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# $_{\text{Form}}990$

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 black lung benefit trust or private foundation)

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

2008

OMB No 1545-0047

Open to Public Inspection

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A Fo	r the 2	2008 ca	lendar year	r, or tax year beginning 10-01-2008  C Name of organization	and ending 09-30-200	9	_	D Employer i	dentification number
_		plicable	Please	YALE-NEW HAVEN HOSPITAL				D Employer i	delitification namber
Add	dress cha	ange	use IRS label or	Doing Business As				06-06466 E Telephone	
Na	me chan	nge	print or	Doing Business As				E reiepilone	Humber
Init	ial retur	n	type. See Specific	Number and street (or P O box if mail	is not delivered to street addre	ess) Room/e	suite	(203) 688	
— <sub>Tei</sub>	mınatıor	n	Instruc- tions.	20 YORK STREET	is not delivered to street duale	.55, 100111,	Suite	G Gross rece	<b>ipts</b> \$ 1,310,182,001
_	ended r			City or town, state or country, and ZIP	± 4				
				NEW HAVEN, CT 06504	T 4				
Apı	olication	pending							
				ne and address of Principal Officer		H(a) I	s this	a group retu	rn for
				N BORGSTROM RK STREET		a	ffiliat	es?	ΓYes <b>Γ</b> Nο
				AVEN,CT 06504		U/6\ A	ua all	affiliates inclu	ided?
<b>I</b> Ta	x-exem <sub>l</sub>	pt status		(3) ◀ (insert no )	□ 527				st See instructions )
	- 114 -	14/14/		n.c.				Exemption N	
J W	ed site	3: <b>F</b> VV VV	W YNHH O	RG		"(c)	J. J. J.	ZXOMPTION	
<b>K</b> Tyn	e of ora:	anization	✓ Corporati	on trust association other		l Vear	of For	mation 1826	M State of legal domicile CT
Кіўр	e or orga	amzation	j. Corporati	on trust association, other p		Licar	01 1 01	mation 1020	14 State of legal doffliche C1
Pa	rt I	Sumi							
	1			e organization's mission or most si	gnificant activities				
2	'	TO PRO	VIDE HEA	LTH CARE SERVICES					
Ě									
Governance									
Š			•	if the organization discontinued its				o% of its ass	
	3	Number	of voting n	nembers of the governing body (Pa	rt VI, line 1a)			3	19
eg eg	4	Number	ofindepen	dent voting members of the goverr	ning body (Part VI, line 1t	o) <b></b>	•	. 4	14
Activities &	5	Total nu	ımber of em	nployees (Part V, line 2a)				5	8,651
鬟	6	Total nu	ımber of vo	lunteers (estimate if necessary)				6	1,612
ď	7a	Total gr	oss unrelat	ted business revenue from Part VI	II, line 12, column (C)			7a	2,540,122
	ь	Net unr	elated busi	ness taxable income from Form 99	0-T, line 34			7b	-674,948
							Prio	r Year	Current Year
	8	Contri	butions and	grants (Part VIII, line 1h)			36,578,744	40,280,904	
Revenue	9	Progra	m service i	revenue (Part VIII, line 2g)	1,0	56,936,814	1,196,643,816		
Ϋ́	10	Invest	ment incon	ne (Part VIII, column (A), lines 3,	4, and 7d)		27,612,021	-52,774,974	
益	11	Other	revenue (Pa	art VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)			42,243,573	34,815,452
	12	Totalr	evenue—ac	dd lines 8 through 11 (must equal i	Part VIII, column (A), lin	e			
		12)					1,1	.63,371,152	1,218,965,198
	13	Grants	and simila	r amounts paid (Part IX, column (A	A), lines 1-3)			42,000	2,521,957
	14	Benefit	ts paid to o	r for members (Part IX, column (A	), line 4)				0
co.	15		s, other co	mpensation, employee benefits (P	art IX, column (A ), lines 5	5 –			576745404
Expenses		10)						193,966,608	576,745,404
<b>₹</b>	16a			raising fees (Part IX, column (A), l					145,200
五	b	(Total fu	ındraising exp	penses, Part IX, column (D), line 25 $\frac{1,728}{1}$	,422)				
	17	Other	expenses (	Part IX, column (A), lines 11a-11	d, 11f-24f)		5	64,261,826	590,556,549
	18	Totale	expenses—	add lines 13–17 (must equal Part	IX, line 25, column (A))		1,0	58,270,434	1,169,969,110
	19	Reven	ue less exp	enses Subtract line 18 from line 1	.2		1	.05,100,718	48,996,088
8 8 8						Вед	ginniı	ng of Year	End of Year
Net Assets or Fund Balances	20	Totala	assets (Par	t X, line 16)			1,4	49,112,745	1,570,953,316
Ass I Ba	21		,	art X, line 26)				328,206,019	983,009,908
e Part	22			d balances Subtract line 21 from l	ına 20			· · · · · ·	
					111E ZU			520,906,726	587,943,408
Pai	rt II		ature Blo						a black of man broaded a
				rjury, I declare that I have examined this correct, and complete Declaration of preparation					
Plea	se	l k				1:	2010-	07-26	
Sigr	1	Signa	ature of office	r			Date	07 20	
Her	е	L JAME	S STATEN CH	HIEF FINANCIAL OFFICER					
			or print name						
		Preparer'	's <b>h</b>		Date	Check If		Preparer's PTI	N (See Gen Inst )
Paid		signature			2010-08-09	self-	. —	,	,,
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				ATLANTA, GA 30308				Phone no 🕨	
Mau.	tha IDC	dicaria	c this rotur	rn with the preparer shown above?	(Coo instructions)				⊤Yes ▼ No

