766.	27	123,039,209.
	28	Temporarily restricted net assets	28,832,421.	28	28,974,601.
	29	Permanently restricted net assets	19,871,716.	29	20,788,150.
	Organizations that do not follow SFAS 117 (ASC 958), 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	123,257,903.	33	172,801,960.	
34	Total liabilities and net assets/fund balances	389,784,478.	34	437,250,967.	

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	442,900,952.
2	Total expenses (must equal Part IX, column (A), line 25)	2	412,595,366.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,305,586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,257,903.
5	Net unrealized gains (losses) on investments	5	2,764,711.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	16,473,759.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	172,801,959.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

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

2012

Open to Public Inspection

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

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) (2012)

Name of organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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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>71,722.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	—	\$ <u>443,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	—	\$ <u>31,412.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	—	\$ <u>23,149.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	—	\$ <u>1,606,685.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	—	\$ <u>992,187.</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
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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

2012

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
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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) 2012

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01-07-13

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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(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		67,156.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	0.
i Other activities?	X		45,557.
j Total. Add lines 1c through 1i			113,213.
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 (affiliated group list); Part II-A, line 2; 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 2013. 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

2012

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,606,000.	34,442,000.	32,083,000.	26,634,000.	28,740,000.
b Contributions	3,504,000.	874,000.	1,805,000.	5,076,000.	1,551,000.
c Net investment earnings, gains, and losses	2,097,000.	2,394,000.	1,209,000.	1,260,000.	-2,608,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,347,000.	-104,000.	-655,000.	-887,000.	-1,049,000.
f Administrative expenses					
g End of year balance	41,860,000.	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 50.00 %
- c Temporarily restricted endowment 50.00 %

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 XIII 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		121,185,522.	100,682,894.	20,502,628.
c Leasehold improvements		132,121,153.	69,995,619.	62,125,534.
d Equipment		153,670,845.	114,723,345.	38,947,500.
e Other		19,477,281.		19,477,281.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				142,707,760.

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) HEDGE FUNDS	559,000.	END-OF-YEAR MARKET VALUE
(B) YALE ENDOWMENT POOL	29,368,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	29,927,000.	

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	617,316.
(2) DEFERRED ISSUANCE COSTS	862,487.
(3) INTEREST IN FOUNDATION, INC.	60,013,562.
(4) OTHER RECEIVABLES	1,517,790.
(5) THIRD PARTY RECEIVABLES	6,152,666.
(6) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	32,719,074.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	101,882,895.

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	17,306,787.
(3) ASSET RETIREMENT OBLIGATIONS	12,076,027.
(4) PENSION OBLIGATION	36,719,602.
(5) THIRD PARTY PAYABLE	17,846,949.
(6) DUE TO AFFILIATES	18,128,821.
(7) MALPRACTICE GROSS LIABILITY	32,719,074.
(8) NOTES PAYABLE	25,000,000.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	159,797,260.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	445,680,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,141,230.
e	Add lines 2a through 2d	2e	6,141,230.
3	Subtract line 2e from line 1	3	439,539,250.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,361,703.
c	Add lines 4a and 4b	4c	3,361,703.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	442,900,953.

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

1	Total expenses and losses per audited financial statements	1	409,233,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	866,598.
e	Add lines 2a through 2d	2e	866,598.
3	Subtract line 2e from line 1	3	408,367,065.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,228,301.
c	Add lines 4a and 4b	4c	4,228,301.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	412,595,366.

Part XIII 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, lines 2d and 4b; and Part XII, 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 2D - OTHER ADJUSTMENTS:

NET CHANGE IN INTEREST IN BHF 1,034,710.

Part XIII Supplemental Information (continued)

RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS	1,824,880.
RECLASS OTHER OPERATING INCOME RESTRICTED FUNDS TO CHANGE IN NET ASSETS	3,282,339.
RECLASS SERP ASSET GAIN/LOSS TO CHANGE IN NET ASSETS	-699.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,141,230.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS CONTRIBUTION	3,168,483.
RECLASS NET RENTAL INCOME AND EXPENSE	193,220.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,361,703.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS RENTAL EXPENSE	866,598.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS CONTRIBUTION	3,168,483.
RECLASS NET RENTAL INCOME	1,059,818.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,228,301.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

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) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for 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 as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<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 used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<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						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		3,254	33,330,420.	17,694,420.	15,636,000.	3.79%
b Medicaid (from Worksheet 3, column a)		95,439	108,275,000.	76,585,000.	31,690,000.	7.68%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		98,693	141,605,420.	94,279,420.	47,326,000.	11.47%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	9	3,311	734,338.	0.	734,338.	.18%
f Health professions education (from Worksheet 5)	4	221	27,870,462.	8,324,521.	19,545,941.	4.74%
g Subsidized health services (from Worksheet 6)	2	6,906	13,278,849.	9,684,770.	3,594,079.	.87%
h Research (from Worksheet 7)	2	0	458,122.	0.	458,122.	.11%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	39,052	107,386.	0.	107,386.	.03%
j Total. Other Benefits	19	49,490	42,449,157.	18,009,291.	24,439,866.	5.93%
k Total. Add lines 7d and 7j	19	148,183	184,054,577.	112,288,711.	71,765,866.	17.40%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

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

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, , , X, , N/A, .

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group BRIDGEPORT HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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 CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" 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 CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued) BRIDGEPORT HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free care</i> ?	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.		
11	Used FPG to determine eligibility for providing <i>discounted care</i> ?	X	
	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.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" 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)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	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 checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" 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 checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine 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)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
	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)		

Part V Facility Information (continued) BRIDGEPORT HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

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? 27

Name and address	Type of Facility (describe)
1 BH CENTER FOR SLEEP MEDICINE 1070 MAIN STREET BRIDGEPORT, CT 06604	SLEEP CENTER
2 NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER/DI/WELLNESS/WOMENS HEALTH
3 BH BLOOD DRAW 125 KINGS HIGHWAY NORTH WESTPORT, CT 06880	LAB
4 BRIDGEPORT HOSPITAL OUTPATIENT CARD 1305 POST ROAD FAIRFIELD, CT 06824	CARDIAC REHAB/CARDIAC TESTING/LAB
5 WOUND CARE/HYPERBARIC CHAMBER 141 MILL HILL AVENUE BRIDGEPORT, CT 06610	WOUND CARE/HYPERBARIC OXYGEN
6 CHILD FIRST PROGRAM 1470 BARNUM AVENUE STRATFORD, CT 06614	CHILDREN PROGRAM
7 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 15 CORPORATE DRIVE TRUMBULL, CT 06611	LAB
8 BH BLOOD DRAW 1825 BARNUM AVENUE STRATFORD, CT 06614	LAB
10 BRIDGEPORT HOSPITAL OUTPATIENT CARD 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIAC TESTING
11 BH OUTPATIENT RADIOLOGY MRI 2595 MAIN STREET STRATFORD, CT 06615	RADIOLOGY MRI

Schedule H (Form 990) 2012

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)
12 NEWG AHLBIN CENTER REHAB 2600 POST ROAD SOUTHPORT, CT 06824	OCC HEALTH/PT/REHAB/LAB
14 AHLBIN REHABILITATION CENTER 2750 RESERVOIR AVENUE TRUMBULL, CT 06611	OCC HEALTH/PT/REHAB
15 NEMG MILL HILL SURGICAL ASSOCIATES 2909 MAIN STREET STRATFORD, CT 06614	SURGICAL SERVICES
16 BRIDGEPORT HOSPITAL OUTPATIENT CARD 30 PROSPECT STREET RIDGEFIELD, CT 06877	CARDIAC TESTING
19 BH BLOOD DRAW 3115 MAIN STREET STRATFORD, CT 06614	LAB
20 AHLBIN REHABILITATION CENTER 3585 MAIN STREET STRATFORD, CT 06614	OCC HEALTH/PT/REHAB
21 AHLBIN CENTER REHAB 4 CORPORATE DRIVE SHELTON, CT 06484	OCC HEALTH/PT/REHAB
22 BH OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD, CT 06824	RADIOLOGY
23 BRIDGEPORT PODIATRY CENTER 4695 MAIN STREET BRIDGEPORT, CT 06606	PODIATRY CENTER
24 BH OUTPATIENT RADIOLOGY 4699 MAIN STREET BRIDGEPORT, CT 06606	RADIOLOGY

Schedule H (Form 990) 2012

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)
25 BH BLOOD DRAW 4775 MAIN STREET BRIDGEPORT, CT 06610	LAB
26 CENTER FOR GERIATRICS 55 ARMORY ROAD STRATFORD, CT 06614	GERIATRICS
27 RADIATION THERAPY CENTER 5520 PARK AVENUE TRUMBULL, CT 06611	LAB
28 AHLBIN REHABILITATION CENTER 80 FERRY BOULEVARD STRATFORD, CT 06614	REHAB
29 THE HUNTINGTON WALK-IN MEDICAL CENTER 887 BRIDGEPORT AVENUE SHELTON, CT 06484	URGENT CARE/LAB
30 CENTER FOR GERIATRICS 95 ARMORY ROAD STRATFORD, CT 06614	GERIATRICS
31 CARDIAC SPECIALISTS 999 SILVER LANE TRUMBULL, CT 06611	CARDIAC TESTING

