

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</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	<b>C</b> Name of organization <b>BRIDGEPORT HOSPITAL</b>		<b>D</b> Employer identification number <b>06-0646554</b>
	Doing Business As		<b>E</b> Telephone number <b>203-688-6679</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>267 GRANT STREET</b>		<b>G</b> Gross receipts \$ <b>472,294,948.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06610</b>		
<b>F</b> Name and address of principal officer: <b>PATRICK MCCABE</b> <b>267 GRANT ST, BRIDGEPORT, CT 06610</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.BRIDGEPORTHOSPITAL.ORG</b>		<b>L</b> Year of formation: <b>1878</b> <b>M</b> State of legal domicile: <b>CT</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO OPERATE AN ACUTE CARE HOSPITAL IN BRIDGEPORT, CONNECTICUT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>2949</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>286</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>664,644.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-276,989.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>3,168,483.</b>	Current Year <b>3,303,523.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>418,827,196.</b>	<b>439,374,962.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,109,678.</b>	<b>848,999.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>19,795,595.</b>	<b>19,984,117.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>442,900,952.</b>	<b>463,511,601.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>25,000.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>200,565,110.</b>	<b>208,728,562.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0.</b>	<b>0.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>212,005,256.</b>	<b>221,199,064.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>412,595,366.</b>	<b>429,982,626.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>30,305,586.</b>	<b>33,528,975.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>437,250,967.</b>	End of Year <b>472,575,330.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>264,449,007.</b>	<b>316,742,498.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>172,801,960.</b>	<b>155,832,832.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>PATRICK MCCABE, SR. VP, CFO &amp; TREASURER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER B. BOGGS</b>	Preparer's signature <i>Christopher B. Boggs</i>	Date <b>8-17-15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00032493</b>
	Firm's name <b>ERNST &amp; YOUNG U.S., LLP</b>	Firm's EIN <b>34-6565596</b>	Firm's address <b>111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204</b>		
Phone no. <b>317-681-7000</b>					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 350,027,465. including grants of \$ 55,000. ) (Revenue \$ 454,879,576. ) 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 350,027,465.

**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	<b>Section 501(c)(3) organizations.</b> 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or 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
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 or note to any line 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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
			17
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		8
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KEITH TANDLER - 203-688-9642**  
**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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 REUBEN CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(2) PETER HURST VICE CHAIRMAN/DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(3) GEORGE CARTER VICE CHAIRMAN/DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(4) RICHARD HOYT VICE CHAIRMAN/DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(5) HOWARD TAUBIN VICE CHAIRMAN/DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(6) NEWMAN MARSILIUS, III VICE CHAIRMAN/DIRECTOR	1.00 3.00	X		X				0.	0.	0.
(7) WILLIAM JENNINGS PRESIDENT & CEO/DIRECTOR	26.00 14.00	X		X				640,997.	345,152.	306,936.
(8) GAYLE CAPOZZALO DIRECTOR	4.00 36.00	X						130,774.	1,176,960.	189,699.
(9) JOHN FALCONI DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) RUSSELL FUCHS DIRECTOR	1.00 2.00	X						0.	0.	0.
(11) THOMAS LENCI DIRECTOR	1.00 2.00	X						0.	0.	0.
(12) MICK MAURER DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) STEPHEN MARSHALCO DIRECTOR	1.00 2.00	X						154,212.	0.	0.
(14) FRED MCKINNEY DIRECTOR	1.00 2.00	X						0.	0.	0.
(15) RONALD NOREN DIRECTOR	1.00 3.00	X						0.	0.	0.
(16) DUNCAN O'BRIEN DIRECTOR	1.00 2.00	X						0.	0.	0.
(17) PETER TORTORA (THRU 12/13) DIRECTOR	1.00 2.00	X						31,250.	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) GARY ZIMMERMAN DIRECTOR	1.00 2.00	X					28,800.	0.	0.	
(19) MICHAEL IVY SR. VP MEDICAL AFFAIRS	38.00 2.00			X			465,819.	0.	61,055.	
(20) MARYELLEN KOSTURKO SR. VP PATIENT CARE OPERATIONS	39.00 1.00			X			339,296.	0.	36,156.	
(21) CAROLYN SALSGIVER SR. VP STRATEGY & BUSINESS PLANNING	39.00 1.00			X			352,320.	0.	141,938.	
(22) MELISSA TURNER SR. VP HUMAN RESOURCE	20.00 20.00			X			177,137.	177,138.	123,712.	
(23) PATRICK MCCABE SR. VP, CFO & TREASURER	18.00 22.00			X			292,286.	357,238.	218,262.	
(24) MARC BRUNETTI VP OF SUPPORT OPERATIONS	39.00 1.00			X			252,592.	0.	65,678.	
(25) RYAN O'CONNELL VP OF PERFORMANCE & RISK MGMT	39.00 1.00			X			313,453.	0.	62,279.	
(26) PATRICK SCHMINCKE (THRU 6/2014) VP OF CLINICAL ADMINISTRATION	39.00 1.00			X			248,859.	0.	46,862.	
<b>1b Sub-total</b>							3,427,795.	2,056,488.	1,252,577.	
<b>c Total from continuation sheets to Part VII, Section A</b>							3,349,964.	397,196.	644,008.	
<b>d Total (add lines 1b and 1c)</b>							6,777,759.	2,453,684.	1,896,585.	

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 **298**

	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
SHEPLEY BULFINCH RICHARDSON 2 SEAPORT LN, BOSTON, MA 02210	ARCHITECTURE SERVICE	2,628,610.
SECURITAS SECURITY SERVICES PO BOX 409412, ATLANTA, GA 30384	SECURITY	2,503,673.
UNITEX TEXTILE RENTAL, 155 SOUTH TERRACE AVE, MOUNT VERNON, NY 10550	LAUNDRY/SERVICE	2,326,463.
NOVAMED 30 NUTMEG DRIVE, TRUMBULL, CT 06611	BIOMEDICAL SVC	1,840,053.
NURSEFINDERS INC PO BOX 910738, DALLAS, TX 75391-0738	MEDICAL SERVICE	1,346,031.

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 **87**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,303,523.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		3,303,523.				
	<b>Program Service Revenue</b>	<b>2 a</b> INPATIENT REVENUE	<b>Business Code</b> 621990	250,944,779.	250,944,779.		
<b>b</b> OUTPATIENT REVENUE		621990	187,765,539.	187,765,539.			
<b>c</b> LABORATORY SERVICES		621500	556,464.		556,464.		
<b>d</b> RESEARCH SERVICES		541700	88,822.		88,822.		
<b>e</b> RADIOLOGY SERVICES		621500	19,358.		19,358.		
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			439,374,962.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		660,844.			660,844.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	1,170,360.				
		<b>b</b> Less: rental expenses	887,523.				
		<b>c</b> Rental income or (loss)	282,837.				
		<b>d</b> Net rental income or (loss)		282,837.			282,837.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	8,033,979.				
		(ii) Other	50,000.				
		<b>b</b> Less: cost or other basis and sales expenses	7,895,824.	0.			
		<b>c</b> Gain or (loss)	138,155.	50,000.			
	<b>d</b> Net gain or (loss)		188,155.			188,155.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> PEDIATRIC ANCILLARY REVENUE		900099	9,325,833.	9,325,833.			
	<b>b</b> IT MEANINGFUL USE	900099	3,003,754.	3,003,754.			
	<b>c</b> TUITION REVENUE	900099	2,133,211.	2,133,211.			
	<b>d</b> All other revenue	900099	5,238,482.	1,706,460.		3,532,022.	
	<b>e Total.</b> Add lines 11a-11d		19,701,280.				
<b>12 Total revenue.</b> See instructions.		463,511,601.	454,879,576.	664,644.	4,663,858.		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  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	55,000.	55,000.		
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	5,761,991.		5,761,991.	
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	155,134,078.	117,565,573.	37,568,505.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,489,035.	1,116,776.	372,259.	
9 Other employee benefits	35,580,745.	28,483,480.	7,097,265.	
10 Payroll taxes	10,762,713.	8,572,210.	2,190,503.	
11 Fees for services (non-employees):				
a Management				
b Legal	948,577.	755,516.	193,061.	
c Accounting	412,432.	328,491.	83,941.	
d Lobbying	137,349.	137,349.		
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.)	100,856,333.	88,449,473.	12,406,860.	
12 Advertising and promotion				
13 Office expenses	6,512,487.	5,186,086.	1,326,401.	
14 Information technology				
15 Royalties				
16 Occupancy	19,910,102.	15,864,929.	4,045,173.	
17 Travel	606,795.	473,300.	133,495.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,566,341.	2,044,021.	522,320.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,957,115.	24,455,175.	6,501,940.	
23 Insurance	480,350.	324,563.	155,787.	
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 <b>MEDICAL SUPPLIES</b>	50,108,469.	50,108,469.		
b <b>YNHHS SYSTEM SUPPORT FE</b>	5,161,233.	4,110,783.	1,050,450.	
c <b>OTHER MISC EXPENSES</b>	812,696.	619,336.	193,360.	
d <b>DUES, FEES AND MEMBERSH</b>	635,783.	506,384.	129,399.	
e All other expenses	1,093,002.	870,551.	222,451.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	429,982,626.	350,027,465.	79,955,161.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,000.	<b>1</b>	8,000.	
	<b>2</b> Savings and temporary cash investments .....	30,118,829.	<b>2</b>	28,518,791.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	51,432,238.	<b>4</b>	49,731,677.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	4,271,378.	<b>8</b>	4,338,167.	
	<b>9</b> Prepaid expenses and deferred charges .....	34,947,061.	<b>9</b>	35,269,493.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 468,817,330.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 303,677,123.			
	<b>11</b> Investments - publicly traded securities .....	142,707,760.	<b>10c</b>	165,140,207.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	24,738,696.	<b>11</b>	31,752,120.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	29,927,000.	<b>12</b>	35,342,449.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	17,217,110.	<b>14</b>	17,217,110.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	101,882,895.	<b>15</b>	105,257,316.		
	437,250,967.	<b>16</b>	472,575,330.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	48,244,843.	<b>17</b>	43,752,248.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	37,740,706.	<b>20</b>	35,022,422.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	18,666,198.	<b>23</b>	33,855,563.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	159,797,260.	<b>25</b>	204,112,265.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	264,449,007.	<b>26</b>	316,742,498.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	123,039,209.	<b>27</b>	100,810,892.	
	<b>28</b> Temporarily restricted net assets .....	28,974,601.	<b>28</b>	33,279,300.	
	<b>29</b> Permanently restricted net assets .....	20,788,150.	<b>29</b>	21,742,640.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances</b> .....	172,801,960.	<b>33</b>	155,832,832.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	437,250,967.	<b>34</b>	472,575,330.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	463,511,601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	429,982,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,528,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,801,960.
5	Net unrealized gains (losses) on investments	5	2,718,391.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,058,170.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56,274,664.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,832,832.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2013)

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

Name of the organization <b>BRIDGEPORT HOSPITAL</b>	Employer identification number <b>06-0646554</b>
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**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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - 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	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization <b>BRIDGEPORT HOSPITAL</b>	Employer identification number <b>06-0646554</b>
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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>1</u>	_____ _____ _____	\$ <u>504,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>192,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>1,610,509.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>995,837.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BRIDGEPORT HOSPITAL</b>	Employer identification number  <b>06-0646554</b>
--	---

**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b>  <b>BRIDGEPORT HOSPITAL</b>	<b>Employer identification number</b>  <b>06-0646554</b>
---	--

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**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 <b>BRIDGEPORT HOSPITAL</b>	Employer identification number <b>06-0646554</b>
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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) 2013

**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.

<b>Limits on Lobbying Expenditures</b> (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.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	0.
<b>d</b> Mailings to members, legislators, or the public? .....	X		500.
<b>e</b> Publications, or published or broadcast statements? .....		X	0.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	0.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		69,700.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	0.
<b>i</b> Other activities? .....	X		67,149.
<b>j</b> Total. Add lines 1c through 1i .....			137,349.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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 2014. ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. BRIDGEPORT HOSPITAL HAS



**Part IV** Supplemental Information (continued)

CERTAIN STAFF MEMBERS THAT LOBBY ON BEHALF OF THE HOSPITAL ON VARIOUS HEALTHCARE ISSUES.