Form 990 (2008)

Part III Statement of Program Service Accomplishments (See the instructions.) Briefly describe the organization's mission TO PROVIDE HEALTH CARE SERVICES Did the organization undertake any significant program services during the year which were not listed on ┌ Yes ┌ No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 1,009,770,443 including grants of \$ 2,521,957 ) (Revenue \$ 4a (Code ) (Expenses \$ 1,231,479,979) SEE 4C BELOW AND CONTINUATION ON SCHEDULE O ) (Expenses \$ including grants of \$ ) (Revenue \$ 4ь (Code SEE 4C BELOW AND CONTINUATION ON SCHEDULE O

) (Expenses \$

YALE-NEW HAVEN HOSPITAL (Y-NHH) IS A 944 -BED TERTIARY REFERRAL CENTER WHICH INCLUDES SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN, THE 201-BED YALE-NEW HAVEN CHILDREN'S HOSPITAL AND THE 76-BED YALE-NEW HAVEN PSYCHIATRIC HOSPITAL THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE, YALE-NEW HAVEN'S MEDICAL STAFF IS ENHANCED BY 471 SUPERVISED HOUSE STAFF PHYSICIANS (RESIDENTS) WHO ADD AROUND-THE-CLOCK COVERAGE TO PATIENT CARE YALE-NEW HAVEN'S MEDICAL STAFF IS ENHANCED BY 471 SUPERVISED HOUSE STAFF PHYSICIANS (RESIDENTS) WHO ADD AROUND-THE-CLOCK COVERAGE TO PATIENT CARE YALE-NEW HAVEN REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U S AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) RELYING ON THE SKILLS OF APPROXIMATELY 2,200 UNIVERSITY-BASED AND COMMUNITY PHYSICIANS PRACTICING MORE THAN 100 MEDICAL SPECIALTIES, YALE-NEW HAVEN, SMILOW CANCER HOSPITAL, THE CHILDREN'S HOSPITAL AND THE PSYCHIATRIC HOSPITAL PROVIDED SERVICES FOR MORE THAN 575,000 OUTPATIENT AND EMERGENCY VISITS AND 54,500 DISCOMBRIGHT SAND THE CANCER AND THE YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YALE SCHOOL OF MEDICINE AND THE YALE CANCER CENTER, IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAVE RECOGNIZED THESE FACILITIES FOR THE EXCELLENCE OF THE CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS AND CLAUDE D PEPPER OLDER AMERICANS INDEPENDENCE CENTER HOSPITAL SERVICES RECOGNIZED BY ANTHEM BLUE CROSS AND BLUE SHIELD AS BLUE DISTINCTION CENTERS INCLUDE BARIATRIC SERVICES, HIP, KNEE AND SPINE AND RARE AND COMPLEX CANCERS ADDITIONAL CENTERS OF EXCELLENCE RECOGNIZED BY PAYORS INCLUDE NEONATAL AND TRANSPLANT SERVICES FOR BONE MARROW AND LIVER