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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 II - COMMUNITY BUILDING ACTIVITIES

BRIDGEPORT HOSPITAL IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,512 EMPLOYEES IN 2013. THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GREATER BRIDGEPORT AREA. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES. THROUGH THESE ORGANIZATIONS, BRIDGEPORT HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

BRIDGEPORT HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL

Part VI Supplemental Information

ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

BRIDGEPORT HOSPITAL'S VISION IS TO BE THE PREFERRED HEALTHCARE PROVIDER IN THE REGION, AND AS SUCH, 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 AND NEIGHBORHOODS. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$91,000 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

Part VI Supplemental Information

SEVERAL YEARS AGO, THE CITY OF BRIDGEPORT ORGANIZED NEIGHBORHOOD REVITALIZATION ZONES (NRZS) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCOME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS. THE NRZS RECEIVED TECHNICAL ASSISTANCE FROM THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGES NEIGHBORHOOD RESIDENTS, NON-PROFITS, BUSINESSES AND FAITH-BASED ORGANIZATIONS TO MEET AND FORM STAKEHOLDER GROUPS. THESE GROUPS IDENTIFY THE PRIORITIES AND NEEDS OF THE NEIGHBORHOODS AND ARE ELIGIBLE TO BORROW STATE MONEY TO PURCHASE BLIGHTED PROPERTIES OR OFFER LOW-INTEREST LOANS TO QUALIFYING BUSINESSES FOR FACADE IMPROVEMENTS. HOSPITAL LEADERSHIP HAS BEEN ACTIVELY ENGAGED IN THE NRZ PROCESS FROM THE ONSET WITH REPRESENTATIVES SERVING ON COMMITTEES ORGANIZED IN THE CITY'S EAST END, EAST SID AND MILL HILL NEIGHBORHOODS, WHICH ARE LOCATED NEAR THE HOSPITAL.

SEVERAL YEARS AGO, PRIOR TO THE CITY'S EFFORT TO DEVELOP AN NRZ IN IN THE MILL HILL NEIGHBORHOOD, 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 WHERE RESIDENTS IDENTIFY ISSUES OR CONCERNS RELATED TO THEIR NEIGHBORHOOD. THESE CONCERNS, WHICH RUN THE GAMUT OF FIXING STREET LIGHTS TO INCREASING POLICE PRESENCE, ARE ADDRESSED BY THE CITY OF BRIDGEPORT WITH FACILITATION SUPPORT BY THE HOSPITAL.

THE HOSPITAL PROVIDES ANNUAL OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS. THE EAST END COMMUNITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROUGH VARIOUS INITIATIVES INCLUDING SAFE STREETS,

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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 STREETSAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR. THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE. IN 2013, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO THE BRIDGEPORT CHILD ADVOCACY COALITION, ONLY 70% OF BRIDGEPORT'S GRADUATING CLASS OF 2010 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. IN RESPONSE TO THESE STATISTICS, BRIDGEPORT HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2013.

REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR. EXAMPLES INCLUDE A PHARMACY INTERNSHIP WITH STRATFORD HIGH SCHOOL AND PARTICIPATION IN CAREER DAY AT COLUMBUS ELEMENTARY SCHOOL AND HARDING HIGH SCHOOL, BOTH OF WHICH ARE LOCATED IN BRIDGEPORT.

A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL, LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT.

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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.

AS MENTIONED IN THE PREVIOUS SECTION, BRIDGEPORT HOSPITAL, THROUGH THE SEAVIEW AVENUE BUSINESS ALLIANCE, PROVIDED SCHOLARSHIPS TO SENIORS FROM HARDING HIGH SCHOOL WHO WILL BE ATTENDING COLLEGE. THE HOSPITAL IS ALSO A MEMBER OF THE BRIDGEPORT CHILD ADVOCACY COALITION, WHICH IS A COALITION OF ORGANIZATIONS, PARENTS AND OTHER CONCERNED INDIVIDUALS COMMITTED TO IMPROVING THE WELL-BEING OF BRIDGEPORT'S CHILDREN THROUGH RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION.

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

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 \$22.3

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MILLION AND \$17.7 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, 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 \$16.4 MILLION AND \$11.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, 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, 2013 AND 2012, BAD DEBT EXPENSE, AT CHARGES, WAS \$15.0 MILLION AND \$16.6 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT COST, WAS \$5.9 MILLION AND \$6.6 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, 2013 AND 2012, THE HOSPITAL RECEIVED \$17.7 MILLION AND \$20.0 MILLION, RESPECTIVELY, IN DISTRIBUTIONS FROM CDSHP, OF WHICH APPROXIMATELY \$12.6 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF \$16.9 MILLION AND \$16.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY, FOR THE 1% ASSESSMENT.

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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.

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.

PART III, LINE 2 - THE METHODOLOGY USED BY THE ORGANIZATION TO ESTIMATE IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE

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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.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 3:

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

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 4:

ST. VINCENT'S MEDICAL CENTER, A MEMBER OF ASCENSION HEALTH SYSTEM, ALSO LOCATED IN BRIDGEPORT IS PART OF THE PRIMARY CARE ACTION GROUP, WHICH CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT.

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BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 7:

BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, FOUR HEALTH ISSUES WERE PRIORITIZED: CARDIOVASCULAR DISEASE AND DIABETES, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AND ACCESS TO CARE. BRIDGEPORT HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON ALL FOUR OF THESE AREAS. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE ABILITY TO CARE FOR THE ELDERLY, ASTHMA, CANCER, DENTAL / ORAL HEALTH, ENVIRONMENTAL ISSUES / CONTAMINATED LANDS, PRENATAL CARE, SEXUAL HEALTH, TOBACCO, TRANSPORTATION AND VIOLENCE.

BRIDGEPORT HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 14G: THE FINANCIAL ASSISTANCE PROGRAM WHICH SUMMARIZES THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE. THE FINANCIAL ASSISTANCE POLICY WILL BE POSTED ON THE WEBSITE UPON FILING THE FY 2013 TAX FILING.

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BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 20D:

PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART VI, LINE 2 - NEEDS ASSESSMENT:

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

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

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DEPARTMENT.

IF A PATIENT INQUIRIES 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
RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY
MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE
DISCOUNTED CARE PROGRAM. THE DISCOUNTED CARE PROGRAM 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.

IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS
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 DISCOUNTED CARE 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:

BRIDGEPORT HOSPITAL'S LOCAL GEOGRAPHIC AREA IS COMPRISED OF EIGHT
CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT,
EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL.

THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST
POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW

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ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 143,412. THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY. THE MEDIAN HOUSEHOLD INCOME FOR BRIDGEPORT IS \$40,947, WHICH IS \$28,296 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,243 AND \$41,611 BELOW THE MEDIAN HOUSEHOLD INCOME OF \$82,558 IN FAIRFIELD COUNTY. 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 UNDERINSURED OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA. NEARLY A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 5,763 PATIENTS (31% OF TOTAL) WERE MEDICAID OR UNINSURED IN FISCAL YEAR 2013. THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR 2013, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 79,799 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 86 PERCENT OF THE TOTAL WITH 7,734 (11%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 36,763 (54%) IDENTIFIED AS MEDICAID BENEFICIARIES.

BRIDGEPORT HOSPITAL, ST. VINCENT'S MEDICAL CENTER AND MILFORD HOSPITAL ARE THE THREE ACUTE CARE HOSPITALS LOCATED IN THE LOCAL SERVICE AREA.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING NEARLY 18,500 INPATIENTS AND MORE THAN 240,000

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OUTPATIENT ENCOUNTERS IN 2013. A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER; THE JOEL E. SMILOW HEART INSTITUTE THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN@ CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL.

EVERY YEAR, AS PART OF ITS MISSION TO PROVIDE PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$71.8 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 PART II. GUARANTEEING ACCESS TO CARE.

BRIDGEPORT HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FISCAL YEAR 2013, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$50.9 MILLION. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED INPATIENT AND OUTPATIENT SERVICES FOR 95,439 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$31.7 MILLION (AT COST).

BRIDGEPORT HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2013, THE HOSPITAL

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DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$15.6 MILLION (AT COST). IN ADDITION, THE HOSPITAL EMPLOYS AN OUTPATIENT ACCOUNT ADVOCATE WHO IS BASED IN ITS PRIMARY CARE CLINIC. THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS IN THE PRIMARY CARE CLINIC TO ENROLL IN PUBLIC ASSISTANCE 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 28,600 ANNUALLY. THE NORMA F. PFRIEM BREAST CARE CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 1,000 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR.