BRIDGEPORT HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES:

YALE NEW HAVEN HOSPITAL	EIN 06-0646652	\$ 636,959
GREENWICH HOSPITAL	EIN 06-0646659	\$ 106,619

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.

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

OMB No. 1545-0047

2013

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

**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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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	41,860,000.	37,606,000.	34,442,000.	32,083,000.	26,634,000.
b Contributions	2,176,000.	3,504,000.	874,000.	1,805,000.	5,076,000.
c Net investment earnings, gains, and losses	2,969,000.	2,097,000.	2,394,000.	1,209,000.	1,260,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,297,000.	-1,347,000.	-104,000.	-655,000.	-887,000.
f Administrative expenses					
g End of year balance	42,708,000.	41,860,000.	37,606,000.	34,442,000.	32,083,000.

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  51.00 %
- c Temporarily restricted endowment  49.00 %

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.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,654,817.		1,654,817.
b Buildings		121,273,326.	105,522,808.	15,750,518.
c Leasehold improvements		140,408,350.	75,983,430.	64,424,920.
d Equipment		168,479,588.	122,170,885.	46,308,703.
e Other		37,001,249.		37,001,249.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  165,140,207.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	489,283.	END-OF-YEAR MARKET VALUE
(B) YALE ENDOWMENT POOL	34,853,166.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>35,342,449.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	3,346,847.
(2) DEFERRED ISSUANCE COSTS	1,289,891.
(3) INTEREST IN FOUNDATION, INC.	65,811,715.
(4) INTEREST IN BRIDGEPORT HOSPITAL AUXILIARY	490,337.
(5) INTEREST IN CENTURY FINANCIAL SERVICES	874,589.
(6) THIRD PARTY RECEIVABLES	4,169,701.
(7) PROFESSIONAL LIABILITIES INSURANCE RECOVERIES RECEIVABLES	27,575,000.
(8) OTHER RECEIVABLES	1,699,236.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>105,257,316.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF INSURANCE	18,820,723.
(3) ASSET RETIREMENT OBLIGATIONS	11,014,983.
(4) PENSION OBLIGATION	58,281,023.
(5) THIRD PARTY PAYABLE	22,246,476.
(6) DUE TO AFFILIATES	66,174,060.
(7) MALPRACTICE GROSS LIABILITY	27,575,000.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>204,112,265.</b>

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	469,391,859.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,718,360.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	6,648,335.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	9,366,695.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	460,025,164.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,486,437.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,486,437.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	463,511,601.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	426,496,189.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	887,521.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	887,521.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	425,608,668.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,373,958.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,373,958.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	429,982,626.

**Part XIII Supplemental Information.**

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

**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	3,819,112.
RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS	2,395,275.
RECLASS OTHER NON-OPERATING INCOME RESTRICTED FUNDS TO	
CHANGE IN NET ASSETS	434,511.

Part XIII Supplemental Information (continued)

RECLASS SERP ASSET GAIN/LOSS TO CHANGE IN NET ASSETS	-563.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,648,335.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS CONTRIBUTION	3,303,523.
RECLASS NET RENTAL INCOME AND EXPENSE	182,914.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,486,437.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS RENTAL EXPENSE	887,521.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS CONTRIBUTION	3,303,523.
RECLASS NET RENTAL INCOME	1,070,435.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,373,958.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

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.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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>b</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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</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.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		12,678	38,999,000.	14,446,000.	24,553,000.	5.71%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		110,150	118,934,000.	90,023,000.	28,911,000.	6.72%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		122,828	157,933,000.	104,469,000.	53,464,000.	12.43%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	11	2,207	1,900,879.	1,172,489.	728,390.	.17%
<b>f</b> Health professions education (from Worksheet 5) .....	4	205	18,609,259.	8,325,483.	10,283,776.	2.39%
<b>g</b> Subsidized health services (from Worksheet 6) .....	2	7,638	11,422,151.	9,813,766.	1,608,385.	.37%
<b>h</b> Research (from Worksheet 7) .....	1	0	190,932.		190,932.	.04%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2	34,580	112,160.	0.	112,160.	.03%
<b>j Total.</b> Other Benefits .....	20	44,630	32,235,381.	19,311,738.	12,923,643.	3.00%
<b>k Total.</b> Add lines 7d and 7j .....	20	167,458	190,168,381.	123,780,738.	66,387,643.	15.43%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	12,500.	0.	12,500.	.00%
2 Economic development	1	0	26,840.	0.	26,840.	.01%
3 Community support	3	377	42,039.	0.	42,039.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	0	1,012.	0.	1,012.	.00%
7 Community health improvement advocacy	1	0	4,319.	0.	4,319.	.00%
8 Workforce development	1	1	4,049.	0.	4,049.	.00%
9 Other	0	0	0.	0.		
<b>10 Total</b>	<b>8</b>	<b>378</b>	<b>90,759.</b>		<b>90,759.</b>	<b>.02%</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	20,304,804.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	159,487,014.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	153,608,663.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	5,878,351.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="checked" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE	NONE			



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, primary website address, and state license number

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

Table with columns: Licensed hospital, Gen. 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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (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 Section C)		
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 persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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 (list url): <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C 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
b 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</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....		X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
	If "No," explain in Section C 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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 type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
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 the individual'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 Section C)		
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 individual'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 Section C)		

**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 individuals regarding the individuals' bills
- d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Section C)

**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
<b>19</b>	<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 Section C)
- d  Other (describe in Section C)

**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 Section C)

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

**Part V** Facility Information (continued)

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

## PART V, SECTION A:

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE.

## BRIDGEPORT HOSPITAL:

## PART V, SECTION B, LINE 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.

**Part V** Facility Information (continued)

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

PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE

[HTTP://WWW.BRIDGEPORTHOSPITAL.ORG/ABOUTUS/CHNA/DEFAULT.ASP](http://www.bridgeporthospital.org/aboutus/chna/default.asp)

PART V, SECTION B, LINE 5B - OTHER WEBSITES (LIST URL):

[HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY\\_NEEDS\\_ASSESSMENT/CHNA/2014/GR](http://www.ct.gov/dph/lib/dph/ohca/community_needs_assessment/chna/2014/gr)

[HTTPS://WWW.BRIDGEPORTCT.GOV/FILESTORAGE/89019/95959/GREATER\\_BRIDGEPORT\\_CO](https://www.bridgeportct.gov/filestorage/89019/95959/greater_bridgeport_co)

[HTTP://WWW.STVINCENTS.ORG/COMMUNITY-WELLNESS/COMMUNITY-BENEFIT](http://www.stvincents.org/community-wellness/community-benefit)

[HTTP://WWW.TOWNOFSTRATFORD.COM/CONTENT/39832/39846/39915/40728/54513.ASPX](http://www.townofstratford.com/content/39832/39846/39915/40728/54513.aspx)

[HTTP://WWW.FAIRFIELDCT.ORG/CONTENT/10726/11024/15879.ASPX](http://www.fairfieldct.org/content/10726/11024/15879.aspx)

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

**Part V** Facility Information (continued)

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

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 11:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THERE IS NO INCOME LIMITATION FOR ELIGIBILITY FOR DISCOUNTED CARE.

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.

SCHEDULE H, PART V, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE NON-HOSPITAL HEALTH CARE FACILITIES THAT BRIDGEPORT HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQUIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS. ALL SUCH LOCATIONS ARE OPERATED BY BRIDGEPORT HOSPITAL UNDER THE BRIDGEPORT

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

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

HOSPITAL STATE HOSPITAL LICENSE.

Multiple horizontal lines for providing supplemental information.



**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 29

Name and address	Type of Facility (describe)
1 SLEEP CENTER 1070 MAIN STREET BRIDGEPORT, CT 06604	SLEEP CENTER
2 NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER CENTER
3 CARDIAC DIAGNOSTIC TESTING 1305 POST RD FAIRFIELD, CT 06824	CARDIAC SERVICES
4 CARDIAC REHABILITATION 1305 POST ROAD FAIRFIELD, CT 06824	REHABILITATION
5 DRAW STATION 15 CORPORATE DRIVE TRUMBULL, CT 06611	BLOOD DRAW
6 CARDIAC DIAGNOSTIC TESTING 2 IVY BROOK ROAD SHELTON, CT 06484	CARDIAC SERVICES
7 CARDIAC DIAGNOSTIC TESTING 20 COMMERCE PARK MILFORD, CT 06460	CARDIAC SERVICES
8 CARDIAC DIAGNOSTIC TESTING 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIAC SERVICES
9 OUTPATIENT RADIOLOGY 2595 MAIN ST STRATFORD, CT 06615	RADIOLOGY
10 DRAW STATION 2600 POST ROAD - LAB FAIRFIELD, CT 06824	BLOOD DRAW

Schedule H (Form 990) 2013

**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
11 REHABILITATION CENTER 2600 POST ROAD - REHAB FAIRFIELD, CT 06824	REHABILITATION
12 OUTPATIENT RADIOLOGY 2660 MAIN ST BRIDGEPORT, CT 06606	MEDICAL OFFICE
13 AHLBIN PHYSICAL THERAPY 2750 RESERVOIR AVE TRUMBULL, CT 06611	REHABILITATION
15 OUTPATIENT RADIOLOGY 2909 MAIN ST STRATFORD, CT 06614	RADIOLOGY
16 CARDIAC DIAGNOSTIC TESTING 30 PROSPECT STREET RIDGEFIELD, CT 06877	CARDIAC SERVICES
17 CARDIAC DIAGNOSTIC TESTING 300 SEYMOUR AVE DERBY, CT 06418	CARDIAC SERVICES
18 REACH AT BH 305 BOSTON AVE STRATFORD, CT 06614	VARIOUS
19 DRAW STATION 3115 MAIN ST STRATFORD, CT 06614	BLOOD DRAW
20 AHLBIN REHABILITATION CENTER 3585 MAIN ST STRATFORD, CT 06614	REHABILITATION
21 DRAW STATION 4 CORPORATE DRIVE SHELTON, CT 06484	BLOOD DRAW

Schedule H (Form 990) 2013

**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
22 DRAW STATION 40 COMMERCE PARK MILFORD, CT 06460	BLOOD DRAW
23 OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD, CT 06824	RADIOLOGY
24 OUTPATIENT RADIOLOGY 4699 MAIN ST BRIDGEPORT, CT 06606	RADIOLOGY
25 DRAW STATION 5520 PARK AVENUE TRUMBULL, CT 06611	BLOOD DRAW
26 OUTPATIENT RADIOLOGY 5520 PARK AVENUE TRUMBULL, CT 06611	RADIOLOGY
27 PERINATAL/ATU 5520 PARK AVENUE TRUMBULL, CT 06611	VARIOUS
28 RADIATION/ONCOLOGY 5520 PARK AVENUE TRUMBULL, CT 06611	RADIOLOGY/ONCOLOGY
29 CENTER FOR GERIATRICS 95 ARMORY STRATFORD, CT 06614	ELDER CARE
30 CARDIAC DIAGNOSTIC TESTING 999 SILVER LANE TRUMBULL, CT 06611	CARDIAC SERVICES

Schedule H (Form 990) 2013

**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 3C:**


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THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT  
 MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THE FINANCIAL ASSISTANCE  
 POLICY PROVIDES FOR ELIGIBILITY OF CARE REGARDLESS OF INCOME.

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**PART I, LINE 7:**


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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.

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**PART II, COMMUNITY BUILDING ACTIVITIES:**


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BRIDGEPORT HOSPITAL IS THE LARGEST PRIVATE EMPLOYER IN  
 BRIDGEPORT WITH 2,546 EMPLOYEES IN 2014. 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

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**Part VI** Supplemental Information (Continuation)

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 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 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 2014, BRIDGEPORT HOSPITAL PROVIDED \$90,759 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

**Part VI** Supplemental Information (Continuation)

NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

REVITALIZING OUR NEIGHBORHOODS

AS IN PREVIOUS YEARS, HOSPITAL LEADERSHIP CONTINUES TO BE ACTIVELY ENGAGED IN NRZS ORGANIZED NEAR THE HOSPITAL, THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP AND THE EAST END COMMUNITY COUNCIL.

IN APRIL 2014, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY WITHIN THE CITY OF BRIDGEPORT, BRIDGEPORT HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATE IT TO THE BRIDGEPORT RESCUE MISSION. OVER 500 POUNDS OF FOOD WAS DONATED IN 2014.