TRANSPLANTS FOR THE THIRD CONSECUTIVE YEAR, YALE-NEW HAVEN HOSPITAL WAS RECOGNIZED IN U.S. NEWS & WORLD REPORT'S ANNUAL HONOR ROLL OF AMERICA'S BEST HOSPITALS. THE HOSPITAL RANKED 17TH ON THE ELITE HONOR ROLL LIST AND WAS RANKED AMONG THE BEST IN THE U.S. IN TWELVE SPECIALTIES. CANCER, DIGESTIVE DISORDERS, EAR, NOSE AND THROAT, DIABETES AND ENDOCRINE DISORDERS, GERIATRIC CARE, GYNECOLOGY, HEART AND HEART SURGERY, KIDNEY DISORDERS, NEUROLOGY AND NEUROSURGERY, PSYCHIATRY, RESPIRATORY DISORDERS, AND UROLOGY DURING FISCAL YEAR 2009, YALE-NEW HAVEN HOSPITAL PROVIDED 189 1 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 115 6 MILLION IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 65 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 7 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW YALE-NEW HAVEN PRESCRIPTION ASSISTANCE PROGRAM - THE PRESCRIPTION ASSISTANCE PROGRAM HELPS Y-NHH PATIENTS WITH LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS IN ITS FIRST 30 MONTHS, THE 340B PROGRAM PROVIDED OVER 32,000 PRESCRIPTIONS THROUGH THE EMERGENCY DEPARTMENT, PRIMARY CARE CENTER SERVICES AND OTHER OUT-PATIENT VISITS AT Y-NHH, RESULTING IN MORE THAN960,000 IN SAVINGS TO PATIENTS TO ENHANCE ACCESSIBILITY FOR PATIENTS, THE MEDICAL CENTER PHARMACY CONSISTENTLY ADJUSTS THE FORMULARY AND EDUCATES PRESCRIBERS TO MINIMIZE PATIENT DRUG COSTS AND EXTEND PATIENT CARE LANGUAGE ASSISTANCE PROJECT - Y-NHH IMPLEMENTED A COMPREHENSIVE LANGUAGE ASSISTANCE PROJECT FOCUSED ON IMPROVING THE HEALTH CARE EXPERIENCES AND OUTCOMES FOR PATIENTS WITH LIMITED-ENGLISH ABILITY BY IMPROVING HOW STAFF IDENTIFY, ASSESS AND COMMUNICATE WITH THEM ALL EMPLOYEES WHO HAVE CONTACT WITH PATIENTS AND FAMILIES WERE TRAINED ONLINE ABOUT HOW TO ACCESS INTERPRETERS AND THE IMPORTANCE OF DOING SO KEY DOCUMENTS HAVE BEEN TRANSLATED INTO 14 TARGETED LANGUAGES EDUCATIONAL AND PROCEDURE PREPARATION DOCUMENTS ARE BEING TRANSLATED INTO LANGUAGES OF FREQUENT USE AND ADDED TO THE AVAILABLE BODY OF HEALTH LITERATURE THESE DOCUMENTS ARE AVAILABLE FOR DOWNLOAD FROM THE Y-NHH INTRANET, MAKE THEM ACCESSIBLE AND UPDATABLE NOW CLINICIANS CAN EASILY ACCESS PATIENT EDUCATION MATERIALS AND LEGAL DOCUMENTS IN THE APPROPRIATE LANGUAGE IN FY 2009, INTERPRETER SERVICES PROVIDED 53,918 INTERPRETATIONS WEB