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 128 PATIENTS IN THE COMMUNITY IN FISCAL YEAR 2013, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF NEARLY \$1.3 MILLION. IN FISCAL YEAR 2013 OVER 185 PATIENTS RECEIVED FREE ORAL MEDICATIONS AND SELF-INJECTIONS THROUGH THE CARE COORDINATION PROGRAM WITH BRIDGEPORT HOSPITAL AND BRIDGEPORT PHARMACY. THIS PROGRAM

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PROVIDED ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WITH PRESCRIPTIONS THROUGH BRIDGEPORT PHARMACY. THE ESTIMATED VALUE OF THE DRUGS WAS \$51,551. THROUGH THE PRIMARY CARE ACTION GROUP, BRIDGEPORT HOSPITAL ALSO CONTINUED TO REFER UNINSURED AND LOW INCOME RESIDENTS IN THE GREATER BRIDGEPORT AREA TO THE DISPENSARY OF HOPE. THE DISPENSARY, WHICH OPENED IN 2011, IS AN INITIATIVE DEVELOPED BY THE PRIMARY CARE ACTION GROUP THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST. AS PART OF ITS ONGOING COMMITMENT AND SUPPORT, THE HOSPITAL ALSO DONATES UNUSED MEDICATIONS TO THE DISPENSARY OF HOPE.

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$734,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, 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 HAS 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 OTHER 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

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PROMOTE DEVELOPMENT IN NEWBORNS' BRAIN, EYE, AND MOTOR AREAS AND 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 OVER 300 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 \$25,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER.

THE HOSPITAL SPONSORS FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS. MORE THAN 200 PEOPLE PARTICIPATED IN THESE GROUPS DURING FY 2013. NEARLY 800 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS BACK PAIN, CARDIOVASCULAR HEALTH, CONGESTION, DEMENTIA AND HIP OR KNEE PAIN. THE SIXTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 600 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT.

BRIDGEPORT HOSPITAL PROVIDED FREE BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN BRIDGEPORT, FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPLE.

ADVANCING CAREERS IN HEALTH CARE

AS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS

Part VI Supplemental Information

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 2013, THE COST TO BRIDGEPORT HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$19.5 MILLION, AND BENEFITED 220 INDIVIDUALS.

A TOTAL OF 86 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (43 IN THE 15-MONTH ACCELERATED PROGRAM AND 43 IN THE TRADITIONAL TWO-YEAR PROGRAM). MOST GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 12 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 16 GRADUATES AND 38 PEOPLE COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.

DURING 2013, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 120 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIP 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.

Part VI Supplemental Information

RESEARCH

TEACHING HOSPITALS LIKE BRIDGEPORT HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE.

EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY ARE AVAILABLE ELSEWHERE.

CLINICAL TRIALS AT BRIDGEPORT HOSPITAL AND THE YALE SCHOOL OF MEDICINE INCLUDE PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT.

CLINICAL TRIALS ARE AVAILABLE IN CANCER, HEART AND CARDIOVASCULAR AND SURGERY.

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 CARE CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR

Part VI Supplemental Information

THE RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH. 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 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' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$211,970.

CREATING HEALTHIER COMMUNITIES

IN FISCAL YEAR 2013, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING NEARLY \$107,400. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW. BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP. FORMED OVER TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS AND DISTRICTS, THREE COMMUNITY HEALTH CENTERS, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR 2013, THE PRIMARY CARE ACTION GROUP FOCUSED ON FINALIZING THE GREATER BRIDGEPORT COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPING A COMMUNITY HEALTH IMPLEMENTATION PLAN.

Part VI Supplemental Information

GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE PRIMARY CARE ACTION GROUP, CONTINUED TO EXPAND ITS REACH AND IMPACT DURING 2013. GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS: EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY. USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS. GENEROUS GRANT FUNDING HAS BEEN PROVIDED FOR THE INFRASTRUCTURE AND DEVELOPMENT OF GET HEALTHY CT BY THE UNITED WAY OF COASTAL FAIRFIELD COUNTY WITH ADDITIONAL IN-KIND AND FINANCIAL SUPPORT FROM MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND BRIDGEPORT HOSPITAL.

THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS. AS A RESULT, THE HOSPITAL PROVIDED NEARLY \$40,000 OF IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH CARE COUNCIL, BRIDGEPORT YMCA, CARDINAL SHEEHAN CENTER, CENTRAL CONNECTICUT COAST

Part VI Supplemental Information

YMCA, CHILD AND FAMILY GUIDANCE CENTER OF BRIDGEPORT, GET HEALTHY CT, PRIMARY CARE ACTION GROUP, OPTIMUS HEALTHCARE, RECOVERY NETWORK OF PROGRAMS, RONALD MCDONALD HOUSE OF CT, TINY MIRACLES FOUNDATION, 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 AND AMERICAN CANCER SOCIETY. 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 OR WORKING IN THE AREA SERVED BY THE HOSPITAL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. IN FISCAL YEAR 2013 THERE WERE A TOTAL OF 825 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF.

BRIDGEPORT HOSPITAL'S EXCELLENT PROGRESS IN ENSURING PATIENT CARE SAFETY AND CLINICAL QUALITY, INCREASING EMPLOYEE ENGAGEMENT, STRONG INPATIENT VOLUME, ADVANCES IN OUTPATIENT STRATEGY AND INVESTMENT IN FACILITIES RESULTED IN A SUCCESSFUL YEAR.

IN ADDITION, THE HOSPITAL'S OPERATIONAL AND FISCAL MANAGEMENT PRODUCED EXCELLENT FINANCIAL RESULTS. BRIDGEPORT HOSPITAL CONTINUED TO ADD VALUE TO ITS PATIENTS AND PARTNERS THROUGH IMPROVED PATIENT CARE, MANAGED COSTS AND ENHANCED REVENUE. HIGHLIGHTS OF THE YEAR AT BRIDGEPORT HOSPITAL INCLUDED:

AFTER MONTHS OF PREPARATION AND TRAINING, THE HOSPITAL CONVERTED TO THE NEW STATE-OF-THE-ART EPIC ELECTRONIC MEDICAL RECORD, BILLING AND

Part VI Supplemental Information

REGISTRATION SYSTEM, WHICH WAS THE FINAL STEP IN ESTABLISHING A SINGLE RECORDS SYSTEM ACROSS THE ENTIRE YALE NEW HAVEN HEALTH SYSTEM.

IN RESPONSE TO PATIENT DEMAND FOR MORE ACCESSIBLE, COMMUNITY-BASED CARE, BRIDGEPORT HOSPITAL ACQUIRED A GROUP OF FOUR OUTPATIENT RADIOLOGY CENTERS IN FAIRFIELD COUNTY FROM ROBERT D. RUSSO, MD, RADIOLOGY AND ASSOCIATES AS WELL AS A FIFTH OFFICE IN TRUMBULL. THE NEWLY NAMED BRIDGEPORT HOSPITAL OUTPATIENT RADIOLOGY FACILITIES PROVIDE GENERAL IMAGING SERVICES.

GRANT STREET PLAZA, THE DRAMATICALLY REDESIGNED ENTRYWAY TO BRIDGEPORT HOSPITAL OPENED IN SEPTEMBER, CONVERTING A BUSY TWO-WAY STREET TO A PEDESTRIAN PARK AND CREATING A GROUND-LEVEL COVERED WALKWAY BETWEEN THE PARKING GARAGE AND THE HOSPITAL'S MAIN ENTRANCE.

COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT WITH AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FISCAL YEAR 2013, 246 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 24,892 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 TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL AND 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 HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE

Part VI Supplemental Information

ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

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

CONNECTICUT

**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

2012

**Open to Public
Inspection**

Name of the organization

BRIDGEPORT HOSPITAL

**Employer identification number
06-0646554**

Part I General Information on Grants and Assistance

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

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

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)	5,000.	0.			SUPPORT MISSION
LOVE CHRISTIAN ACADEMY 729 UNION AVENUE BRIDGEPORT, CT 06607	06-1448782	501(C)(3)	5,000.	0.			SUPPORT MISSION
P T BARNUM FOUNDATION INC 1070 MAIN ST BRIDGEPORT, CT 06604	22-2655681	501(C)(3)	15,000.	0.			SUPPORT MISSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 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) (2012)

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, Part III, column (b), and any other additional information.