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 2014, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

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. HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 800 ITEMS RANGING FROM PENS AND PENCILS TO NOTEBOOKS, BACKPACKS AND OTHER ITEMS TO HELP ASSIST THE 310

**Part VI** Supplemental Information (Continuation)

STUDENTS TO BEGIN THEIR SCHOOL YEAR. BRIDGEPORT HOSPITAL STAFF ALSO PARTNER WITH HALL ELEMENTARY SCHOOL AND OTHERS FOR THE ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE.

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

PART III, LINE 2:

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

PART III, LINE 4:

THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

**Part VI** Supplemental Information (Continuation)

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. DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE HOSPITAL AMENDED ITS CHARITY CARE POLICY. BASED UPON THE POLICY CHANGE, THE HOSPITAL EXPERIENCED INCREASED CHARITY CARE WRITE OFFS DURING THE YEAR. TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$31.2 MILLION AND \$27.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES. THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED. THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY \$22.1 MILLION AND \$16.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY HOSPITAL-SPECIFIC DATA. FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS APPROXIMATELY \$20.3 MILLION AND \$27.9 MILLION, RESPECTIVELY.



**Part VI** Supplemental Information (Continuation)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY \$9.1 MILLION AND \$11.1 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 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, 2014 AND 2013, THE HOSPITAL RECEIVED APPROXIMATELY \$14.4 MILLION AND \$17.7 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$10.2 MILLION AND \$12.6 MILLION, RESPECTIVELY, RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF APPROXIMATELY \$16.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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,

**Part VI** Supplemental Information (Continuation)

AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

PART III, LINE 9B:

IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE. THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED. AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY. IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY.

PART VI, LINE 2:

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

PART VI, LINE 3:

BRIDGEPORT HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND

**Part VI** Supplemental Information (Continuation)

COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS. THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT. FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROVES. THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL. THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS.

## PART VI, LINE 4:

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 ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 144,446. 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 \$39,822, WHICH IS \$29,697 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,519 AND \$42,792 BELOW THE MEDIAN HOUSEHOLD INCOME OF \$82,614 IN FAIRFIELD COUNTY. ABOUT 23.6% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 10% 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, 6,361 PATIENTS (34.9% OF

**Part VI** Supplemental Information (Continuation)

TOTAL) WERE MEDICAID OR UNINSURED IN FISCAL YEAR 2014. 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, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 83,054 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 87.4 PERCENT OF THE TOTAL WITH 6,921 (9.5%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 40,746 (49.1%) 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 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014. A MEMBER OF 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 CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND 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 2014,

**Part VI** Supplemental Information (Continuation)

BRIDGEPORT HOSPITAL PROVIDED \$66.4 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 2014, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$55.1 MILLION. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATED IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED INPATIENT AND OUTPATIENT SERVICES FOR 110,150 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$28.9 MILLION (AT COST).

BRIDGEPORT HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2014, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$24.6 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, NEARLY 170 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

**Part VI** Supplemental Information (Continuation)

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 28,200 ANNUALLY. THE NORMA F. PFRIEM BREAST 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 150 PATIENTS IN THE COMMUNITY IN FISCAL YEAR 2014, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF \$865,181. IN FISCAL YEAR 2014 OVER 200 PATIENTS RECEIVED FREE ORAL MEDICATIONS AND SELF-INJECTIONS THROUGH THE CARE COORDINATION PROGRAM WITH BRIDGEPORT HOSPITAL AND BRIDGEPORT PHARMACY. THIS PROGRAM PROVIDED ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WITH PRESCRIPTIONS THROUGH BRIDGEPORT PHARMACY. THE ESTIMATED VALUE OF THE DRUGS WAS \$44,301. 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 2014, BRIDGEPORT HOSPITAL PROVIDED \$728,390 IN

**Part VI** Supplemental Information (Continuation)

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, STARTED AT BRIDGEPORT HOSPITAL, CONTINUES TO THRIVE.

THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT. THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS' 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 28 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 \$17,329 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. OVER 140 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS HIP OR KNEE PAIN, HOW TO LIVE TO 100, AND UNDERSTANDING AUTISM. THE SIXTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED

**Part VI** Supplemental Information (Continuation)

MORE THAN 560 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 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 2014, THE COST TO BRIDGEPORT HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$10.3 MILLION, AND 205 INDIVIDUALS BENEFITED.

A TOTAL OF 83 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (40 IN THE 15-MONTH ACCELERATED PROGRAM AND 43 IN THE TRADITIONAL TWO-YEAR PROGRAM). MANY GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 10 NURSES GRADUATED WITH DOCTOR OF NURSING PRACTICE DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM. THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 12 GRADUATES AND 29 PEOPLE COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.



**Part VI** Supplemental Information (Continuation)

DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 105 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY COLLEGE, GOODWIN COLLEGE, ST. JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPIAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY.

## RESEARCH

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, CARDIOVASCULAR, MEDICINE, 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

**Part VI** Supplemental Information (Continuation)

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, COLORECTAL CANCER, LUNG CANCER,

PANCREATIC CANCER, KIDNEY CANCER, AND METASTATIC BREAST CANCER. THE

BRIDGEPORT HOSPITAL NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CENTER

THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE

RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT

FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH.

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 2014, THE TOTAL COST

ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$190,932.

CREATING HEALTHIER COMMUNITIES

IN FISCAL YEAR 2014, 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 \$112,160. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW.

**Part VI** Supplemental Information (Continuation)

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 2014, THE PRIMARY CARE ACTION GROUP FOCUSED ON IMPLEMENTATION OF THE GREATER BRIDGEPORT COMMUNITY HEALTH IMPLEMENTATION PLAN.

GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE PRIMARY CARE ACTION GROUP, CONTINUED TO EXPAND ITS REACH AND IMPACT DURING 2014. 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. IN-KIND AND FINANCIAL SUPPORT FOR GET HEALTHY CT IS PROVIDED BY MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND BRIDGEPORT HOSPITAL.

IN 2014, OVER 15 CHILDREN PARTICIPATED IN THE BRIDGEPORT HOSPITAL HAPPY

**Part VI** Supplemental Information (Continuation)

HEALTHY KIDZ PROGRAM OFFERED AT THE AHLBIN CENTER. HAPPY HEALTHY KIDZ IS A NUTRITION AND FITNESS PROGRAM FOR CHILDREN WHO ARE OVERWEIGHT. THE NINE WEEK PROGRAM PROMOTES HEALTHY EATING AND ACTIVITY HABITS AND IS OFFERED FREE OF CHARGE THANKS TO A GRANT FROM THE AHLBIN CENTER AUXILIARY. THE PROGRAM PROVIDES NUTRITIONAL EDUCATION FROM REGISTERED DIETITIANS TAILORED FOR ELEMENTARY AGE CHILDREN AS WELL AS FITNESS INSTRUCTION AND EDUCATION PROVIDED BY CERTIFIED FITNESS TRAINERS. 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 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 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 TRUSTEES WITH MANY MEMBERS RESIDING OR WORKING IN THE AREA SERVED BY THE HOSPITAL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN

**Part VI** Supplemental Information (Continuation)

ITS COMMUNITY. IN FISCAL YEAR 2014 THERE WERE A TOTAL OF 887 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. THE HOSPITAL'S OPERATIONAL AND FISCAL MANAGEMENT PRODUCED EXCELLENT FINANCIAL RESULTS. HIGHLIGHTS OF THE YEAR AT BRIDGEPORT HOSPITAL INCLUDED:

GROUNDBREAKING FOR A NEW 120,000-SQUARE-FOOT MEDICAL OFFICE BUILDING AT THE BRIDGEPORT HOSPITAL OUTPATIENT CAMPUS, 5520 PARK AVENUE, TRUMBULL, WAS HELD IN SEPTEMBER. THE CEREMONY INCLUDED THE OPENING OF A FOUR-STORY, 450-SPACE PARKING GARAGE. SERVICES IN THE NEW BUILDING WILL INCLUDE A PRIMARY CARE OFFICE, OUTPATIENT SURGERY AND GASTROENTEROLOGY SUITE, AND SMILOW CANCER HOSPITAL OUTPATIENT CARE, INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY AND EXPANDED RADIOLOGY SERVICES, SUCH AS MRI, CT AND PET SCANS.

FOLLOWING EXTENSIVE RENOVATIONS TO THE FIRST FLOOR OF THE PERRY BUILDING ON THE HOSPITAL'S MAIN CAMPUS, NEW QUARTERS FOR THE MEDEASE AMBULATORY MEDICINE UNIT AND GYN-ONCOLOGY AND UROGYNECOLOGY SPECIALTY CLINICS OPENED IN MARCH. THE WORK INCLUDED A NEW ENTRANCE FROM GRANT STREET PLAZA AND NEW WAITING/RECEPTION AREA, EXAM ROOMS AND INFUSION ROOM. IN ADDITION, TWO OPERATING ROOMS AND THE WEST TOWER 10 INTERNAL MEDICINE UNIT WERE MODERNIZED.

THE UNIVERSITY OF BRIDGEPORT (UB) AND BRIDGEPORT HOSPITAL SIGNED AN AGREEMENT TO INTEGRATE THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INTO UB AND TRANSITION THE CURRENT TWO-YEAR RN DIPLOMA PROGRAM TO A FOUR-YEAR BACHELOR OF SCIENCE IN NURSING PROGRAM. MEANWHILE, AN INTERIM PLAN PROVIDES UB STUDENTS WITH A PATHWAY TO NURSING CURRICULUM.

**Part VI** Supplemental Information (Continuation)

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 2014, 343 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 29,050 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES. THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL 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 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.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY CENTERS INC. P.O. BOX 7550 GREENWICH, CT 06836	06-0646656	501(C)(3)	50,000.	0.			SUPPORT MISSION
P T BARNUM FOUNDATION INC 1070 MAIN ST BRIDGEPORT, CT 06604	22-2655681	501(C)(3)	5,000.	0.			SUPPORT MISSION

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

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

Schedule I (Form 990) (2013)

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

**PART I, LINE 2:**

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. BRIDGEPORT HOSPITAL ("BH") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVES. BH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO BH. ASSISTANCE DONATED BY BH TO THESE QUALIFYING



**Part IV** Supplemental Information

ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN  
INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT  
SERVICES. BH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE  
PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number

06-0646554

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 JENNINGS PRESIDENT & CEO/DIRECTOR	(i)	440,314.	152,446.	48,237.	166,958.	32,551.	840,506.	0.
	(ii)	237,092.	82,087.	25,973.	89,900.	17,527.	452,579.	0.
(2) GAYLE CAPOZZALO DIRECTOR	(i)	65,868.	23,002.	41,904.	14,365.	4,605.	149,744.	0.
	(ii)	592,810.	207,014.	377,136.	129,284.	41,445.	1,347,689.	0.
(3) STEPHEN MARSHALCO DIRECTOR	(i)	0.	0.	154,212.	0.	0.	154,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL IVY SR. VP MEDICAL AFFAIRS	(i)	376,596.	60,823.	28,400.	15,790.	45,265.	526,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARYELLEN KOSTURKO SR. VP PATIENT CARE OPERATIONS	(i)	255,601.	60,795.	22,900.	23,735.	12,421.	375,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROLYN SALSGIVER SR. VP STRATEGY & BUSINESS PLANNING	(i)	242,593.	62,705.	47,022.	116,146.	25,792.	494,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MELISSA TURNER SR. VP HUMAN RESOURCE	(i)	122,606.	31,482.	23,049.	50,184.	11,672.	238,993.	0.
	(ii)	122,605.	31,483.	23,050.	50,184.	11,672.	238,994.	0.
(8) PATRICK MCCABE SR. VP, CFO & TREASURER	(i)	212,358.	51,794.	28,134.	88,953.	9,265.	390,504.	13,913.
	(ii)	259,548.	63,303.	34,387.	108,721.	11,323.	477,282.	17,005.
(9) MARC BRUNETTI VP OF SUPPORT OPERATIONS	(i)	208,394.	29,712.	14,486.	20,058.	45,620.	318,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RYAN O'CONNELL VP OF PERFORMANCE & RISK MGMT	(i)	300,961.	300.	12,192.	13,437.	48,842.	375,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PATRICK SCHMINCKE (THRU 6/2014) VP OF CLINICAL ADMINISTRATION	(i)	202,482.	31,123.	15,254.	15,237.	31,625.	295,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN SKELLY VP OF FINANCE	(i)	408,026.	100,765.	69,304.	163,996.	23,267.	765,358.	9,357.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NORMAN ROTH EXECUTIVE VP, COO & SEC.	(i)	384,535.	141,486.	59,302.	151,365.	12,902.	749,590.	1,313.
	(ii)	96,134.	35,371.	14,826.	37,841.	3,226.	187,398.	329.
(14) ROCKMAN FERRIGNO PHYSICIAN	(i)	391,451.	23,077.	17,500.	15,202.	25,524.	472,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JONATHAN MAISEL PHYSICIAN	(i)	306,710.	90,649.	23,000.	25,500.	25,377.	471,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) GUILLERMO KATIGBAK PHYSICIAN	(i)	342,171.	0.	17,415.	25,500.	19,240.	404,326.	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) THOMAS LAMONTE PHYSICIAN	(i)	339,843.	0.	23,000.	25,500.	25,362.	413,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JUSTIN CAHILL PHYSICIAN	(i)	326,523.	0.	17,500.	16,379.	13,304.	373,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOSEPH JANELL (THRU 1/2012) FORMER OFFICER	(i)	0.	0.	267,707.	0.	0.	267,707.	264,750.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ROBERT TREFRY (THRU 9/2010) FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) BRUCE MCDONALD (THRU 10/2013) FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	146,319.	81,776.	22,770.	22,404.	12,119.	285,388.	22,325.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:****SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS:**