INFORMATION FOR NON-ENGLISH SPEAKING PATIENTS - IN FY 2009, Y-NHH'S WEBSITE CONTINUED TO PROVIDE A COMPREHENSIVE HEALTH INFORMATION AREA FOR SPANISH-SPEAKING VISITORS THE MATERIALS INCLUDE HOSPITAL INFORMATION SUCH AS VISITING HOURS AND KEY PHONE NUMBERS, ADVICE ABOUT TESTS AND SURGERY, INFORMATION ABOUT FREE AND LOW-COST SERVICES FOR THOSE WHO CANNOT AFFORD TO PAY, A HEALTH ENCYCLOPEDIA AS WELL AS TRANSLATIONS OF SELECTED HOSPITAL PUBLICATIONS THERE WERE ABOUT 12,600 VISITORS TO THE SPANISH-LANGUAGE COMPONENT OF THE WEBSITE COMMUNITY INVESTMENT PROGRAM. THE COMMUNITY INVESTMENT PROGRAM, IN PARTNERSHIP WITH THE HILL DEVELOPMENT CORPORATION (HDC) AND THE CITY OF NEW HAVEN, PROVIDES DIRECT FUNDING AND IN-KIND SUPPORT IN THE AREAS OF NEED IDENTIFIED BY THE COMMUNITY - SAFE AND AFFORDABLE HOUSING, CHILD CARE, YOUTH SERVICES, EDUCATION, COMMUNITY HEALTH OUTREACH, JOBS, JOB TRAINING AND APPRENTICESHIPS, ECONOMIC DEVELOPMENT, EDUCATION AND VOLUNTARY PAYMENTS EXAMPLES OF Y-NHH'S FIVE YEAR COMMITMENT INCLUDE 495,000 FOR HOME EMERGENCY REHABILITATION GRANTS FOR HILL HOMEOWNERS, FUNDING OF A COMMUNITY LIAISON, 1 MILLION CAREAUX COMMUNITY COLLEGES ASSOCIATE DECREE IN MURITURE DECREMANCE. TO GATEWAY COMMUNITY COLLEGE'S ASSOCIATE DEGREE IN NURSING PROGRAM, 1 5 MILLION FOR THE CITY OF NEW HAVEN'S COMMUNITY INVESTMENT PROGRAM, AND SEVERAL YOUTH INITIATIVES HOME OWNERSHIP PROGRAM - YALE-NEW HAVEN HOSPITAL'S HOME OWNERSHIP MADE EASIER (H O M E ) PROVIDE EMPLOYEES WITH THE RESOURCES AND SUPPORT TO BUY THEIR FIRST HOME THE PROGRAM OFFERS UP TO 10,000 IN FORGIVABLE LOANS AND INCENTIVES TO HELP EMPLOYEES PURCHASE A HOME IN NEW HAVEN EMPLOYEES WHO PURCHASE HOMES IN SPECIFIC NEIGHBÓRHOODS SURROUNDING THE Y-NHH CAMPUS HELP EMPLOYEES PURCHASE A HOME IN NEW HAVEN EMPLOYEES WHO PURCHASE HOMES IN SPECIFIC NEIGHBORHOODS SURROUNDING THE Y-NHH CAMPUS WILL BE ELIGIBLE FOR AN ADDITIONAL MORTGAGE SUBSIDY OF 200 PER MONTH DURING THE FIRST TWO YEARS OF THEIR HOME OWNERSHIP THIS SUBSIDY CAN INCREASE THE TOTAL BENEFIT BY 4,800 AS OF APRIL 2010, OVER 400,000 HAS BEEN AWARDED TO 51 EMPLOYEES HEALTH CARE SCREENINGS, EVALUATIONS AND OTHER PREVENTIVE HEALTH CARE PROGRAMS WOMEN'S HEART PROGRAM AT YALE-NEW HAVEN HOSPITAL - TO INCREASE AWARENESS AMONG WOMEN ABOUT THE IMPORTANCE OF GETTING RAPID AND