

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****2017**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://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 OnlyA ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see  
instructions.)

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print  
or  
Type**BRIDGEPORT HOSPITAL****06-0646554**

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

**267 GRANT STREET**E Unrelated business activity codes  
(See instructions.)

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

**BRIDGEPORT, CT 06610****621500 541700**C 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 trustH Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**I 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			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-531.	STMT 3
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) <b>STATEMENT 4</b>	12	292,016.	292,016.
13 Total. Combine lines 3 through 12	13	291,485.	291,485.

**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) <b>STATEMENT 8 SEE STATEMENT 5</b>	20	0.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) <b>SEE STATEMENT 6</b>	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) <b>SEE STATEMENT 920</b>	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 ☐ Form 4136 ☐ Other Total 45g**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 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

**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.

Yes No

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

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.

Signature of officer

Date

SENIOR VP/CFO  
TitleMay 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 ☐ if self-employed PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Form 990-T (2017)

**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		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 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		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
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.	0.

Form 990-T (2017)

**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 BUSINESS ACTIVITY	STATEMENT 1
------------	--	-------------

---

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

## 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
-----------------------------------	---

TOTAL CONTRIBUTION DEDUCTION	0
------------------------------	---

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.