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
PATRICK MCCABE	\$0	\$91,524	\$0
WILLIAM M. JENNINGS	\$0	\$139,208	\$0
MELLISSA TURNER	\$0	\$53,317	\$0
JOHN SKELLY	\$0	\$85,346	\$0
NORMAN ROTH	\$0	\$109,556	\$0
CAROLYN SALSGIVER	\$0	\$55,496	\$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 2013 CALENDAR YEAR THAT WAS

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RECOGNIZED AS TAXABLE EVENT AND REPORTED IN THE INDIVIDUAL'S 2013 CALENDAR  
YEAR FORM W-2.

GAYLE CAPOZZALO \$ 322,870

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 33,365

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**

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" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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- SERIES D	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
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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....								
<b>b</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? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....								
<b>d</b> 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? .....								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....								
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

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

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	314,167.	SEE PART V		X
CONNECTICUT NEUROSURGICAL	SEE SCHEDULE O	333,621.	SEE PART V		X
EBP SUPPLY SOLUTIONS	SEE SCHEDULE O	153,142.	SEE PART V		X
PEOPLE'S UNITED FINANCIAL	SEE SCHEDULE O	329,847.	SEE PART V		X
SIKORSKY AIRCRAFT CORPORAT	SEE SCHEDULE O	866,148.	SEE PART V		X

**Part V Supplemental Information**

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

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

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

(A) NAME OF PERSON: CONNECTICUT NEUROSURGICAL SPECIALISTS, P.C.

(A) NAME OF PERSON: SIKORSKY AIRCRAFT CORPORATION

**PART IV, COLUMN D**

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: \$314,167

NAME OF INTERESTED PERSON: CONNECTICUT NEUROSURGICAL SPECIALISTS, P.C.

TRUSTEE GARY ZIMMERMAN, M.D. IS A SHAREHOLDER AND OFFICER OF

CONNECTICUT NEUROSURGICAL SPECIALISTS, P.C.

**Part V Supplemental Information**

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

CONNECTICUT NEUROSURGICAL SPECIALISTS, P.C. PROVIDES MEDICAL SERVICES  
TO THE HOSPITAL.

AMOUNT OF TRANSACTION: \$333,621

NAME OF INTERESTED PERSON: EBP SUPPLY SOLUTIONS

TRUSTEE MEREDITH REUBEN IS THE SOLE STOCKHOLDER AND CHIEF EXECUTIVE  
OFFICER 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: \$153,142

NAME OF INTERESTED PERSON: PEOPLE'S UNITED FINANCIAL

TRUSTEES GEORGE CARTER AND RICHARD HOYT ARE DIRECTORS OF PEOPLE'S  
UNITED FINANCIAL  
PEOPLE'S UNITED FINANCIAL PROVIDES CERTAIN FINANCIAL MANAGEMENT  
SERVICES TO THE HOSPITAL.

AMOUNT OF TRANSACTION: \$329,847

NAME OF INTERESTED PERSON: SIKORSKY AIRCRAFT CORPORATION

TRUSTEE MICK MAUER IS AN OFFICER OF SIKORSKY AIRCRAFT CORPORATION  
THE HOSPITAL PROVIDES NURSES AND ADMINISTRATIVE SERVICES TO THE  
SIKORSKY AIRCRAFT CORPORATION MEDICAL DEPARTMENT.

AMOUNT OF TRANSACTION: \$866,148

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT

ENCOUNTERS IN 2014. A MEMBER OF YNHHS 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 CENTER, THE

WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND 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 2014, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY

\$66.4 MILLION IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$53.5

MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT

COST), \$10.3 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER \$2.6

MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES,

SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY

GROUPS. AN ADDITIONAL \$90,759 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:

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

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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PURSUANT TO THE ORGANIZATION'S BYLAWS, THE ORGANIZATION'S SOLE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE (THE "PARENT"), APPOINTS OR APPROVES THE ORGANIZATION'S BOARD OF DIRECTORS. THE BYLAWS REQUIRE THAT THE ORGANIZATION'S BOARD OF DIRECTORS BE COMPRISED OF INDIVIDUALS WHO ARE, OR ARE APPOINTED BY, (1) OFFICERS OR EMPLOYEES OF THE PARENT, (2) OFFICERS OR EMPLOYEES OF A RELATED ORGANIZATION OF THE PARENT OR (3) OFFICERS, EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION. AS A RESULT, THE MAJORITY OF THE ORGANIZATION'S CURRENT VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS OFFICERS OR EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION. CERTAIN OF THESE INDIVIDUALS ARE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ONLY AS A FUNCTION OF THEIR ROLES WITH THE PARENT OR THE ORGANIZATION AND CERTAIN OTHERS ARE REQUIRED TO BE EMPLOYEES BY THE ORGANIZATION'S BYLAWS.

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

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

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

FORM 990, PART VI, SECTION A, LINE 4:

BRIDGEPORT HOSPITAL AMENDED AND RESTATED ITS ORGANIZATIONAL DOCUMENTS EFFECTIVE MAY 16, 2014 SO THAT ITS BYLAWS AND CHARTER WERE IN CONFORMANCE WITH THOSE OF OTHER ENTITIES AFFILIATED WITH YALE NEW HAVEN HEALTH SYSTEM. THE BYLAWS REVISIONS CHANGED THE TERMS OF TRUSTEES FROM 2 TO 3 YEARS, EXPANDED THE RESERVE POWERS OF THE CORPORATE PARENT, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, AND MADE OTHER CHANGES CONSISTENT WITH

Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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NORTHEAST MEDICAL GROUP JOINING THE YALE NEW HAVEN OBLIGATED GROUP.

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

THE SOLE MEMBER OF BRIDGEPORT HOSPITAL WAS BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES 10/1/13-5/16/14. YALE NEW HAVEN HEALTH SERVICES CORPORATION BECAME THE SOLE MEMBER OF BRIDGEPORT HOSPITAL EFFECTIVE 5/17/14.

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:

THE MEMBER, YALE-NEW HAVEN HEALTH SERVICES CORPORATION, HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF THE ORGANIZATION, AND (ON THE RECOMMENDATION OF THE BOARD OF DIRECTORS) THE FOLLOWING ADDITIONAL RIGHTS: TO APPROVE OPERATING, CASH FLOW AND CAPITAL BUDGETS; TO APPROVE GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION ARRANGEMENTS; TO APPROVE MAJOR NEW CLINICAL PROGRAMS AND SERVICES AND CONTINUATION OF SAME; APPROVAL OF STRATEGIC PLANS; AND ADOPTION OF SAFETY AND QUALITY ASSESSMENT POLICIES; TO APPROVE THE MERGER, CONSOLIDATION, DISSOLUTION OR THE SALE OF ALL OR SUBSTANTIALLY ALL THE ORGANIZATION'S ASSETS; TO AMEND THE CERTIFICATE OF INCORPORATION AND BYLAWS OF THE ORGANIZATION, TO APPROVE THE EXECUTION OF LONG-TERM OR MATERIAL AGREEMENTS, TO APPROVE THE APPOINTMENT OF AN INDEPENDENT AUDITOR AND THE HIRING OF INDEPENDENT COUNSEL, TO AUTHORIZE THE EXECUTION OF CONTRACTS WITH AN UNRELATED THIRD PARTY FOR MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE ORGANIZATION, AND TO APPROVE COMPENSATION OF EMPLOYED PHYSICIANS. YALE-NEW HAVEN HEALTH SERVICES CORPORATION RETAINS THE



Name of the organization BRIDGEPORT HOSPITAL	Employer identification number 06-0646554
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FOLLOWING AUTHORITY: ADOPTION OF BUDGETARY TARGETS, INDEBTEDNESS,  
MANAGEMENT AND CONTROL OF LIQUID ASSETS, APPOINTMENT OF THE INDEPENDENT  
AUDITOR AND APPOINTMENT OF THE CEO.

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 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

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

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	54,355,809.
MANAGEMENT AND GENERAL EXPENSES	10,175,146.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,530,955.

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

PROGRAM SERVICE EXPENSES	25,415,178.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,415,178.

## OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	8,678,486.
MANAGEMENT AND GENERAL EXPENSES	2,231,714.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,910,200.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	100,856,333.

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

NET CHANGE IN INTEREST IN BRIDGEPORT HOSPITAL FOUNDATION	3,819,113.
INCREASE IN TEMP RESTRICTED NET ASSETS	1,246,000.
INCREASE IN PERM RESTRICTED NET ASSETS	955,000.
TRANSFER FROM YALE NEW HAVEN HEALTH SERVICES	-42,682,000.
TRANSFER FROM BRIDGEPORT HOSPITAL	-3,904,000.
NET ASSETS RELEASED FROM CAPITAL ACQUISITIONS	2,445,000.
PENSION LIABILITY ADJUSTMENT	-20,970,000.
OTHER TRANSFER	-13,000.
RECLASS BHF INVESTMENT INCOME TO CHANGE IN NET ASSETS	2,395,275.
RECLASS SERP ASSETS G/L	-563.
OTHER-NON-OPERATING INCOME ADJUSTMENT	434,511.
TOTAL TO FORM 990, PART XI, LINE 9	-56,274,664.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**BRIDGEPORT HOSPITAL**

Employer identification number

**06-0646554**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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 - MERGED 5/2014 - 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) 2013

**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
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES, INC. - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	SEE SCHEDULE R, PART VII	X	
NORMA F PFREIM BREAST CANCER INC - MERGED 2/2014 - 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 - MERGED 5/2014 - 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	SEE SCHEDULE R, PART VII	X	
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	SEE SCHEDULE R, PART VII	X	
CARITAS INSURANCE - 03-0322238 40 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 HEALTH CARE SERVICES INC.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS, INC. - 06-6048427, 120 COLUMBINE DRIVE, TRUMBULL, CT 06611	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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	
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	
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 - DISSOLVED 9/2014 - 74-3054409, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	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
GREENWICH INTEGRATIVE MEDICINE - DISSOLVED 9/2014 - 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 - 98-1072793 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	
PRIMARYNET OF CONNECTICUT, INC. - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN SERVICES CORPORATION	P	9,480,937.	TRANSACTION REVIEW
(2) YALE NEW HAVEN SERVICES CORPORATION	M	65,145,444.	COMPARABLE MARKET VALUE
(3) BRIDGEPORT HOSPITAL FOUNDATION, INC	Q	2,808,797.	TRANSACTION REVIEW
(4) BRIDGEPORT HOSPITAL FOUNDATION, INC	L	1,966,505.	TRANSACTION REVIEW
(5) BRIDGEPORT HOSPITAL AND HEALTHCARE	S	3,904,550.	TRANSACTION REVIEW
(6) YALE NEW HAVEN SERVICES CORPORATION	R	25,000,000.	CASH

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII** Supplemental Information

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

PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS:

BRIDGEPORT HOSPITAL AUXILIARY INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