APPROPRIATE TREATMENT WHEN EXPERIENCING SYMPTOMS OF A HEART ATTACK, Y-NHH PARTICIPATES IN AN AWARENESS CAMPAIGN PROMOTING WOMEN'S HEART HEALTH, THEREBY PROVIDING WOMEN IN THE COMMUNITY WITH IMPORTANT INFORMATION ABOUT THEIR CARDIOVASCULAR HEALTH. THE PROGRAM, FOR WHICH Y-NHH WAS THE NATIONAL PILOT SITE, IS DESIGNED TO EDUCATE WOMEN ABOUT THEIR RISK OF DEVELOPING HEART DISEASE, TO HIGHLIGHT THE SYMPTOMS OF A HEAT ATTACK AND TO ENCOURAGE WOMEN TO SEEK IMMEDIATE CARE SPECIFIC COMMUNITY OUTREACH ASPECTS OF THE WOMEN'S HEART PROGRAM AT YALE-NEW HAVEN HOSPITAL IN FY 2009 INCLUDED LISTEN AND LEARN - A COMMUNITY OUTREACH PROGRAM WHERE A Y-NHH NURSE TRAINED BY THE WOMEN'S HEART PROGRAM AT YALE-NEW HAVEN HOSPITAL GIVES TALKS TO CIVIC GROUPS AND CHURCHES ON WOMEN AND HEART DISEASE LISTEN AND LEARN GAVE 12 PRESENTATIONS IN FY 2009 REACHING 290 PARTICIPANTS HEALTH FAIRS - THE WOMEN'S HEART PROGRAM AT YALE-NEW HAVEN HOSPITAL PARTICIPATED IN 5 COMMUNITY HEALTH FAIRS IN FY 2009 REACHING NEARLY 500 ATTENDEES THE WISEWOMAN PROJECT (WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION) - CONNECTICUT WAS ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO ADMINISTER THIS PROGRAM AND Y-NHH WAS ONE OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM THIS PROGRAM IS INTEGRATED WITHIN THE EXISTING Y-NHH CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM TO ASSESS CARDIOVASCULAR RISK FACTORS AND PROVIDE CARDIOVASCULAR DISEASE PREVENTIVE HEALTH SERVICES FOR ELIGIBLE MEDICALLY UNDER-SERVED CONNECTICUT WOMEN OVER THE AGE OF 40 WISEWOMAN SERVICES INCLUDE ASSESSING CARDIOVASCULAR RISK FACTORS THROUGH HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL, BLOOD GLUCOSE TESTING, AND PERSONAL LIFESTYLE HISTORIES NINETY EIGHT (98) WOMEN WERE SCREENED THROUGH THE PROGRAM IN 2009 CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (CBCCEDP) - YALE-NEW HAVEN HOSPITAL IS ONE OF 18 SITES IN CONNECTICUT OFFERING A COMPREHENSIVE BREAST AND CERVICAL CANCER SCREENING PROGRAM FOR MEDICALLY UNDER-SERVED WOMEN SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN AGES 19 AND 64, AND MAMMOGRAMS ARE OFFERED TO WOMEN WHO ARE AGE 40 TO 64 IN FY 2009, 620 WOMEN WERE SERVED THROUGH THE PROGRAM SUSAN G KOMEN BREAST CANCER FOUNDATION CONNECTICUT AFFILIATE - YALE-NEW HAVEN HOSPITAL IS

