

Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

OMB No. 1545-0687

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

1809

2017► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA Check box if
address changedPrint
or
TypeName of organization (Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions.)**BRIDGEPORT HOSPITAL**E Unrelated business activity codes
(See instructions.)

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

267 GRANT STREET

621500 541700

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

BRIDGEPORT, CT 06610C Book value of all assets
at end of year**672,075,816.**

F Group exemption number (See instructions.)

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ►

SEE STATEMENT 1I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes NoIf "Yes," enter the name and identifying number of the parent corporation. ► **SEE STATEMENT 7**J The books are in care of ► **DENIS DONEGAN**Telephone number ► **203-688-6088****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales		c Balance	►	1c		
b	Less returns and allowances				2		
2	Cost of goods sold (Schedule A, line 7)				3		
3	Gross profit. Subtract line 2 from line 1c				4a		
4a	Capital gain net income (attach Schedule D)				4b		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				4c		
c	Capital loss deduction for trusts				5	-531.	STMT 3
5	Income (loss) from partnerships and S corporations (attach statement)				6		
6	Rent income (Schedule C)				7		
7	Unrelated debt-financed income (Schedule E)				8		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				9		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				10		
10	Exploited exempt activity income (Schedule I)				11		
11	Advertising income (Schedule J)				12	292,016.	292,016.
12	Other income (See instructions; attach schedule)	STATEMENT 4			13	291,485.	291,485.
13	Total. Combine lines 3 through 12						

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

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

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)	STATEMENT 8	SEE STATEMENT 5	20	0.
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)	MAY 06 2020		26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	161,630.
29	Total deductions. Add lines 14 through 28			29	161,630.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	129,855.
31	Net operating loss deduction (limited to the amount on line 30)			31	129,855.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____

(2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ►

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

 Tax rate schedule or Schedule D (Form 1041) ►

36

37 Proxy tax. See instructions ►

37

38 Alternative minimum tax ►

38

39 Tax on Non-Compliant Facility Income. See Instructions ►

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ►

40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ►

41a

b Other credits (see instructions) ►

41b

c General business credit. Attach Form 3800 ►

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) ►

41d

e Total credits. Add lines 41a through 41d ►

41e

42 Subtract line 41e from line 40 ►

42 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ►

43

44 Total tax. Add lines 42 and 43 ►

44 0.

45a Payments: A 2016 overpayment credited to 2017 ►

45a 12,648.

b 2017 estimated tax payments ►

45b

c Tax deposited with Form 8868 ►

45c

d Foreign organizations: Tax paid or withheld at source (see Instructions) ►

45d

e Backup withholding (see Instructions) ►

45e

f Credit for small employer health insurance premiums (Attach Form 8941) ►

45f

g Other credits and payments: Form 2439 ►

45g

 Form 4136 ► Other ►

Total ►

46 Total payments. Add lines 45a through 45g ►

46 12,648.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ►

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ►

49 12,648.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ►

50 12,648. Refunded ►

50 0.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

Yes

No

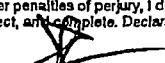
X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

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

Sign Here  Date 1/4/2018 Title SENIOR VP/CFO

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
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Firm's name ►	Firm's EIN ►
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Firm's address ►	Phone no.
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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2		
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

7 Cost of goods sold. Subtract line 6
from line 5. Enter here and in Part I,
line 2

8 Do the rules of section 263A (with respect to
property produced or acquired for resale) apply to
the organization?

Yes
No

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

(see instructions)

1. Description of property

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

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter
here and on page 1, Part I, line 6, column (A) ►(b) Total deductions.
Enter here and on page 1,
Part I, line 6, column (B) ► 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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

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

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

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

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

BRIDGEPORT HOSPITAL

06-0646554

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

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

TO FORM 990-T, PAGE 1

STATEMENT(S) 1

FOOTNOTES

STATEMENT 2

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

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

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

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

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

BRIDGEPORT HOSPITAL

06-0646554

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

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

FORM 990-T OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
MANAGEMENT SERVICE - RADIOLOGY	19,406.
LABORATORY SERVICE FOR NON-HOSPITAL PATIENTS	103,949.
MANAGEMENT SERVICE - PURCHASING COALITION	164,285.
SESSION LEASE	4,376.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	292,016.

FORM 990-T CONTRIBUTIONS STATEMENT 5

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

FORM 990-T OTHER DEDUCTIONS STATEMENT 6

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

BRIDGEPORT HOSPITAL

06-0646554

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

CORPORATION'S NAME

IDENTIFYING NO

YALE NEW HAVEN HEALTH SERVICES CORP

22-2529464

BRIDGEPORT HOSPITAL

06-0646554

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 8

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	18,875
FOR TAX YEAR 2013	55,000
FOR TAX YEAR 2014	15,000
FOR TAX YEAR 2015	5,000
FOR TAX YEAR 2016	5,000

TOTAL CARRYOVER	98,875
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	16,000

TOTAL CONTRIBUTIONS AVAILABLE	114,875
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	114,875
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	114,875

ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
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BRIDGEPORT HOSPITAL

06-0646554

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 9

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