BRIDGEPORT HOSPITAL FOUNDATION, INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

SOUTHERN CT HEALTH SYSTEM PROPERTIES INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

YALE-NEW HAVEN CARE CONTINUUM CORP -

YNH NETWORK CORP 10/1/13-5/16/14

YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14

YALE-NEW HAVEN HOSPITAL -

YNH NETWORK CORP 10/1/13-5/16/14

YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14

CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

Bridgeport Hospital and Subsidiaries  
Years Ended September 30, 2014 and 2013  
With Report of Independent Auditors

Ernst & Young LLP



Building a better  
working world

Bridgeport Hospital and Subsidiaries

Consolidated Financial Statements  
and Supplementary Information

Years Ended September 30, 2014 and 2013

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## Report of Independent Auditors

The Board of Directors  
Bridgeport Hospital and Subsidiaries

We have audited the accompanying consolidated financial statements of Bridgeport Hospital and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated 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 consolidated financial position of Bridgeport Hospital and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst + Young LLP*

December 23, 2014

## Bridgeport Hospital and Subsidiaries

### Consolidated Balance Sheets

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 29,461	\$ 30,636
Short-term investments	72,752	64,307
Accounts receivable for services to patients, less allowances for uncollectible accounts, charity, and free care of approximately \$46,427 in 2014 and \$42,242 in 2013	49,732	51,432
Professional liabilities insurance recoveries receivable – current portion	8,273	10,552
Other current assets	21,191	17,755
Assets limited as to use	247	–
Total current assets	181,656	174,682
Assets limited as to use	5,066	–
Long-term investments	54,499	53,099
Professional liabilities insurance recoveries receivable – non-current	19,303	22,167
Deferred financing costs	1,290	862
Other assets	28,755	31,023
Goodwill	17,217	17,217
Property, plant, and equipment:		
Land, buildings, and improvements	124,401	124,308
Equipment	308,888	285,812
	433,289	410,120
Less accumulated depreciation	304,089	285,773
	129,200	124,347
Construction in progress	37,001	19,477
	166,201	143,824
Total assets	\$ 473,987	\$ 442,874

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 10,476	\$ 16,363
Accrued expenses	58,490	47,877
Current portion of long-term debt and capital lease obligation	9,262	32,205
Professional liabilities – current portion	8,273	10,552
Other current liabilities	4,590	5,306
Total current liabilities	<u>91,091</u>	112,303
Long-term debt, net of current portion	79,882	49,107
Long-term capital lease obligation, net of current portion	20,160	95
Accrued pension obligation	58,281	42,945
Professional liabilities	33,169	34,291
Other long-term liabilities	34,631	31,022
Total liabilities	<u>317,214</u>	269,763
Commitments and contingencies		
Net assets:		
Unrestricted	101,751	120,290
Temporarily restricted	33,279	32,033
Permanently restricted	21,743	20,788
Total net assets	<u>156,773</u>	173,111
Total liabilities and net assets	<u>\$ 473,987</u>	<u>\$ 442,874</u>

*See accompanying notes.*

## Bridgeport Hospital and Subsidiaries

### Consolidated Statements of Operations and Changes in Net Assets

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
Operating revenue:		
Net patient service revenue	\$ 459,680	\$ 446,753
Less provision for bad debts	<u>(20,305)</u>	<u>(27,926)</u>
Net patient service revenue, less provision for bad debts	439,375	418,827
Other revenue	<u>27,566</u>	<u>26,208</u>
Total operating revenue	<b>466,941</b>	<b>445,035</b>
Operating expenses:		
Salaries and benefits	201,556	195,993
Supplies and other expenses	194,392	191,236
Depreciation and amortization	31,016	22,858
Insurance	480	1,028
Interest	<u>2,566</u>	<u>1,665</u>
Total operating expenses	<u>430,010</u>	<u>412,780</u>
Income from operations	<b>36,931</b>	<b>32,255</b>
Non-operating gains and losses, net	<u>5,852</u>	<u>3,969</u>
Excess of revenue over expenses	<b>42,783</b>	<b>36,224</b>

## Bridgeport Hospital and Subsidiaries

### Consolidated Statements of Operations and Changes in Net Assets (continued)

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenue over expenses	<b>\$ 42,783</b>	\$ 36,224
Net assets released from restrictions used for capital acquisitions	<b>2,445</b>	879
Transfers (to) from Yale-New Haven Health Services Corporation	<b>(25,000)</b>	900
Transfers to Yale-New Haven Health Services Corporation – Mission Support	<b>(17,682)</b>	(12,995)
Other transfers	<b>(115)</b>	444
Pension liability adjustment	<b>(20,970)</b>	22,810
(Decrease) increase in unrestricted net assets	<b>(18,539)</b>	48,262
Temporarily restricted net assets:		
Net assets released from restrictions used for operations	<b>(7,069)</b>	(6,346)
Net assets released from restrictions used for capital acquisitions	<b>(2,445)</b>	(879)
Change in unrealized gains and losses on investments	<b>2,935</b>	2,330
Bequests, contributions, and grants	<b>6,328</b>	6,138
Net realized investment gains	<b>756</b>	1,042
Other changes in net assets	<b>741</b>	916
Increase in temporarily restricted net assets	<b>1,246</b>	3,201
Permanently restricted net assets:		
Bequests, contributions, and grants	<b>955</b>	916
Increase in permanently restricted net assets	<b>955</b>	916
(Decrease) increase in net assets	<b>(16,338)</b>	52,379
Net assets at beginning of year	<b>173,111</b>	120,732
Net assets at end of year	<b>\$ 156,773</b>	\$ 173,111

*See accompanying notes.*

Bridgeport Hospital and Subsidiaries  
Consolidated Statements of Cash Flows

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Operating activities</b>		
(Decrease) increase in net assets	\$ (16,338)	\$ 52,379
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	31,016	22,858
Provision for bad debts	20,305	27,926
Change in unrealized gains and losses on investments	(7,369)	(5,882)
Bequests, contributions, and grants	(7,283)	(7,054)
Amortization of long-term debt premium	(567)	(493)
Amortization of deferred financing cost	97	72
Pension liability adjustment	20,970	(22,810)
Changes in operating assets and liabilities:		
Accounts receivable, net	(18,605)	(36,375)
Other assets	(1,168)	(10,409)
Accounts payable	(5,887)	6,155
Accrued expenses	10,613	553
Professional insurance recoverable and liabilities	1,742	(17)
Other current liabilities, accrued pension obligation, and other long-term liabilities	(2,741)	(6,373)
Net cash provided by operating activities	24,785	20,530
<b>Investing activities</b>		
Net change in investments	(2,476)	5,530
Net purchases of assets limited as to use	(5,313)	1,875
Cash paid for acquisition, net of cash acquired	-	(13,516)
Acquisitions of property, plant, and equipment, net	(33,233)	(37,564)
Net cash used in investing activities	(41,022)	(43,675)
<b>Financing activities</b>		
Proceeds from line of credit	-	25,000
Proceeds from note payable	-	14,000
Proceeds from issuance of long-term debt	40,513	-
Payments on capital lease obligations	(48)	(73)
Payment for line of credit	(25,000)	-
Deferred financing costs	(525)	-
Repayments of long-term debt	(3,948)	(3,747)
Repayments of note payable	(3,213)	(4,525)
Bequests, contributions, and grants	7,283	7,054
Net cash provided by financing activities	15,062	37,709
Net (decrease) increase in cash and cash equivalents	(1,175)	14,564
Cash and cash equivalents at beginning of year	30,636	16,072
Cash and cash equivalents at end of year	\$ 29,461	\$ 30,636

*See accompanying notes.*

# Bridgeport Hospital and Subsidiaries

## Notes to Consolidated Financial Statements

September 30, 2014

### **1. Organization and Significant Accounting Policies**

Bridgeport Hospital & Healthcare Services, Inc. (BHHS) was a Connecticut not-for-profit, nonstock corporation established to promote and carry out charitable, scientific, and educational activities. BHHS was the sole member of the following not-for-profit, nonstock corporations: Bridgeport Hospital; Bridgeport Hospital Foundation, Inc. (the Foundation); Southern Connecticut Health System Properties, Inc. (Properties); and the BHHS. BHHS had an affiliation agreement with Yale-New Haven Health Services Corporation (YNHHSC) in which YNHHSC was the sole member of BHHS.

The Hospital is a voluntary association incorporated under the General Statutes of the State of Connecticut.

In 2014, the Hospital and BHHS were merged in connection with the formation of an obligated group and are now referred to as Bridgeport Hospital and Subsidiaries (BH or the Hospital). As a result, the Hospital's financial statement reporting entity changed to include the Foundation and Properties, which were previously reported in the consolidated financial statements of BHHS. The change in reporting entity was retrospectively applied to the financial statements for the Hospital for all periods presented. YNHHSC is now the sole member of BH.

YNHHSC is the sole member of two similar organizations: Yale New Haven Hospital and Subsidiaries (Y-NHH) and Greenwich Health Care Services, Inc. (GHCS). 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. YNHHSC is also the sole member of Northeast Medical Group, Inc. (NEMG).

The Hospital is now the sole member of the Foundation and Properties. The Hospital provides health care services to the Fairfield County community. The Foundation solicits contributions for the benefit of the Hospital and all other tax-exempt health care organizations associated with the Hospital. Properties is a real estate holding company.

Concurrent with the issuance of the Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Yale-New Haven Health Obligated Group Issue, Series A, B, C, D, and E dated May 20, 2014, six members of the Yale New Haven Health System and Subsidiaries were combined to form an Obligated Group. The Obligated Group comprises YNHHSC, Y-NHH, Yale-New Haven Care Continuum Corporation, the Hospital, the Foundation, and NEMG (the Obligated Group). YNHHSC serves as agent of the Obligated Group. The members

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

of the Obligated Group have adopted certain governance provisions in their certificates of incorporation and bylaws pursuant to which YNHHS C retains the authority to directly take certain actions on behalf of each Obligated Group member without the approval of the board of trustees of the applicable Obligated Group member, including the incurrence of indebtedness on behalf of each Obligated Group member, the management and control of the liquid assets of each, and the appointment of the president and chief executive officer of each Obligated Group member.

The Hospital and subsidiaries operate with a separate Board of Trustees, management staff, and medical staff; however, YNHHS C must approve the strategic plans, operating and capital budgets, and Board of Trustees appointments of the Hospital.

The accounting policies that affect significant elements of the Hospital's consolidated financial statements are summarized below.

#### Change in Reporting Entity

The change in reporting entity was retrospectively applied to the consolidated financial statements of the Hospital for all periods presented. The impact of the change in reporting entity on selected previously reported financial statement line items is as follows:

	<b>Amounts</b>		
	<b>Previously</b>		<b>As</b>
	<b>Reported</b>	<b>Adjustments</b>	<b>Adjusted</b>
<b>Consolidated balance sheet – September 30, 2013</b>			
Total current assets	\$ 143,463	\$ 31,219	\$ 174,682
Total assets	440,309	2,565	442,874
Total current liabilities	113,611	(1,308)	112,303
Total liabilities	264,449	5,314	269,763
Total net assets	175,860	(2,749)	173,111
Total liabilities and net assets	440,309	2,565	442,874



## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

	<b>Amounts Previously Reported</b>	<b>Adjustments</b>	<b>As Adjusted</b>
<b>Consolidated statement of operations and changes in net assets</b>			
Total operating revenue	\$ 441,712	\$ 3,323	\$ 445,035
Total operating expenses	409,234	3,546	412,780
Income from operations	32,478	(223)	32,255
Excess of revenue over expenses	36,447	(223)	36,224
Net assets, October 1, 2012	123,258	(2,526)	120,732
Net change in net assets – year ended September 30, 2013	52,602	(223)	52,379
Net assets, September 30, 2013	175,860	(2,749)	173,111
<b>Consolidated statement of cash flows – year ended September 30, 2013</b>			
Net cash provided by operating activities	\$ 38,385	\$ (17,855)	\$ 20,530
Net cash used in investing activities	(40,936)	(2,739)	(43,675)
Net cash provided by financing activities	17,167	20,542	37,709
Net increase in cash and cash equivalents	14,616	(52)	14,564

#### Principles of Consolidation

The accompanying consolidated financial statements present the Hospital and its subsidiaries. In consolidating the financial statements of the Hospital and its subsidiaries, all significant intercompany revenues and expenses and intercompany balance sheet amounts have been eliminated in consolidation.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

##### **Use of Estimates**

The preparation of the consolidated 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 consolidated 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 2014 and 2013, the Hospital recorded a change in estimate of approximately \$2.7 million and \$6.4 million, respectively. Included in the change are amounts related to favorable third-party payor 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.