including grants of \$

) (Revenue \$

) (Revenue \$ ) (Expenses \$ including grants of \$ HEALTH DISPARITIES CORE INITIATIVE - IN 2003, THE DEPARTMENT OF COMMUNITY HEALTH LAUNCHED AN INITIATIVE TO REVIEW THE INSTITUTE OF MEDICINE (IOM) REPORT ON HEALTH CARE DISPARITIES AND TO PROVIDE ON GOING ASSESSMENT OF DISPARITIES THE GROUP CONSISTS OF REPRESENTATION FROM Y (IOM) REPORT ON HEALTH CARE DISPARITIES AND TO PROVIDE ON GOING ASSESSMENT OF DISPARITIES. THE GROUP CONSISTS OF REPRESENTATION FROM T-NHH'S CENTER FOR OUTCOMES RESEARCH AND EVALUATION (CORE), THE YALE SCHOOL OF MEDICINE AND HOSPITAL MANAGEMENT. TO DATE, THE WORK HAS FOCUSED PRINCIPALLY ON THE ISSUE OUTLINED IN THE IOM REPORT. THE USE OF Y-NHH'S COST ACCOUNTING SYSTEM TO COMPARE THE GROUP'S RESULTS HAS BEEN VERY POSITIVE TO DATE. CURRENTLY THE WORK OF THE GROUP IS FOCUSED ON ISSUES RELATED TO LOW BIRTH WEIGHT BABIES AND THE GROWING ISSUE OF DIABETES. IN FY 2009, A VERY SIGNIFICANT UNDERTAKING WAS AMENDED BY YALE-NEW HAVEN HOSPITAL TO BUILD ON THE IOM REPORT AND THE 2009. CONNECTICUT HEALTH DISPARITY REPORT TO BRING A COMPREHENSIVE Y-NHH STRATEGY TO THE TABLE THE INITIATIVE WILL INCLUDE ALL SERVICE LINES AT YALE-NEW HAVEN HOSPITAL WORKING ON AN INCLUSIVE WORK PLAN TO ADDRESS OUR UNIQUE OPPORTUNITIES FOR QUALITY IMPROVEMENT PARTNERS IN EDUCATION - THE PARTNERS IN EDUCATION PROGRAM PROVIDES STUDENTS, KINDERGARTEN THROUGH GRADE 12, WITH HEALTH EDUCATION AND PROMOTION, UNIQUE LEARNING AND MENTORING EXPERIENCES, INTERNSHIPS AND CAREER EXPLORATION, AND VOLUNTEER SERVICE OPPORTUNITIES THE PROGRAMS HELP EXPOSE STUDENTS, MANY OF WHOM ARE MINORITIES AND UNDER-REPRESENTED IN THE HEALTH CARE FIELD, TO CAREERS IN HEALTH CARE WHILE PROVIDING THEM WITH ENHANCED LEARNING EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM LEARNING TO SKILLS NEEDED IN THE WORKPLACE PROGRAMS ASSIST STUDENTS IN MAKING INFORMED EDUCATIONAL AND CAREER CHOICES AND HELP PREPARE STUDENTS FOR THE WORKPLACE WHILE REINFORCING THEIR CLASSROOM LEARNING IN ADDITION, 571 YOUTH VOLUNTEERS DEDICATED OVER 18,400 HOURS IN VOLUNTEER SERVICE PROGRAMS Y-NHH CONTINUES TO OPERATE SEVEN SCHOOL-BASED HEALTH CENTERS THAT RECEIVED APPROXIMATELY 8,559 STUDENT VISITS COMMUNITY HEALTH FAIR - 100 EMPLOYEES AND VOLUNTEERS STAFFED THE FIFTH ANNUAL COMMUNITY HEALTH FAIR SPONSORED BY THE DEPARTMENT OF COMMUNITY HEALTH MORE THAN 300 PEOPLE ATTENDED THE EVENT WHERE STAFF PERFORMED SEVERAL FREE HEALTH SCREENINGS