PART I LINE 2 -

DESCRIBE THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

2012

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, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM M. JENNINGS PRESIDENT & CEO/DIRECTOR	(i)	385,887.	129,984.	51,551.	138,343.	26,241.	732,006.	0.
	(ii)	207,785.	69,991.	27,758.	74,493.	14,129.	394,156.	0.
(2) GAYLE L. CAPOZZALO DIRECTOR	(i)	63,222.	24,782.	26,648.	14,320.	1,817.	130,789.	0.
	(ii)	569,000.	223,038.	239,834.	128,880.	16,354.	1,177,106.	0.
(3) MICHAEL IVY SENIOR VP	(i)	318,118.	41,810.	23,902.	16,364.	31,072.	431,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARYELLEN KOSTURKO SENIOR VP	(i)	249,202.	48,800.	17,000.	23,269.	10,870.	349,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROLYN SALSGIVER SENIOR VP	(i)	232,639.	64,418.	44,927.	101,673.	30,752.	474,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA TURNER SENIOR VP	(i)	113,172.	30,769.	21,572.	42,409.	13,049.	220,971.	0.
	(ii)	113,172.	30,769.	21,572.	42,409.	13,049.	220,971.	0.
(7) PATRICK MCCABE SENIOR VP, CFO & TREASURER	(i)	178,816.	60,469.	20,266.	60,547.	17,781.	337,879.	0.
	(ii)	218,551.	73,905.	24,768.	74,001.	21,738.	412,963.	0.
(8) MARC BRUNETTI OTHER VP	(i)	189,664.	23,680.	10,972.	18,309.	38,001.	280,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RYAN O'CONNELL OTHER VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	252,631.	3,000.	11,471.	13,832.	30,847.	311,781.	0.
(10) PATRICK SCHMINCKE OTHER VP	(i)	182,432.	23,680.	9,748.	12,917.	29,041.	257,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN SKELLY OTHER VP	(i)	397,192.	99,212.	65,893.	142,259.	22,524.	727,080.	6,060.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NORMAN G. ROTH EXECUTIVE VP, COO & SEC.	(i)	385,779.	139,579.	55,608.	131,014.	14,180.	726,160.	0.
	(ii)	96,444.	34,895.	13,902.	32,754.	3,545.	181,540.	0.
(13) MICHAEL WERDMANN PHYSICIAN	(i)	337,792.	0.	26,388.	17,500.	15,519.	397,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JONATHAN MAISEL PHYSICIAN	(i)	288,962.	37,540.	22,500.	24,808.	21,219.	395,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ROCKMAN FERRIGNO PHYSICIAN	(i)	275,558.	5,532.	17,000.	16,490.	21,558.	336,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) THOMAS LAMONTE PHYSICIAN	(i)	302,702.	6,065.	14,387.	25,000.	21,558.	369,712.	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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GUILLERMO KATIGBAK PHYSICIAN	(i)	286,527.	10,942.	16,547.	22,500.	21,799.	358,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JOSEPH JANELL(1/3/2012) FORMER OFFICER	(i)	79,273.	74,850.	446,118.	10,823.	0.	611,064.	90,346.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ROBERT J. TREFRY (THRU 9/2010) FORMER OFFICER	(i)	0.	0.	301,062.	0.	0.	301,062.	237,188.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) BRUCE MCDONALD (THRU 9/27/2012) FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	358,028.	124,614.	25,780.	26,627.	32,923.	567,972.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 - SEVERANCE, NONQUALIFIED, AND

EQUITY-BASED PAYMENTS:

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
PATRICK MCCABE	\$0	\$65,125	\$0
JOSEPH JANELL	\$0	\$10,466	\$0
WILLIAM M. JENNINGS	\$0	\$95,633	\$0
MELLISSA TURNER	\$0	\$37,518	\$0
JOHN SKELLY	\$0	\$63,959	\$0
NORMAN ROTH	\$0	\$84,668	\$0
CAROLYN SALSGIVER	\$0	\$41,473	\$0

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

INDIVIDUAL LISTED BELOW BECAME VESTED IN BENEFIT VALUED AT THE AMOUNT
RESPECTIVELY REPORTED DURING THE REPORTING YEAR. INCLUDED IN SECTION II,
COLUMN B (III) IS AMOUNT VESTED DURING THE 2012 CALENDAR YEAR THAT WAS

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 EVENT AND REPORTED IN THE INDIVIDUAL'S 2012 CALENDAR
YEAR FORM W-2.

GAYLE CAPOZZALO \$ 185,042

TWO FORMER OFFICERS, ROBERT TREFRY AND JOSEPH JANELL, RECEIVED PAYMENTS
FROM THE NONQUALIFIED PLAN. THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR
C. THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST:

ROBERT TREFRY	\$216,182
JOSEPH JANELL	30,585

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

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.

(ERISA).

PART I, LINE 7:

NON-FIXED PAYMENTS PROVIDED

THE SHORT TERM INCENTIVE PLAN IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

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											
(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	06-0806186	20774YJE8	05/31/12	40,467,946.	REFINANCING A & C ISSUED 92 & 95		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	40,467,946.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	781,263.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	39,686,683.								
12 Other unspent proceeds									
13 Year of substantial completion	2012								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements that may result in private business use of bond-financed property?									

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

Part IV 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
CENTURY FINANCIAL SVC INC.	SEE SCHEDULE O	289,148.	SEE PART V		X
EASTERN BAG & PAPER GROUP	SEE SCHEDULE O	131,039.	SEE PART V		X

Part V Supplemental Information

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

PART IV, COLUMN D

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

NAME OF INTERESTED PERSON: CENTURY FINANCIAL SERVICES, INC.

OFFICER PATRICK MCCABE IS AN OFFICER AND DIRECTOR OF CENTURY FINANCIAL SERVICES, INC.

CENTURY FINANCIAL SERVICES, INC. PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL. CENTURY FINANCIAL SERVICES, INC. IS PARTIALLY OWNED BY THE HOSPITAL'S CORPORATE PARENT, BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES, INC.

AMOUNT OF TRANSACTION: \$289,147.56.

NAME OF INTERESTED PERSON: EASTERN BAG AND PAPER GROUP

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

AMOUNT OF TRANSACTION: \$131,039.06.

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

2012

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 NEARLY 18,500 INPATIENTS AND MORE THAN 240,000

OUTPATIENT ENCOUNTERS IN 2013. A MEMBER OF THE YALE NEW HAVEN HEALTH

SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT

BURN CENTER; THE JOEL E. SMILOW HEART INSTITUTE THE NORMA F. PFRIEM

CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN'S CARE CENTER,

CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR

REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND

INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL.

DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY

\$71.8 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES

\$47.3 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED

MEDICAID (AT COST), \$19.5 MILLION IN HEALTH PROFESSIONS EDUCATION, AND

OVER \$4.9 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION

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

COMMUNITY GROUPS. AN ADDITIONAL \$91,000 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

INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT

AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND

INCREASE ACCESS.

FORM 990, PART VI:

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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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 14 VOTING MEMBERS ARE 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.

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

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

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

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES. THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER. COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT. THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST. FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

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

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

ANNUAL BASIS.

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

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

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

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

(1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS,

(2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE

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

OFFICERS, AND

(3) REPORTING SUCH ACTIONS TO THE FULL BRIDGEPORT HOSPITAL BOARD ON AN ANNUAL BASIS.

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

FORM 990, PART VI, SECTION 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.

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASE SERVICES:

PROGRAM SERVICE EXPENSES	54,407,386.
MANAGEMENT AND GENERAL EXPENSES	12,484,034.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,891,420.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	22,466,645.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,466,645.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	89,358,065.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION	1,659,000.
DECREASE IN TEMP RESTRICTED NET ASSETS	-188,000.
INCREASE IN PERM RESTRICTED NET ASSETS	916,000.
TRANSFER FROM YALE NEW HAVEN HEALTH	900,000.
TRANSFER FROM BRIDGEPORT HOSPITAL FOUNDATION	444,409.
NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS	879,000.
PENSION LIABILITY ADJUSTMENT	22,810,000.
TRANSFER FROM BRIDGEPORT HOSPITAL & BRIDGEPORT HOSPITAL	
HEALTH SERVICES	-12,995,000.
NET CHANGE IN INTEREST IN BHF	3,282,339.
RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS	1,824,880.
RECLASS SERP ASSETS G/L	-699.

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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

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

Schedule R (Form 990) 2012

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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	X	
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	X	
QUINNIPIAC MEDICAL PC - 06-1405531 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A	X	
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	X	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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	X	
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	X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH PEDIATRIC SERVICES PC - 74-3054409 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH INTEGRATIVE MEDICINE - 26-0236411 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
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	X	
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	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
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	X	
LUKAN INDEMNITY COMPANY - 06-0646652 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
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	X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	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 Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN SERVICES CORPORATION	P	292,330.	TRANSACTION REVIEW
(2) YALE NEW HAVEN SERVICES CORPORATION	M	71,006,331.	COMPARABLE MARKET VALUE
(3) BRIDGEPORT HOSPITAL FOUNDATION, INC	Q	1,239,262.	TRANSACTION REVIEW
(4) BRIDGEPORT HOSPITAL FOUNDATION, INC	L	2,131,843.	TRANSACTION REVIEW
(5) BRIDGEPORT HOSPITAL AND HEALTHCARE	R	12,995,015.	CASH
(6)			

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.