##### **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.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

Pledges receivable, included in other current assets and other assets in the accompanying consolidated balance sheets at September 30, 2014 and 2013, are expected to be received as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Due in one year or less	\$ 558	\$ 591
Due after one year through five years	645	214
Total pledges receivable	<u>1,203</u>	<u>805</u>
Less unamortized discount on contribution receivable (0.1% to 1.8%)	(9)	-
Less allowance for doubtful pledges	<u>(36)</u>	<u>(24)</u>
Pledges receivable, net	<u>\$ 1,158</u>	<u>\$ 781</u>

#### 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, that are not classified as assets limited as to use or held in the long-term investment portfolio.

Cash and cash equivalents are maintained with domestic financial institutions with deposits that 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.

# Bridgeport Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Organization and Significant Accounting Policies (continued)**

#### **Investments**

The Hospital has designated its investment portfolio as trading. Investment income or loss (including realized gains and losses on investments, interest, and dividends) and the change in net unrealized gains and losses are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

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

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.

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 comprises 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.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **1. Organization and Significant Accounting Policies (continued)**

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, 2014, the Hospital can withdraw 100% of its investment in the L-TIP as of July 1, 2015. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days' advance notice.

The Trust has an agreement with the University's investment office (the Investment Management Agreement) that allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the Pool). For each of the years ended September 30, 2014 and 2013, the Trust transferred approximately \$100.0 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 assets, 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 ending 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 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 30 unit valuation. No advances have been requested or taken by the Trust.

Net realized gains and losses on investments and 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.

# Bridgeport Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Organization and Significant Accounting Policies (continued)**

#### **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 equities, corporate obligations, U.S. government obligations, mutual funds, marketable securities, and money market funds. Changes in unrealized gains and losses are recorded in the excess of revenue over expenses and losses.

#### **Inventories**

Inventories, included in prepaid expenses and other current assets, are stated at the lower of cost or market. BH 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 \$0.2 million and \$0.1 million at September 30, 2014 and 2013, respectively. 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 specific experience. At September 30, 2014 and 2013, the estimated liability for self-insured employee medical, prescriptions, and other benefit claims and IBNRs aggregated approximately \$1.0 million and \$0.9 million, respectively, and is included in accrued expenses in the accompanying consolidated balance sheets.

The Hospital is effectively self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including IBNRs, which are based on specific experience. At September 30, 2014 and 2013, the estimated liability for self-insured workers' compensation claims and IBNRs aggregated approximately \$6.1 million and \$5.6 million, respectively, discounted at 2.5% in 2014 and in 2013, and is included in other long-term liabilities in the accompanying consolidated balance sheets.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated 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.

##### Acquisitions

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 approximately \$15.0 million, including interest, ranging from approximately \$1.5 million to \$3.9 million due from May 2013 through June 2017. At September 30, 2014 and 2013, the Hospital has a liability of approximately \$6.3 million and \$9.5 million, respectively, remaining. The Hospital has accounted for the business combination by applying the acquisition method of accounting in accordance with Accounting Standards Codification (ASC) 805, *Business Combinations*. As a result of the transaction, goodwill in the amount of approximately \$13.5 million was recorded and is included in other assets at September 30, 2014 and 2013.

In 2011, the Hospital acquired certain tangible and intangible assets of Cardiac Specialists, P.C. for approximately \$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, 2014 and 2013.

On June 1, 2014, NEMG and YNHHSAC acquired certain assets of PriMed, LLC (PriMed), a physician practice, for approximately \$54.2 million. YNHHSAC contributed the entire purchase price, of which \$25.0 million was transferred from the Hospital to YNHHSAC. PriMed is a multi-specialty group of approximately 120 providers in 36 locations across Fairfield County and New Haven County, Connecticut. PriMed also is the sole member of a gastroenterology surgery center, the Fairfield County Endoscopy Center, and offers a number of ancillary services such as a sleep laboratory, cardiac diagnostic testing, physical therapy, and nutritional counseling. Under the terms of the transaction, NEMG and YNHHSAC acquired substantially all the assets of PriMed and a 40% interest in the gastroenterology surgery center.

# Bridgeport Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Organization and Significant Accounting Policies (continued)**

The Hospital is required to review its goodwill for impairment annually. Based on the Hospital's review at September 30, 2014 and 2013, goodwill was determined not to be impaired.

#### **Excess of Revenue over Expenses**

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

Contributions of, or restricted to, property, plant, and equipment; 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 and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Code. Properties is a tax-exempt organization pursuant to Section 501(c)(2) of the Code and also is not subject to federal and state income taxes.

#### **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 \$0.3 million and \$11.0 million, respectively, at September 30, 2014, and approximately \$0.4 million and \$12.1 million, respectively, at September 30, 2013.



# Bridgeport Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Organization and Significant Accounting Policies (continued)**

#### **Reclassifications**

Certain reclassifications have been made to the year ended September 30, 2013, balances previously reported in the consolidated financial statements in order to conform with the year ended September 30, 2014, presentation. Approximately \$12.9 million reported as a reduction to accounts receivable is now classified as allowances for uncollectible accounts, charity care, and free care on the accompanying balance sheet to conform with current year presentation. See Note 3 for additional information relative to the amendment of the Hospital's Charity Care policy.

#### **New Accounting Pronouncement**

In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required on October 1, 2017, and management is current evaluating the effect of this guidance on its financial statements

### **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 (CDSHP), includes premium revenue, and is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

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

Third-party payor receivables included in other current assets were approximately \$4.2 million and \$2.7 million at September 30, 2014 and 2013, respectively. Third-party payor receivables included in other long-term assets were approximately \$3.4 million at September 30, 2013. Third-party payor liabilities included in other current liabilities were approximately \$4.0 million and \$4.5 million at September 30, 2014 and 2013, respectively. Third-party payor liabilities included in other long-term liabilities were approximately \$18.3 million and \$13.4 million at September 30, 2014 and 2013, 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. In April 2014, the Hospital began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative. Under the Bundled Payments for Care Improvement initiative, the Hospital has entered into payment arrangements that include financial and performance accountability for episodes of care.

Revenue from Medicare and Medicaid programs accounted for approximately 36% and 20%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2014, and 38% and 18%, respectively, for the year ended September 30, 2013. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 39% and 34%, respectively, for the year ended September 30, 2014, and approximately 39% and 31%, respectively, for the year ended September 30, 2013. 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 2010 for Medicare and 2008 for Medicaid. Other years remain open for settlement.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated 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 42% from Medicare, 17% from Medicaid, and 41% from nongovernmental payors at September 30, 2014, and 31% from Medicare, 13% from Medicaid, and 56% from nongovernmental payors at September 30, 2013.

Net patient service revenue comprises the following for the years ended September 30, 2014 and 2013 (in thousands):

	<b>2014</b>	<b>2013</b>
Gross revenue from patients	<b>\$ 1,693,080</b>	\$ 1,512,520
Deductions:		
Contractual allowances	<b>1,184,162</b>	1,027,832
Charity and free care (at charges)	<b>49,238</b>	37,935
Provision for doubtful accounts	<b>20,305</b>	27,926
Net patient service revenue	<b>\$ 439,375</b>	\$ 418,827

Patient service revenue for the years ended September 30, 2014 and 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 as follows (in thousands):

	<b>2014</b>	<b>2013</b>
Third-party	<b>\$ 441,363</b>	\$ 431,452
Self-pay	<b>18,317</b>	15,301
Total all payors	<b>\$ 459,680</b>	446,753

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 collectibility 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 and Subsidiaries

### Notes to Consolidated 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 \$46.4 million and \$42.2 million at September 30, 2014 and 2013, respectively. The allowance for doubtful accounts for self-pay patients was approximately 87.5% and 78.5% of self-pay accounts receivable as of September 30, 2014 and 2013, respectively. Overall, the total of self-pay discounts and write-offs did not change significantly in 2014.

#### **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 health care 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. During the year ended September 30, 2014, the Hospital amended its Charity Care policy. Based upon the policy change, the Hospital experienced increased charity care write offs during the year.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$31.2 million and \$27.9 million for the years ended September 30, 2014 and 2013, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

The estimated cost of charity care provided was approximately \$22.1 million and \$16.8 million for the years ended September 30, 2014 and 2013, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by Hospital-specific data.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **3. Uncompensated Care and Community Benefit Expense (continued)**

For the years ended September 30, 2014 and 2013, bad debt expense, at charges, was approximately \$20.3 million and \$27.9 million, respectively. For the years ended September 30, 2014 and 2013, bad debt expense, at cost, was approximately \$9.1 million and \$11.1 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 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, 2014 and 2013, the Hospital received approximately \$14.4 million and \$17.7 million, respectively, in CDSHP distributions, of which approximately \$10.2 million and \$12.6 million, respectively, related to charity care. The Hospital made payments into CDSHP of approximately \$16.9 million for the years ended September 30, 2014 and 2013, 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 health care professionals to provide their services at no charge through participation in various community seminars and training programs.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 4. Investments and Assets Limited as to Use

The composition of investments, including investments held by the Trust, amounts on deposit with trustee in debt service fund, and assets limited as to use, is set forth in the following table (in thousands):

	2014	2013
Money market funds	\$ 10,153	\$ 7,737
U.S. equity securities	6,825	7,004
U.S. equity securities – common collective trusts	1,096	1,514
International equity securities <sup>(a)</sup>	7,300	7,224
Fixed income:		
U.S. government	19,543	18,018
U.S. government – common collective trusts	9,002	7,509
Corporate debt	3,803	3,733
International government <sup>(b)</sup>	6,334	6,536
Commodities	145	173
Hedge funds:		
Long/short equity <sup>(c)</sup>	69	57
Real estate <sup>(d)</sup>	1,610	1,713
Interest in Yale University Endowment Pool <sup>(e)</sup>	66,684	56,188
Total	\$ 132,564	\$ 117,406

<sup>(a)</sup>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 or in direct foreign securities.

<sup>(b)</sup>Investments with external commodities futures manager.

<sup>(c)</sup>Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.

<sup>(d)</sup>Investments with external direct real estate managers and fund of funds managers. Investment vehicles both closed-end real estate investment trusts and limited partnerships.

<sup>(e)</sup>The 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 a strong orientation to equity investments with a strong allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

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

The Hospital ownership percentage of the Trust was approximately 7.6% and 9.2% as of September 30, 2014 and 2013, respectively. The Hospital's pro rata portion of the Trust's investments is included in the above table.

The Hospital has a 47.6% equity interest in Century Financial Services, Inc. (Century). At September 30, 2014 and 2013, the investment is included in other assets in the accompanying consolidated balance sheets. The investment in Century is carried on the equity basis of accounting and is adjusted for the Hospital's proportionate share of undistributed earnings or losses. Dividends received are deducted from the carrying value of the investment.

#### **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 (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment related to the Hospital's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time 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 and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2014, are as follows (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 882	\$ 20,321	\$ 20,788	\$ 41,991
Investment returns:				
Investment income	11	417	-	428
Net appreciation (realized and unrealized)	282	2,259	-	2,541
Total investment return	293	2,676	-	2,969
Appropriation of endowment assets for expenditure	-	(4,428)	-	(4,428)
Other changes:				
Contribution bequests	-	1,221	955	2,176
Endowment net assets, end of year	<u>\$ 1,175</u>	<u>\$ 19,790</u>	<u>\$ 21,743</u>	<u>\$ 42,708</u>

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

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 602	\$ 16,768	\$ 19,872	\$ 37,242
Investment returns:				
Investment income	9	468	-	477
Net appreciation (realized and unrealized)	271	1,836	-	2,107
Total investment return	280	2,304	-	2,584
Appropriation of endowment assets for expenditure	-	(1,333)	-	(1,333)
Other changes:				
Contribution bequests	-	2,582	916	3,498
Endowment net assets, end of year	<u>\$ 882</u>	<u>\$ 20,321</u>	<u>\$ 20,788</u>	<u>\$ 41,991</u>

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



## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets of approximately \$33.3 million and \$32.0 million for the years ended September 30, 2014 and 2013, respectively, are available for specific hospital operations, teaching, research, indigent and free care, and training.

Permanently restricted net assets of approximately \$21.7 million and \$20.8 million for the years ended September 30, 2014 and 2013, respectively, consist 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. Net assets of the Bridgeport Hospital Auxiliary, Inc. are included in temporarily restricted net assets.

#### 7. Debt

A summary of debt at September 30 is as follows (in thousands):

	2014	2013
Intercompany debt with YNHHS:		
Series D (fixed interest rates ranging from 2.00% to 5.00%)	\$ 32,110	\$ 34,350
Series E (3.47%, effective interest rate )	35,971	–
Tax-exempt debt:		
2010 term loan (3.22% fixed interest rate)	4,317	4,940
2012 term loan (1.66% fixed interest rate)	3,082	4,167
Line of credit (1.71% interest rate)	–	25,000
Note payable (6.9% fixed interest rate)	6,250	9,463
Capital lease obligations	20,207	95
	<b>101,937</b>	<b>78,015</b>
Add: premium	7,367	3,392
Less: current portion	(9,262)	(32,205)
	<b>\$ 100,042</b>	<b>\$ 49,202</b>

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **7. Debt (continued)**

In November 2010, the Hospital obtained a \$6.6 million term loan from the CHEFA. The proceeds of the loan were 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 ten years at a fixed interest rate of 3.22%.

In May 2012, the 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 formation of the Obligated Group, the Series D and E debt became an obligation of the Obligated Group and as such is reflected as intercompany debt with YNHHS.

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 a radiology practice, the Hospital entered into a note payable with the seller in the amount of \$15.1 million. The note is to be repaid in monthly installments over five years as discussed in Note 1.

In September 2013, the Hospital entered into and drew in full its \$25.0 million line of credit with a bank. The bank line of credit requires payment of the outstanding principal amount 12 months subsequent to the initial advance. The obligation bears interest at a rate equal to one-month LIBOR (London Interbank Offered Rate) plus 1.50% per annum. The bank line of credit was paid in full and closed in September 2014.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **7. Debt (continued)**

In June 2014, the Obligated Group issued Series E revenue bonds totaling approximately \$80.9 million. The Series E revenue bonds were issued as fixed rate bonds with an effective interest rate of 3.47%. The proceeds included a premium of approximately \$10.1 million. Approximately \$40.0 million of the proceeds were used to finance costs for the installation of machinery and equipment and various renovations and improvements to the Hospital's infrastructure. The remaining \$50.0 million was used for renovations at Y-NHH. The premium is being amortized and included as interest expense in the consolidated statement of operations and changes in net assets.

In connection with the formation of the Obligated Group, the Series D and E tax-exempt bonds became an obligation of the Obligated Group and as such are reflected as intercompany debt with YNHHSC. Under the terms of the Master Indenture, all members of the Obligated Group are jointly and severally liable for debt issued by YNHHSC on behalf of the Obligated Group.

The terms of the various financing arrangements between CHEFA, the Obligated Group, and the financial institutions providing the letters of credit and the Obligated Group provide for financial covenants regarding the Obligated Group's debt service coverage ratio and liquidity ratio. As of September 30, 2014, the Obligated Group was in compliance with such covenants.

In November 2013, BH entered into an arrangement with a developer to construct a 120,000-square-foot medical office building and adjacent garage in Fairfield County, Connecticut. The arrangement contains provisions for Bridgeport Hospital to begin leasing the property for a 25-year period beginning in April 2016. Management has evaluated the terms of the arrangement and recorded the project as a capital lease. Upon completion, the total estimated capital lease obligation will approximate \$102.0 million.

At September 30, 2014, construction costs totaled approximately \$20.2 million and are included in construction in progress on the accompanying consolidated balance sheet.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

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

	Debt	Capital Lease Obligations
2015	\$ 9,215	\$ 47
2016	5,713	3,662
2017	6,744	7,856
2018	4,466	7,856
2019	4,674	788
Thereafter	50,918	—
	\$ 81,730	20,209
Less: interest		(2)
Total capital lease obligation		\$ 20,207

Cash paid for interest for the years ended September 30, 2014 and 2013, approximated \$2.6 million and \$1.7 million, respectively.

Assets recorded under the capital lease obligations totaled approximately \$20.2 million and \$0.3 million as of September 30, 2014 and 2013, respectively. Accumulated depreciation for the capital lease obligations totaled approximately \$0.3 million for September 30, 2014 and 2013.

#### 8. Retirement Benefit Plans

The Hospital has 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 makes contributions in amounts sufficient to meet the required benefits to be paid to plan participants as they become due as required under the Employee Retirement Income Security Act of 1974.

On June 30, 2006, the Hospital froze its defined benefit plan. On October 1, 2006, the Hospital 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

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 8. Retirement Benefit Plans (continued)

employee's year of service and compensation. The Hospital expensed approximately \$9.4 million and \$9.5 million relating to the defined contribution plan for the years ended September 30, 2014 and 2013, respectively. Amounts due to the defined contribution plan amounted to approximately \$5.2 million at September 30, 2014 and 2013, 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 year-end balance sheet. Included in unrestricted net assets at September 30, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	<b>2014</b>	<b>2013</b>
Unrecognized actuarial loss	\$ (101,168)	\$ (80,198)

The actuarial loss included in unrestricted net assets at September 30, 2014, is approximately \$2.3 million and is expected to be recognized in net periodic benefit cost during the year ending September 30, 2015.

The following table sets forth the funded status of the Hospital's plans as of September 30 (in thousands):

	<b>Pension Benefits</b>	
	<b>2014</b>	<b>2013</b>
<b>Change in benefit obligation</b>		
Benefit obligation, beginning of year	\$ (179,605)	\$ (199,526)
Interest cost	(8,618)	(7,841)
Actuarial (loss) gain	(21,944)	21,397
Benefits paid	6,730	6,365
Benefit obligation, end of year	\$ (203,437)	\$ (179,605)
<b>Change in plan assets</b>		
Fair value of plan assets, beginning of year	\$ 136,660	\$ 132,485
Actual return on plan assets	8,015	8,020
Employer contribution	7,211	2,520
Benefits paid	(6,730)	(6,365)
Fair value of plan assets, end of year	\$ 145,156	\$ 136,660
Accrued pension obligation	\$ (58,281)	\$ (42,945)

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 8. Retirement Benefit Plans (continued)

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the tax benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation.

#### Accumulated Benefit Obligation

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

	2014	2013
Projected benefit obligation	\$ 203,437	\$ 179,605
Accumulated benefit obligation	203,437	179,605
Fair value of plan assets	145,156	136,660

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

	<b>Pension Benefits</b>	
	2014	2013
<b>Components of net periodic benefit cost</b>		
Interest cost	\$ 8,618	\$ 7,841
Expected rate of return on plan assets	(9,302)	(9,348)
Recognized net actuarial loss	2,261	2,740
Net periodic benefit cost	\$ 1,577	\$ 1,233

Bridgeport Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**8. Retirement Benefit Plans (continued)**

**Assumptions**

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

	<b>Pension Benefits</b>	
	<b>2014</b>	<b>2013</b>
Discount rate	<b>4.30%</b>	4.90%

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

	<b>Pension Benefits</b>	
	<b>2014</b>	<b>2013</b>
Discount rate	<b>4.90%</b>	4.00%
Expected long-term return on plan assets	<b>6.75</b>	6.75

**Measurement Date**

The measurement date used to determine pension benefits is September 30 in 2014 and 2013.

**Plan Assets**

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

	<b>Target Allocation</b>	<b>Percentage of Plan Assets</b>	
	<b>2015</b>	<b>2014</b>	<b>2013</b>
Asset category:			
Equity securities	35%	<b>42%</b>	40%
Debt securities	39	<b>38</b>	43
Alternative investments	26	<b>20</b>	17
Total	100%	<b>100%</b>	100%

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 8. Retirement Benefit Plans (continued)

The pension assets carried at fair value as of September 30, 2014 and 2013, are classified in the following tables in one of the three categories described in Note 15 (in thousands):

	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,077	\$ —	\$ —	\$ 6,077
U.S. equity securities	28,116	—	—	28,116
International equity securities	26,837	—	—	26,837
Fixed income:				
U.S. government	17,018	—	—	17,018
Corporate debt	26,543	—	—	26,543
International government	11,431	—	—	11,431
Hedge funds:				
Long/short equity	—	190	—	190
Multi-strategy/other	—	—	25,455	25,455
Real estate	3,489	—	—	3,489
Total investments as of September 30, 2014	<u>\$ 119,511</u>	<u>\$ 190</u>	<u>\$ 25,455</u>	<u>\$ 145,156</u>

The pension assets carried at fair value as of September 30, 2013, are classified in the following tables in one of the three categories described in Note 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>



## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated 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 October 1, 2012	\$	8,689
2013 unrealized gains and losses		666
2013 purchases		1,150
		10,505
Fair value at September 30, 2013		10,505
<b>2014 unrealized gains and losses</b>		<b>950</b>
<b>2014 purchases</b>		<b>14,000</b>
		<b>25,455</b>
<b>Fair value at September 30, 2014</b>	<b>\$</b>	<b>25,455</b>

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's and its affiliates' expected contribution to the defined benefit pension plan in 2015 is approximately \$10.5 million.

*Estimated Future Benefit Payments:* The Hospital and its affiliates expect to pay the following benefit payments as appropriate (in thousands):

2015	\$	7,944
2016		8,289
2017		8,738
2018		9,841
2019		10,119
2020 to 2025		58,736

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **9. Professional Liability and Self-Insurance Arrangements**

Y-NHH 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 Y-NHH 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 \$41.4 million and \$44.8 million at September 30, 2014 and 2013, respectively. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$15.7 million and \$13.6 million at September 30, 2014 and 2013, respectively, and is included in professional insurance liabilities in the accompanying balance sheets at the actuarially determined present value of approximately \$13.9 million and \$12.1 million, respectively, based on a discount rate of 2.5% for the years ended September 30, 2014 and 2013.

The Hospital has recorded related insurance recoveries receivable of approximately \$27.6 million and \$32.7 million at September 30, 2014 and 2013, 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 represent an estimate of expected settlements and insurance recoveries over the next 12 months.

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations that 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.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 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 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 consolidated financial position or results of operations of the Hospital.

The Hospital and its subsidiaries have various lease agreements, some of which provide for adjustments to future lease payments.

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 2014 and 2013.

The Hospital obtained a surety bond to provide coverage to the State of Connecticut for unemployment compensation in 2012. There were no amounts outstanding in 2014 or 2013.

The Hospital has various lease agreements. Lease expense for the years 2014 and 2013, was approximately \$5.4 million and \$4.7 million, respectively. Future minimum payments under these leases are as follows:

2015	\$	4,820
2016		4,462
2017		3,181
2018		2,364
2019		2,331
Thereafter		12,246
	\$	<u>29,404</u>

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 11. Functional Expenses

The Hospital and its subsidiaries provide general health care services to residents within their geographic location, including pediatric care, cardiac catheterization and outpatient surgery. Net expenses related to providing these services for the years ended September 30 are as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Health care services	\$ 335,408	\$ 330,224
General and administrative	94,602	82,556
	<u>\$ 430,010</u>	<u>\$ 412,780</u>

#### 12. Related-Party Transactions

The Hospital purchased certain services for the years ended September 30 from YNHHS as follows (in thousands):

	<u>2014</u>	<u>2013</u>
Operating expenses:		
Information systems	\$ 21,360	\$ 21,811
System business office	10,249	9,289
Other business services	28,632	27,069
	<u>\$ 60,241</u>	<u>\$ 58,169</u>

The Hospital funds certain capital assets purchased by YNHHS. Included in prepaid expenses and other assets were approximately \$34.0 million at September 30, 2014, and approximately \$35.0 million at September 30, 2013.

Included in depreciation and amortization expense for each of the years ended September 30, 2014 and 2013, is approximately \$8.6 million and \$2.2 million, respectively, of costs allocated from YNHHS for shared capital projects.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 12. Related-Party Transactions (continued)

Accounts receivable to related organizations is included in other current assets, and accounts payable to related organizations is included in accrued expenses in the accompanying consolidated balance sheets for the years ended September 30 as follows (in thousands):

	<b>2014</b>	<b>2013</b>
Accounts receivable:		
Y-NHH	\$ 890	\$ —
YNHHSC	1,637	837
	\$ 2,527	\$ 837
Accounts payable:		
YNHHSC	\$ 24,676	\$ 15,710
NEMG	1,784	1,355
Greenwich Hospital	179	34
	\$ 26,639	\$ 17,099

Included in the consolidated statement of operations and changes in net assets are amounts funded by the Hospital for physician-related strategic mission support for NEMG of approximately \$17.7 million and \$13.0 million for the years ended September 30, 2014 and 2013, respectively.