International Boycott Report

(Rev. December 2010)

For tax year beginning OCTOBER 1, 2012
and ending SEPTEMBER 30, 2013

Attachment

Sequence No. 123

Department of the Treasury
Internal Revenue Service

Controlled groups, see instructions.

Paper filers must file in duplicate (see When and Where to File in the instructions)

Name Bridgeport Hospital Identifying number 06-0646554

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

City or town, state, and ZIP code
Bridgeport, CT 06610

Address of service center where your tax return is filed
OGDEN, UT

Type of filer (check one):
Individual Partnership Corporation Trust Estate Other 501(C)(3)

1 Individuals - Enter adjusted gross income from your tax return (see instructions) N/A

2 Partnerships and corporations:

a Partnerships - Enter each partner's name and identifying number.

b Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

Name and Address	FEIN
YNH Network Corporation	06-1513687
York Enterprises, Inc. & Subsidiaries	06-1110937
Yale-New Haven Hospital, Inc.	06-0646652
Yale-New Haven Ambulatory Services Corporation	06-1398526
Yale New Haven Health Services Corporation	22-2529464
YNHH-MSO, Inc.	06-1467717
Greenwich Hospital Endowment Fund	06-1526642
Greenwich Hospital	06-0646659

Code	Description
622000	HOSPITAL
	SURGICAL, MEDICAL SERVICES

c Enter principal business activity code and description (see instructions)

d IC-DISCs - Enter principal product or service code and description (see instructions)

3. Partnerships - Each partnership filing Form 5713 must give the following information:

a Partnership's total assets (see instructions)

N/A

b Partnership's ordinary income (see instructions)

4 Corporations - Each corporation filing Form 5713 must give the following information:

a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

FORM 990/ 990T

b Common tax year election (see instructions)

(1) Name of corporation Bridgeport Hospital

(2) Employer identification number

06-0646554

(3) Common tax year beginning 10/01/12, and ending 09/30/2013

c Corporations filing this form enter:

(1) Total assets (see instructions)

\$437,250,967.

(2) Taxable income before net operating loss and special deductions (see instructions)

\$ 0

5 Estates or trusts - Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

a Foreign tax credit

b Deferral of earnings of controlled foreign corporations

c Deferral of IC-DISC income

d FSC exempt foreign trade income

e Foreign trade income qualifying for the extraterritorial income exclusion

Please Sign Here

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

Signature

Date

Title

7 a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		N/A
c Do you own any stock of an IC-DISC?		X
d Do you claim any foreign tax credit?		X
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		N/A
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		N/A
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
h Are you a partner in a partnership that has reportable operations under section 999(a)?		X
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
j Are you excluding extraterritorial income (defined in section 114(e)) as in effect before its repeal) from gross income?		X

Part I Operations in or Related to a Boycotting Country (See instructions)

8 Boycott of Israel - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	Yes	No
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box	X	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a SAUDI ARABIA	22-2529464	611000	EDUCATIONAL SERVICES	
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Yes	No
	X

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Yes	No
	X

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	X
	X

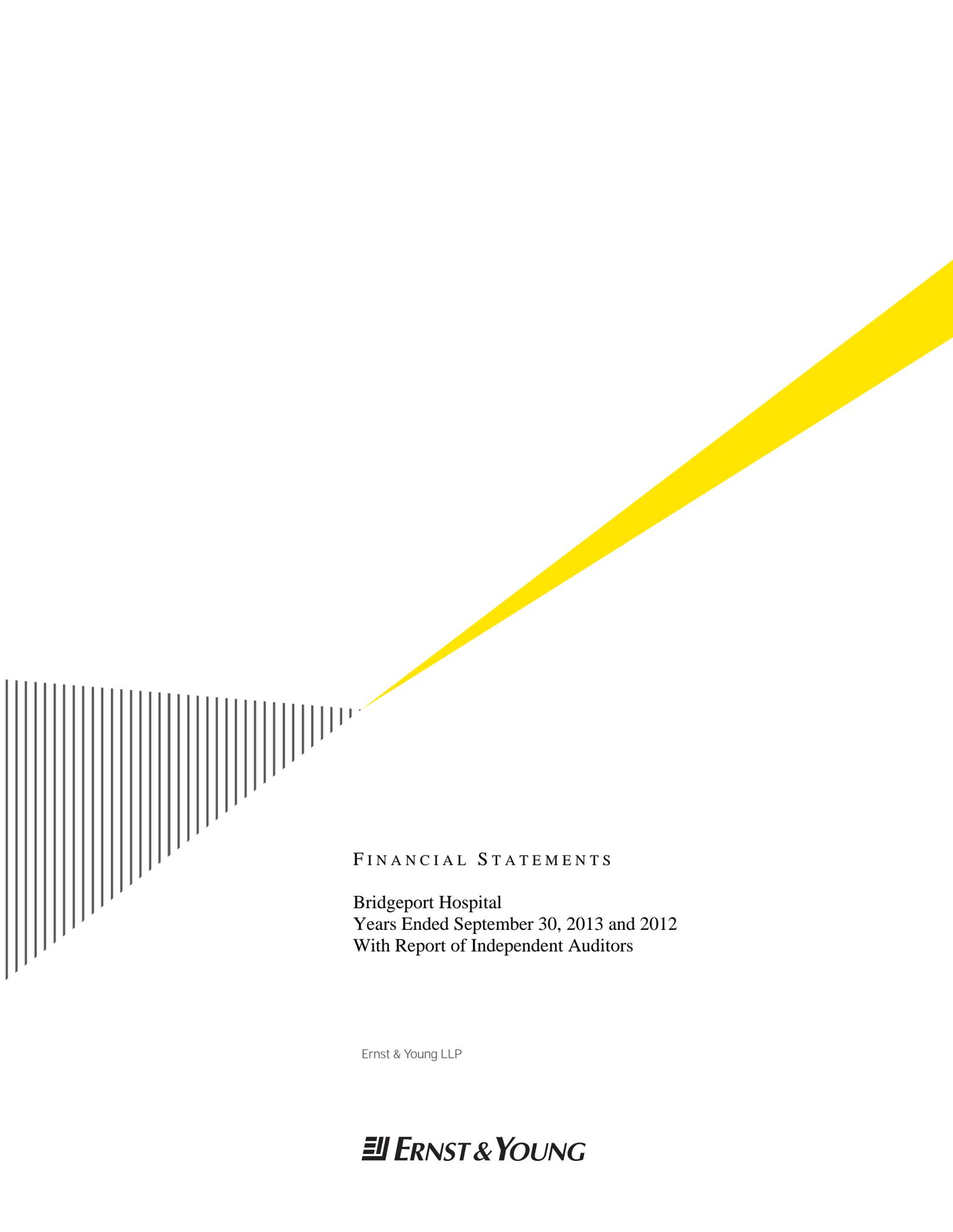
12 Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott	Requests		Agreements	
	Yes	No	Yes	No
13 a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):				
(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -				
(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?				
(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?				
(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?				
(d) Refrain from employing individuals of a particular nationality, race, or religion?				
(2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?				

b Requests and agreements - If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only - Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								



FINANCIAL STATEMENTS

Bridgeport Hospital
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Bridgeport Hospital

Financial Statements

Years Ended September 30, 2013 and 2012

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Report of Independent Auditors

The Board of Directors
Bridgeport Hospital

We have audited the accompanying financial statements of Bridgeport Hospital (“the Hospital”), which comprise the balance sheets as of September 30, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

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

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bridgeport Hospital at September 30, 2013 and 2012, and the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Change in Presentation of the Provision for Bad Debts

As discussed in Note 1 to the accompanying financial statements, in 2013, the Hospital adopted the provisions of 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*, which resulted in a change to the presentation of the provision for bad debts in the accompanying statements of operations and changes in net assets effective October 1, 2011. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

December 23, 2013

Bridgeport Hospital

Balance Sheets

	September 30	
	2013	2012
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 30,127	\$ 15,511
Short term investments	33,642	41,452
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$29,300 in 2013 and \$19,025 in 2012	51,432	42,983
Professional liabilities insurance recoveries receivable – current portion	10,552	11,424
Other current assets	17,710	15,781
Assets limited as to use	–	1,875
Total current assets	143,463	129,026
Long-term investments	24,082	21,778
Interest in Bridgeport Hospital Foundation, Inc.	60,014	55,179
Professional liabilities insurance recoveries receivable – noncurrent	22,167	31,106
Other assets	30,658	21,058
Goodwill	17,217	3,701
Property, plant, and equipment:		
Land and land improvements	3,532	3,532
Buildings and fixtures	119,309	121,717
Equipment	285,792	269,245
	408,633	394,494
Less accumulated depreciation	285,402	283,721
	123,231	110,773
Construction in progress	19,477	17,163
	142,708	127,936
Total assets	\$ 440,309	\$ 389,784

	September 30	
	2013	2012
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 16,363	\$ 10,208
Accrued expenses	49,185	48,554
Current portion of long-term debt	32,205	3,809
Professional liabilities – current portion	10,552	11,424
Other current liabilities	5,306	6,775
Total current liabilities	<u>113,611</u>	<u>80,770</u>
Long-term debt, net of current portion	49,202	47,436
Accrued pension obligation	36,720	60,816
Professional liabilities	34,291	43,247
Other long-term liabilities	30,625	34,257
Total liabilities	<u>264,449</u>	<u>266,526</u>
Commitments and contingencies		
Net assets:		
Unrestricted	123,039	74,554
Temporarily restricted	32,033	28,832
Permanently restricted	20,788	19,872
Total net assets	<u>175,860</u>	<u>123,258</u>
Total liabilities and net assets	<u>\$ 440,309</u>	<u>\$ 389,784</u>

See accompanying notes.