#### 13. Other Revenue

Other revenue consisted of the following (in thousands):

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
Cafeteria and vending	\$ 1,898	\$ 1,934
Parking income	1,417	1,447
Net assets released from restrictions for operations	7,069	6,346
Electronic health records incentive payment	3,004	3,587
Pediatric ancillary services	9,326	9,569
Other	4,852	3,325
	\$ 27,566	\$ 26,208

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **13. Other Revenue (continued)**

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 depends 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 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 \$2.3 million and \$2.6 million for the years ended September 30, 2014 and 2013, respectively. Medicaid EHR incentive payment revenue was approximately \$0.7 million and \$1.0 million for the years ended September 30, 2014 and 2013, respectively. EHR incentive payment revenue is included in other revenue in the accompanying consolidated statements of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 14. Non-Operating Gains and Losses, Net

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

	Year Ended September 30	
	2014	2013
Income from investments and other, net	\$ 1,418	\$ 447
Change in unrealized gains and losses on investments	4,434	3,522
	<u>\$ 5,852</u>	<u>\$ 3,969</u>

Contributions received consisted of the following (in thousands):

	Year Ended September 30	
	2014	2013
Unrestricted contributions	\$ 714	\$ 634
Temporarily restricted contributions	4,284	3,832
Permanently restricted contributions	955	906
Total contributions	<u>5,953</u>	<u>5,372</u>
Less: Fundraising costs	<u>2,109</u>	<u>2,069</u>
	<u>\$ 3,844</u>	<u>\$ 3,303</u>

#### 15. Fair Values 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, *Fair Value Measurement*, 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.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 15. Fair Values Measurements (continued)

- Level 2: Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- Level 3: Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets carried at fair value as of September 30, 2014 and 2013, are classified in the following tables in the three categories described above (in thousands):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 29,461	\$ —	\$ —	\$ 29,461
Money market funds	10,153	—	—	10,153
U.S. equity securities	6,825	—	—	6,825
International equity securities	7,300	—	—	7,300
Fixed income:				
U.S. government	19,543	—	—	19,543
Corporate debt	3,803	—	—	3,803
International government	3,937	2,397	—	6,334
Interest in Yale University Endowment Pool	—	—	66,684	66,684
Investments at fair value	\$ 81,022	\$ 2,397	\$ 66,684	150,103
Common collective trusts				10,098
Alternative investments				1,824
Investments not at fair value				11,922
Total investments as of September 30, 2014				\$ 162,025



## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 15. Fair Values Measurements (continued)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 30,636	\$ —	\$ —	\$ 30,636
Money market funds	7,737	—	—	7,737
U.S. equity securities	7,004	—	—	7,004
International equity securities	7,224	—	—	7,224
Fixed income:				
U.S. government	18,018	—	—	18,018
Corporate debt	3,733	—	—	3,733
International government	4,022	2,514	—	6,536
Interest in Yale University Endowment Pool	—	—	56,188	56,188
Investments at fair value	\$ 78,374	\$ 2,514	\$ 56,188	137,076
Common collective trusts				9,023
Alternative investments				1,943
Investments not at fair value				10,966
Total investments as of September 30, 2013				\$ 148,042

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, 2012	\$ 46,760
2013 unrealized gains	9,428
Fair value at September 30, 2013	56,188
<b>2014 unrealized gains</b>	<b>10,496</b>
<b>Fair value at September 30, 2014</b>	<b>\$ 66,684</b>

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, 2014 and 2013, is approximately \$90.7 million and \$57.8 million, respectively. The fair value of capital leases was approximately \$20.3 million at September 30, 2014. 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.

## Bridgeport Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **16. Subsequent Events**

Subsequent events have been evaluated through December 23, 2014, which is the date the consolidated financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the consolidated financial statements.

## Supplementary Information



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## Report of Independent Auditors on Supplementary Information

The Board of Directors  
Bridgeport Hospital and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Bridgeport Hospital and Subsidiaries as of and for the year ended September 30, 2014, and have issued an unmodified opinion thereon dated December 23, 2014. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

December 23, 2014

# Bridgeport Hospital and Subsidiaries

## Consolidating Balance Sheet

(In Thousands)

September 30, 2014

	<b>Hospital</b>	<b>Foundation</b>	<b>Properties</b>	<b>Eliminations</b>	<b>Total</b>
<b>Assets</b>					
Current assets:					
Cash and cash equivalents	\$ 28,527	\$ 913	\$ 21	\$ –	\$ 29,461
Short-term investments	37,860	34,892	–	–	72,752
Accounts receivable	49,732	–	–	–	49,732
Professional liabilities insurance recoveries receivable – current portion	8,273	–	–	–	8,273
Other current assets	22,162	730	9	(1,710)	21,191
Assets limited as to use	247	–	–	–	247
<b>Total current assets</b>	<b>146,801</b>	<b>36,535</b>	<b>30</b>	<b>(1,710)</b>	<b>181,656</b>
Assets limited as to use	3,856	1,210	–	–	5,066
Long-term investments	25,131	29,368	–	–	54,499
Professional liabilities insurance recoveries receivable – non-current	19,303	–	–	–	19,303
Deferred financing costs	1,290	–	–	–	1,290
Interest in Bridgeport Hospital Foundation, Inc.	65,812	–	–	(65,812)	–
Other assets	28,025	730	–	–	28,755
Goodwill	17,217	–	–	–	17,217
Property, plant, and equipment:					
Land, buildings, and improvements	122,928	–	1,473	–	124,401
Equipment	308,888	–	–	–	308,888
	431,816	–	1,473	–	433,289
Less accumulated depreciation and amortization	(303,677)	–	(412)	–	(304,089)
	128,139	–	1,061	–	129,200
Construction in progress	37,001	–	–	–	37,001
<b>Total assets</b>	<b>\$ 472,575</b>	<b>\$ 67,843</b>	<b>\$ 1,091</b>	<b>\$ (67,522)</b>	<b>\$ 473,987</b>

## Bridgeport Hospital and Subsidiaries

### Consolidating Balance Sheet (continued)

*(In Thousands)*

	<b>Hospital</b>	<b>Foundation</b>	<b>Properties</b>	<b>Eliminations</b>	<b>Total</b>
<b>Liabilities and net assets</b>					
Current liabilities:					
Accounts payable	\$ 10,476	\$ —	\$ —	\$ —	\$ 10,476
Accrued expenses	58,396	70	24	—	58,490
Current portion of long-term debt and capital lease obligation	9,262	—	—	—	9,262
Professional liabilities – current portion	8,273	—	—	—	8,273
Other current liabilities	4,590	1,583	127	(1,710)	4,590
<b>Total current liabilities</b>	<b>90,997</b>	<b>1,653</b>	<b>151</b>	<b>(1,710)</b>	<b>91,091</b>
Long-term debt, net of current portion	79,882	—	—	—	79,882
Long-term capital lease obligation, net of current portion	20,160	—	—	—	20,160
Accrued pension obligation	58,281	—	—	—	58,281
Professional liabilities	33,169	—	—	—	33,169
Other long-term liabilities	34,253	378	—	—	34,631
<b>Total liabilities</b>	<b>316,742</b>	<b>2,031</b>	<b>151</b>	<b>(1,710)</b>	<b>317,214</b>
Net assets:					
Unrestricted	100,811	34,454	940	(34,454)	101,751
Temporarily restricted	33,279	15,023	—	(15,023)	33,279
Permanently restricted	21,743	16,335	—	(16,335)	21,743
<b>Total net assets</b>	<b>155,833</b>	<b>65,812</b>	<b>940</b>	<b>(65,812)</b>	<b>156,773</b>
<b>Total liabilities and net assets</b>	<b>\$ 472,575</b>	<b>\$ 67,843</b>	<b>\$ 1,091</b>	<b>\$ (67,522)</b>	<b>\$ 473,987</b>

## Bridgeport Hospital and Subsidiaries

### Consolidating Statement of Operations and Changes in Net Assets (In Thousands)

Year Ended September 30, 2014

	Hospital	Foundation	Parent	Properties	Eliminations	Total
Operating revenue:						
Net patient service revenue	\$ 459,680	\$ –	\$ –	\$ –	\$ –	\$ 459,680
Less: Provision for bad debts	(20,305)	–	–	–	–	(20,305)
Net patient service revenue, less provision for bad debts	439,375	–	–	–	–	439,375
Other revenue	24,165	3,250	–	155	(4)	27,566
Total operating revenue	463,540	3,250	–	155	(4)	466,941
Operating expenses:						
Salaries and benefits	201,556	–	–	–	–	201,556
Supplies and other expenses	190,937	3,250	–	209	(4)	194,392
Depreciation and amortization	30,957	–	–	59	–	31,016
Insurance	480	–	–	–	–	480
Interest	2,566	–	–	–	–	2,566
Total operating expenses	426,496	3,250	–	268	(4)	430,010
Income (loss) from operations	37,044	–	–	(113)	–	36,931
Non-operating gains and losses, net	5,852	2,395	–	–	(2,395)	5,852
Excess (deficiency) of revenue over expenses	42,896	2,395	–	(113)	(2,395)	42,783
Unrestricted net assets:						
Excess (deficiency) of revenue over expenses	42,896	2,395	–	(113)	(2,395)	42,783
Net assets released from restrictions used for capital acquisitions	2,445	–	–	–	–	2,445
Net change in Interest in Foundation	–	1,637	–	–	(1,637)	–
Transfers (to) from BH	(3,904)	–	3,904	–	–	–
Transfers to YNHHSC	(25,000)	–	–	–	–	(25,000)
Transfers to YNHHSC – mission support	(17,682)	–	–	–	–	(17,682)
Other transfers	(13)	–	(152)	50	–	(115)
Pension liability adjustment	(20,970)	–	–	–	–	(20,970)
(Decrease) increase in unrestricted net assets	(22,228)	4,032	3,752	(63)	(4,032)	(18,539)

## Bridgeport Hospital and Subsidiaries

### Consolidating Statement of Operations and Changes in Net Assets (continued) (In Thousands)

	<b>Hospital</b>	<b>Foundation</b>	<b>Parent</b>	<b>Properties</b>	<b>Eliminations</b>	<b>Total</b>
Temporarily restricted net assets:						
Net changes in interest in the Foundation:						
Net assets released from restrictions used for operations	\$ (3,250)	\$ —	\$ —	\$ —	\$ 3,250	\$ —
Change in unrealized gains and losses on investments	993	—	—	—	(993)	—
Bequests, contributions, and grants	6,328	—	—	—	(6,328)	—
Net realized investment gains and losses	369	—	—	—	(369)	—
Transfers to the Hospital	(3,978)	—	—	—	3,978	—
Other changes in net assets	350	—	—	—	(350)	—
Net assets released from restrictions used for operations	(3,819)	(3,250)	—	—	—	(7,069)
Net assets released from restrictions used for capital acquisitions	(2,445)	—	—	—	—	(2,445)
Change in unrealized gains and losses on investments	1,942	993	—	—	—	2,935
Bequests, contributions, and grants	—	6,328	—	—	—	6,328
Net realized investment gains	387	369	—	—	—	756
Other changes in net assets	391	350	—	—	—	741
Transfers from the Foundation and other transfers	3,978	(3,978)	—	—	—	—
Increase (decrease) in temporarily restricted net assets	1,246	812	—	—	(812)	1,246
Permanently restricted net assets:						
Bequests, contributions, and grants	955	954	—	—	(954)	955
Increase (decrease) in permanently restricted net assets	955	954	—	—	(954)	955
(Decrease) increase in net assets	(20,027)	5,798	3,752	(63)	(5,798)	(16,338)
Net assets (deficiency) at beginning of year	175,860	60,014	(3,752)	1,003	(60,014)	173,111
Net assets (deficiency) at end of year	\$ 155,833	\$ 65,812	\$ —	\$ 940	\$ (65,812)	\$ 156,773



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