Bridgeport Hospital

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating revenue:		
Net patient service revenue	\$ 433,811	\$ 420,616
Less: Provision for bad debts	(14,984)	(16,623)
Net patient service revenue, less provision for bad debts	<u>418,827</u>	403,993
Other revenue	<u>22,885</u>	16,075
Total operating revenue	441,712	420,068
Operating expenses:		
Salaries and benefits	195,993	191,568
Supplies and other expenses	187,754	170,007
Depreciation and amortization	22,794	20,175
Insurance	1,028	2,890
Interest	1,665	2,724
Total operating expenses	<u>409,234</u>	387,364
Income from operations	32,478	32,704
Non-operating gains and losses, net	<u>3,969</u>	2,164
Excess of revenue over expenses	36,447	34,868

Bridgeport Hospital

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenue over expenses	\$ 36,447	\$ 34,868
Transfer from Bridgeport Hospital Foundation, Inc.	444	1,119
Net assets released from restrictions used for capital acquisitions	879	522
Pension liability adjustment	22,810	(24,104)
Transfers to Bridgeport Hospital and Healthcare Service, Inc.	(12,995)	(13,487)
Transfers from Yale-New Haven Health Services Corporation	900	900
Increase (decrease) in unrestricted net assets	<u>48,485</u>	<u>(182)</u>
Temporarily restricted net assets:		
Net changes in the interest in Bridgeport Hospital Foundation, Inc.:		
Change in unrealized gains on investments	600	714
Net assets released from restrictions used for operations	(3,064)	(2,659)
Bequests, contributions, and grants	6,057	6,536
Net realized investment gains and losses	374	771
Net assets released from restrictions used for capital	(1,018)	(1,641)
Other changes in net assets	475	688
Transfers to Bridgeport Hospital	(1,765)	(1,566)
Net change in interest in Bridgeport Hospital Foundation, Inc.	<u>1,659</u>	<u>2,843</u>
Net assets released from restrictions used for operations	(3,282)	(2,316)
Change in unrealized gains and losses on investments	1,730	1,218
Bequests and contributions	81	-
Net realized investment gains and losses	668	828
Net assets released from restriction used for capital acquisition	(879)	(522)
Transfers from Bridgeport Hospital Foundation	1,765	2,088
Other changes in net assets	1,459	(304)
Increase in temporarily restricted net assets	<u>3,201</u>	<u>3,835</u>
Permanently restricted net assets:		
Net change in the interest in Bridgeport Hospital Foundation, Inc.:		
Bequests and contributions	916	791
Increase in permanently restricted net assets	<u>916</u>	<u>791</u>
Increase in net assets	<u>52,602</u>	<u>4,444</u>
Net assets at beginning of year	<u>123,258</u>	<u>118,814</u>
Net assets at end of year	<u>\$ 175,860</u>	<u>\$ 123,258</u>

See accompanying notes.

Bridgeport Hospital
Statements of Cash Flows

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 52,602	\$ 4,444
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in net interest in Bridgeport Hospital Foundation, Inc.	(4,835)	(6,591)
Depreciation and amortization	22,794	20,175
Bad debts	14,984	16,623
Changes in unrealized gains and losses on investments	(2,765)	(2,553)
Transfer to Bridgeport Hospital and Healthcare Services, Inc.	12,995	13,487
Loss on refunding and refinancing of long-term debt	-	1,799
Pension liability adjustment	(22,810)	24,104
Changes in operating assets and liabilities:		
Accounts receivable, net	(23,433)	(17,787)
Other assets	(11,529)	(15,455)
Accounts payable	6,155	(3,086)
Accrued expenses	631	7,256
Professional insurance recoverable and liabilities	(17)	(1,110)
Other current liabilities, accrued pension obligation, and other long-term liabilities	(6,387)	(10,440)
Net cash provided by operating activities	38,385	30,866
Investing activities		
Net change in investments	8,271	(21,537)
Assets limited as to use	1,875	7,529
Cash paid for acquisition, net of cash acquired	(13,516)	-
Acquisitions of property, plant, and equipment, net	(37,566)	(22,641)
Net cash used in investing activities	(40,936)	(36,649)
Financing activities		
Proceeds from line of credit	25,000	-
Proceeds from note payable	14,000	-
Proceeds from issuance of long-term debt	-	40,468
Proceeds from issuance of term loan	-	5,500
Refunding of long-term debt	-	(47,145)
Payment of financing fees	-	(780)
Payments of note payable	(4,525)	-
Payments of long-term debt	(4,313)	(385)
Transfer to Bridgeport Hospital and Healthcare Service, Inc.	(12,995)	(13,487)
Net cash provided by (used in) financing activities	17,167	(15,829)
Net increase (decrease) in cash and cash equivalents	14,616	(21,612)
Cash and cash equivalents, beginning of year	15,511	37,123
Cash and cash equivalents, end of year	\$ 30,127	\$ 15,511

See accompanying notes.

Bridgeport Hospital

Notes to Financial Statements

September 30, 2013

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 2013, the Hospital recorded a change in estimate of approximately \$6.4 million related to favorable third-party settlements and during fiscal 2012 recorded a change in estimate of approximately \$4.1 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, 2013, 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 year ended September 30, 2012, the Trust transferred \$50.0 million to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real 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. The accumulated amortization of deferred financing costs was approximately \$0.1 million at September 30, 2013 and 2012. See Note 7 for additional information relative to debt-related matters.

Benefits and Insurance

The Hospital provides medical, dental, hospitalization and prescription drug benefits to employees for which it is self-insured. Liabilities have been accrued for claims, including claims incurred but not reported (IBNRs), which are based on Hospital-specific experience. At September 30, 2013 and 2012, the estimated liability for self-insured employee medical, prescription and other benefit claims and IBNRs aggregated approximately \$0.9 million and \$1.0 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, 2013 and 2012, the estimated liability for self-insured workers' compensation claims and IBNRs, discounted at 2.5% in 2013 and 3.0% in 2012, aggregated approximately \$5.6 million and \$5.2 million, respectively, and is included in other long-term liabilities in the accompanying balance sheets.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Property, Plant, and Equipment

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

Goodwill

During 2013, the Hospital acquired substantially all of the business, assets, and operations of Robert D. Russo and Associates Radiology P.C. (“Russo Radiology”). The acquisition includes installment payments totaling \$15 million, including interest, ranging from approximately \$1.5 million to \$3.9 million due from May 2013 through June 2017. At September 30, 2013, the Hospital has a liability of approximately \$9.5 million remaining. The Hospital has accounted for the business combination by applying the acquisition method of accounting in accordance with Accounting Standards Codification Topic 805, *Business Combinations*. The purchase price in excess of the fair value of identified assets aggregated approximately \$13.5 million which has been recorded as goodwill. There were no liabilities assumed at the acquisition date.

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, 2013 and 2012.

The Hospital is required to perform an annual review of its goodwill for impairment. Based on the Hospital’s review at September 30, 2013 and 2012, goodwill was determined not to be impaired.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Excess of Revenue Over Expenses

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

Contributions of, or restricted to, property, plant, and equipment, 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.).

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 \$12.1 million, respectively, at September 30, 2013, and approximately \$0.4 million and \$12.8 million, respectively, at September 30, 2012.

Bridgeport Hospital

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2012 balances previously reported in the financial statements in order to conform with the year ended September 30, 2013 presentation, including the reclassification of provision for doubtful accounts on the statements of operations related to the adoption of ASU 2011-07.

Change in Accounting Principle

In July 2011, the Financial Accounting Standards Board issued Accounting Standards Update (“ASU”) 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 No. 2011-07”). In accordance with ASU No. 2011-07, the Hospital changed the presentation of its statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue, similar to contractual allowances and discounts. Additionally, the Hospital has provided enhanced disclosures about its policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Hospital adopted this accounting standard update as of October 1, 2012, and retrospectively applied the presentation of the provision for bad debts in the accompanying statements of operations and changes in net assets to all periods presented. The enhanced disclosure requirements are required in the period of adoption and subsequent reporting periods (see Note 2). The Hospital’s adoption of this update has no effect on the previously reported excess of revenue over expenses or on net assets.

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

Bridgeport Hospital

Notes to Financial Statements (continued)

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

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 \$2.7 million and \$5.3 million at September 30, 2013 and 2012, respectively. Third-party payor receivables included in other long-term assets were \$3.4 million and \$2.8 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other current liabilities were \$4.5 million and \$6.1 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other long-term liabilities were \$13.4 million and \$14.9 million at September 30, 2013 and 2012, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from Medicare and Medicaid programs accounted for approximately 38% and 18%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2013 and 36% and 18% for the year ended September 30, 2012. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 31%, respectively, for the year ended September 30, 2013, and approximately 39% and 32%, respectively, for the year ended September 30, 2012. 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 2009 for Medicare and 2008 for Medicaid. Other years remain open for settlement.

Bridgeport Hospital

Notes to Financial Statements (continued)

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

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, 2013 and 2012.

Net patient service revenue is comprised of the following for the years ended September 30, 2013 and 2012 (in thousands):

	2013	2012
Gross revenue from patients	\$ 1,512,520	\$ 1,390,798
Deductions:		
Contractual allowances	1,041,542	942,001
Charity and free care (at charges)	37,167	28,181
Provision for doubtful accounts	14,984	16,623
Net patient service revenue	<u>\$ 418,827</u>	<u>\$ 403,993</u>

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

	Third-Party	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	\$418,510	\$15,301	\$433,811

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

Bridgeport Hospital

Notes to Financial Statements (continued)

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

The Hospital's allowance for doubtful accounts totaled approximately \$29.3 million and \$19.0 million at September 30, 2013 and 2012, respectively. The allowance for doubtful accounts for self-pay patients was approximately 78.5% and 77.0% of self-pay accounts receivable as of September 30, 2013 and 2012, respectively. Overall, the total of self-pay discounts and write-offs did not change significantly in 2013. The Hospital did not experience significant changes in write-off trends and did not change its charity care policy in 2013.

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 \$22.3 million and \$17.7 million for the years ended September 30, 2013 and 2012, 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 \$16.4 million and \$11.2 million for the years ended September 30, 2013 and 2012, 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.

Bridgeport Hospital

Notes to Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

For the years ended September 30, 2013 and 2012, bad debt expense, at charges, was \$15.0 million and \$16.6 million, respectively. For the years ended September 30, 2013 and 2012, bad debt expense, at cost, was \$5.9 million and \$6.6 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, 2013 and 2012, the Hospital received \$17.7 million and \$20.0 million, respectively, in distributions from CDSHP, of which approximately \$12.6 million was related to charity care. The Hospital made payments into CDSHP of \$16.9 million and \$16.9 million for the years ended September 30, 2013 and 2012, 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):

	2013	2012
Money market funds	\$ 5,025	\$ 5,458
Mutual funds	–	145
U.S. equity securities	4,500	3,872
U.S. equity securities – common collective trusts	791	428
International equity securities ^(a)	3,689	2,702
Fixed income:		
U.S. government	4,473	10,623
U.S. government – common collective trusts	5,001	8,897
Corporate debt	419	285
International government ^(b)	3,764	3,960
Commodities	135	45
Hedge funds:		
Absolute return ^(c)	–	2,702
Long/short equity ^(d)	9	880
Real estate ^(e)	550	669
Interest in Yale University endowment pool ^(f)	29,368	24,439
Total	\$ 57,724	\$ 65,105

^(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.

Bridgeport Hospital

Notes to Financial Statements (continued)

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

The Hospital's ownership percentage of the Trust was approximately 5.2% and 7.0% as of September 30, 2013, and 2012, 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.

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.

Bridgeport Hospital

Notes to Financial Statements (continued)

5. Endowment (continued)

Changes in endowment net assets for the fiscal year ended September 30, 2013, are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 104	\$ 17,630	\$ 19,872	\$ 37,606
Investment returns:				
Investment income	–	858	–	858
Net appreciation (realized and unrealized)	–	1,239	–	1,239
Total investment return	–	2,097	–	2,097
Appropriation of endowment assets for expenditure	(104)	(1,243)	–	(1,347)
Other changes:				
Contribution bequests	–	2,588	916	3,504
Endowment net assets, end of year	\$ –	\$ 21,072	\$ 20,788	\$ 41,860

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	\$ 104	\$ 17,630	\$ 19,872	\$ 37,606

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

Bridgeport Hospital

Notes to Financial Statements (continued)

6. Temporarily and Permanently Restricted Net Assets

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

	2013	2012
	<i>(In Thousands)</i>	
Indigent care	\$ 19,373	\$ 17,945
Other health care services	12,660	10,887
	\$ 32,033	\$ 28,832

Permanently restricted net assets of approximately \$20.8 million and \$19.9 million for the years ended September 30, 2013 and 2012, 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.

7. Debt

A summary of debt at September 30 is as follows:

	2013	2012
	<i>(In Thousands)</i>	
Tax-exempt revenue bonds:		
Series D (fixed interest rates ranging from 2.00% to 5.00%)	\$ 34,350	\$ 36,415
Line of credit (1.71% interest rate)	25,000	–
2010 term loan (3.22% fixed interest rate)	4,940	5,543
2012 term loan (1.66% fixed interest rate)	4,167	5,235
Note payable (6.90% fixed interest rate)	9,463	–
Capital lease obligation	95	168
	78,015	47,361
Add: premium	3,392	3,884
Less: current portion	(32,205)	(3,809)
	\$ 49,202	\$ 47,436

Bridgeport Hospital

Notes to Financial Statements (continued)

7. Debt (continued)

In November 2010, the Hospital obtained a \$6.6 million term loan from the State of Connecticut Health and Educational Facilities Authority (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%.

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 tax-exempt revenue bonds and to pay for certain bond issuance costs of approximately \$0.8 million. The bond premium is being amortized using the effective interest method and is included in interest expense in the accompanying statement of operations and changes in net assets. In connection with the 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 five years at a fixed rate of 1.66% with the proceeds to be used for medical and cafeteria equipment. The loan is secured by the equipment purchased with the proceeds of the loan.

In December 2012, in connection with the purchase of Russo Radiology practice, the Hospital entered into a note payable with the seller in the amount of \$14 million. The note is to be repaid in monthly installments over five years as discussed in footNote 1.

In September 2013, the Hospital entered into and drew in full its \$25 million line of credit with a bank. The bank line of credit requires payment of the outstanding principal amount twelve months subsequent to the initial advance. The obligation bears interest at a rate equal to one month LIBOR plus 1.50% per annum.

Bridgeport Hospital

Notes to Financial Statements (continued)

7. Debt (continued)

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

	Debt	Capital Lease Obligations
2014	\$ 32,162	\$ 47
2015	8,227	47
2016	4,657	8
2017	5,646	–
2018	3,323	–
Thereafter	23,905	–
	\$ 77,920	102
Less: interest		(7)
Total capital lease obligation		\$ 95

Cash paid for interest for the years ended September 30, 2013 and 2012, approximated \$1.7 million and \$2.7 million, respectively.

In connection with the Series D bonds, the Hospital is required to maintain certain financial covenants. At September 30, 2013 and 2012, the Hospital was in compliance with its financial debt covenants.

Assets recorded under the capital lease obligations totaled \$0.3 million and \$0.2 million as of September 30, 2013 and 2012, respectively. Accumulated depreciation for the capital lease obligations totaled \$0.3 million and \$0.1 million for September 30, 2013 and 2012, 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.

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

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 \$9.5 million and \$9.6 million relating to the defined contribution plan for the years ended September 30, 2013 and 2012, respectively. Amounts due to the defined contribution plan amounted to \$5.2 million and \$4.8 million at September 30, 2013 and 2012, respectively, and are included in accrued expenses in the accompanying balance sheets.

The Hospital is required to measure plan assets and benefit obligations at a date consistent with its fiscal year-end balance sheet. Included in unrestricted net assets at September 30, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	<u>2013</u>	<u>2012</u>
Unrecognized actuarial loss	\$ (80,198)	\$ (103,008)

The actuarial loss included in unrestricted net assets at September 30, 2013 is \$2.7 million and is expected to be recognized in net periodic benefit cost during the year ending September 30, 2014.

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	
	2013	2012
	<i>(In Thousands)</i>	
Change in benefit obligation		
Benefit obligation, beginning of year	\$ (199,526)	\$ (166,112)
Interest cost	(7,841)	(8,464)
Actuarial gain (loss)	21,397	(30,864)
Benefits paid	6,365	5,914
Benefit obligation, end of year	\$ (179,605)	\$ (199,526)
Change in plan assets		
Fair value of plan assets, beginning of year	\$ 132,485	\$ 107,905
Actual return on plan assets	8,020	14,665
Employer contribution	2,520	15,829
Benefits paid	(6,365)	(5,914)
Fair value of plan assets, end of year	\$ 136,660	\$ 132,485
Accrued obligation	\$ (42,945)	\$ (67,041)
Net amounts allocated to Parent	6,225	6,225
Accrued pension obligation	\$ (36,720)	\$ (60,816)

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

The actuarial gain in 2013 and loss in 2012 primarily relates to changes 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:

	2013	2012
	<i>(In Thousands)</i>	
Projected benefit obligation	\$ 179,605	\$ 199,526
Accumulated benefit obligation	179,605	199,526
Fair value of plan assets	136,660	132,485

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

	Pension Benefits	
	2013	2012
	<i>(In Thousands)</i>	
Components of net periodic benefit cost		
Interest cost	\$ 7,841	\$ 8,464
Expected rate of return on plan assets	(9,348)	(9,269)
Recognized net actuarial loss	2,740	1,365
Net periodic benefit cost	\$ 1,233	\$ 560

Assumptions

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

	Pension Benefits	
	2013	2012
Discount rate	4.90%	4.0%

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	
	2013	2012
Discount rate	4.00%	5.20%
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 2013 and 2012.

Plan Assets

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

	Target Allocation	Percentage of Plan Assets	
	2014	2013	2012
Asset category:			
Equity securities	35%	40%	22%
Debt securities	39	43	61
Alternative investments	26	17	17
Total	100%	100%	100%

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

The pension assets carried at fair value as of September 30, 2013 and 2012, 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	\$ 1,441	\$ —	\$ —	\$ 1,441
U.S. equity securities	29,960	—	—	29,960
International equity securities	25,111	—	—	25,111
Fixed income:				
U.S. government	19,474	—	—	19,474
Corporate debt	29,606	—	—	29,606
International government	7,720	—	—	7,720
Hedge Funds				
Long/Short Equity	—	9,495	—	9,495
Multi Strategy/Other	—	—	10,505	10,505
Real Estate	3,348	—	—	3,348
Total investments as of September 30, 2013	<u>\$ 116,660</u>	<u>\$ 9,495</u>	<u>\$ 10,505</u>	<u>\$ 136,660</u>
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 4,558	\$ —	\$ —	\$ 4,558
U.S. equity securities	19,674	—	—	19,674
International equity securities	12,459	—	—	12,459
Fixed income:				
U.S. government	28,193	—	—	28,193
Corporate debt	37,263	—	—	37,263
International government	10,275	—	—	10,275
Hedge Funds				
Long / Short Equity	—	8,764	—	8,764
Multi Strategy / other	—	—	8,689	8,689
Real Estate	2,610	—	—	2,610
Total investments as of September 30, 2012	<u>\$ 115,032</u>	<u>\$ 8,764</u>	<u>\$ 8,689</u>	<u>\$ 132,485</u>

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

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

Fair value at September 30, 2011	\$ 6,806
2012 Realized gains and losses	2,931
2012 Unrealized gains and losses	207
2012 Purchases	8,500
2012 Sales	(9,755)
Fair value at September 30, 2012	<u>8,689</u>
2013 Unrealized gains and losses	666
2013 Purchases	<u>1,150</u>
Fair value at September 30, 2013	<u><u>\$ 10,505</u></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.

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 2014 is approximately \$7.2 million.

Bridgeport Hospital

Notes to Financial Statements (continued)

8. Retirement Benefit Plans (continued)

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

2014	\$	7,529
2015		7,723
2016		8,113
2017		8,582
2018		9,331
2019 to 2024		55,051

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 YNHHSC.

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$44.8 million and \$54.7 million at September 30, 2013 and 2012, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$13.6 million and \$13.9 million at September 30, 2013 and 2012, respectively, and is included in professional insurance liabilities in the accompanying balance sheets at the actuarially determined present value of approximately \$12.1 million and \$12.1 million, respectively, based on a discount rate of 2.5% and 3.0% for the years ended September 30, 2013 and 2012, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$32.7 million and \$42.5 million at September 30, 2013 and 2012, 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.

Bridgeport Hospital

Notes to Financial Statements (continued)

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

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.

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 2013 and 2012.

The Hospital has obtained a surety bond to provide coverage to the State of Connecticut for unemployment compensation in 2013 and 2012. There are no amounts outstanding during fiscal years 2013 and 2012.

The Hospital has various lease agreements. Lease expense for the fiscal years 2013 and 2012, was approximately \$4.7 million and \$4.3 million, respectively. Future minimum payments under these leases are as follows:

2014	\$	4,051
2015		3,134
2016		2,982
2017		2,183
2018		1,411
Thereafter		12,156
	\$	<u>25,917</u>

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:

	2013	2012
	<i>(In Thousands)</i>	
Health care services	\$ 327,387	\$ 309,891
General and administrative	81,847	77,473
	\$ 409,234	\$ 387,364

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:

	2013	2012
	<i>(In Thousands)</i>	
Services to affiliates:		
Northeast Medical Group	\$ 196	\$ 229
Southern Connecticut Health System Properties	15	15
BHHS	13	10
Yale-New Haven Hospital	9,569	4,833
	\$ 9,793	\$ 5,087
Services from affiliates:		
Yale-New Haven Hospital	\$ 4,067	\$ 3,226
BHHS	20	20
Southern Connecticut Health System Properties	5	5
Northeast Medical Group	17,603	19,890
YNHHSC	57,878	42,995
	\$ 79,573	\$ 66,136

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:

	2013	2012
	<i>(In Thousands)</i>	
Operating expenses:		
Professional and general liability insurance	\$ 292	\$ 2,182
Information systems	21,811	15,798
System business office	9,289	7,050
Other business services	26,777	20,147
	\$ 58,169	\$ 45,177

The Hospital funds certain capital assets purchased by YNHHS. Included in prepaid expenses and other assets were approximately \$35.0 million at September 30, 2013, and approximately \$18.8 million at September 30, 2012.

Included in depreciation and amortization expense for the years ended September 30, 2013 and 2012, is approximately \$2.2 million and \$1.0 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:

	2013	2012
	<i>(In Thousands)</i>	
Accounts receivable:		
Southern Connecticut Health System Properties	\$ 89	\$ 55
Bridgeport Hospital Foundation	520	769
Yale-New Haven Hospital	837	1,501
	\$ 1,446	\$ 2,325
Accounts payable:		
BHHS	\$ 2,772	\$ 2,763
YNHHS	14,796	14,485
Northeast Medical Group	1,355	2,430
Greenwich Hospital	34	-
	\$ 18,957	\$ 19,678

Bridgeport Hospital

Notes to Financial Statements (continued)

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2013	2012
Cafeteria and vending	\$ 1,934	\$ 1,793
Parking income	1,447	1,409
Net assets released from restrictions for operations	3,282	2,316
Pediatric ancillary services	9,569	5,901
Electronic health records incentive payment	3,587	1,725
Other	3,066	2,931
	\$ 22,885	\$ 16,075

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. Medicare EHR incentive payment revenue was approximately \$2.6 million for the year ended September 30, 2013 and Medicaid EHR incentive payment revenue was approximately \$1.0 million and \$1.7 million, respectively for the years ended September 30, 2013 and 2012. EHR incentive payment revenue is included in other revenue in the accompanying statement of operations.

Income

from

Bridgeport Hospital

Notes to Financial Statements (continued)

13. Other Revenue (continued)

incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

14. Non-Operating Gains and Losses, Net

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

	Year Ended September 30	
	2013	2012
Net realized gains and investment income	\$ 1,109	\$ 790
Change in unrealized gains and losses on investments	1,035	1,335
Net changes in interest in Bridgeport Hospital Foundation, Inc.	1,825	1,838
Loss on refunding and refinancing of debt	–	(1,799)
	<u>\$ 3,969</u>	<u>\$ 2,164</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.

Bridgeport Hospital

Notes to Financial Statements (continued)

15. Fair Value Measurements (continued)

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

Financial assets carried at fair value as of September 30, 2013 and 2012, 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	\$ 30,127	\$ –	\$ –	\$ 30,127
Money market funds	5,025	–	–	5,025
U.S. equity securities	4,500	–	–	4,500
International equity securities	3,689	–	–	3,689
Fixed income:				
U.S. government	4,473	–	–	4,473
Corporate debt	419	–	–	419
International government	2,272	1,492	–	3,764
Interest in Yale University endowment pool	–	–	29,368	29,368
Investments at fair value	\$ 50,505	\$ 1,492	\$ 29,368	81,365
Common collective trusts				5,792
Alternative investments				694
Investments not at fair value				6,486
Total investments as of September 30, 2013				\$ 87,851
	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

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, 2011	\$ 11,933
2012 Unrealized gains	9,514
2012 Purchases	<u>2,992</u>
Fair value at September 30, 2012	24,439
2013 Unrealized gains	<u>4,929</u>
Fair value at September 30, 2013	<u>\$ 29,368</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, 2013 and 2012, is \$57.8 million and \$48.0 million, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

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 23, 2013 which is the date the financial statements were available to be issued. No events, other than those disclosed below, have occurred that require disclosure or adjustment of the financial statements.

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

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