AND PROVIDED HEALTH EDUCATION INFORMATION MEDICAL EXPERTS - THROUGHOUT THE YEAR, MEMBERS OF THE HOSPITAL'S MEDICAL STAFF, AND OTHER HEALTH PROFESSIONALS, OFFER HEALTH INFORMATION IN VARIOUS SEMINARS AND EVENTS FOR THE GENERAL PUBLIC IN FY 2009, THE Y-NHH SHORELINE MEDICAL CENTER PRE-ADMISSION OFFICE PROVIDED 22 FREE LECTURES TO THE SHORELINE COMMUNITY COMMUNITY COUNCIL - THE Y-NHH COMMUNITY COUNCIL SERVES AS A LINK BETWEEN THE HOSPITAL AND THE COMMUNITY TO PROVIDE A FORUM FOR SHARING INFORMATION AND FEEDBACK ON ISSUES OF IMPORTANCE TO THE HOSPITAL AND THE COMMUNITY IN AN ATMOSPHERE OF TRUST AND MUTUAL RESPECT COMMUNITY ADVISORY COMMITTEE - THIS COMMUNITY EWAS FORMED TO INCLUDE REPRESENTATIVES FROM YALE-NEW HAVEN HOSPITAL, THE NEW HAVEN BOARD OF ALDERMEN, THE FAIR HAVEN COMMUNITY HEALTH CENTER, THE HILL HEALTH CENTER, THE CONNECTICUT CENTER FOR A NEW ECONOMY, THE CONNECTICUT HEALTH POLICY PROJECT AND OTHER COMMUNITY REPRESENTATIVES THE PURPOSE OF THIS COMMITTEE IS TO ASSIST THE HOSPITAL WITH IT'S ONGOING AND CONTINUED REVIEW OF IT'S FINANCIAL ASSISTANCE POLICIES FOR FREE AND DISCOUNTED CARE WITHIN THE COMMUNITY LEAD SAFE TREATMENT CENTER PROGRAM - Y-NHH OPERATES A REGIONAL LEAD PROGRAM WHICH INCLUDES A LEAD-SAFE HOUSE THE PROGRAM PROVIDES EDUCATIONAL AND SOCIAL SERVICES TO PATIENTS AND THEIR FAMILIES IN FY 209, THE PROGRAM PROVIDED 1,360 SCREENINGS, 201 HOME VISITS AND 100 PRESENTATIONS INSTITUTE OF PASTORAL CARE - YALE-NEW HAVEN HOSPITAL'S RELIGIOUS MINISTRIES OFFERED AN INSTITUTE OF PASTORAL CARE FOR COMMUNITY CLERGY IN APRIL AND MAY FIVE EVENING SEMINARS WERE HELD IN WHICH MATERIAL ON HOW TO PASTORALLY CARE FOR ILL AND HOSPITALIZED CONGREGANTS WAS PRESENTED THERE WERE 30 PARTICIPANTS IN 2009 RELIGIOUS MINISTRIES OFFERED THE INSTITUTE AGAIN IN THE SPRING OF 2010 UNITED WAY'S DAYS OF CARING - AS IN PAST YEARS, Y-NHH'S CEO CHAIRED THE GREATER NEW HAVEN UNITED WAY'S DAY OF CARING, WHICH WAS EXPANDED IN FISCAL YEAR 2009 TO "DAYS OF CARING", AS THE PROGRAM FOR THE FIRST TIME ENCOMPASSED A FULL WEEK THE ANNUAL SCHOOL READINESS DRIVE WAS CONDUCTED AGAIN AND OVER 25,000 SCHOOL ITEMS WERE DONATED BY EMPLOYEES AND DELIVERED TO JOHN C DANIELS SCHOOL IN THE HILL AND LINCOLN BASSETT IN THE NEWHALLYILLE NEIGHBORHOOD IN ADDITION, THE UNITED WAY CAMPAIGN COMMITTEE CONDUCTED A SCHOOL UNIFORM DRIVE FOR STUDENTS AT JOHN C DANIELS SCHOOL EMPLOYEES PARTICIPATED IN SEVERAL OTHER PROJECTS THAT BENEFITED NOT-FOR-PROFIT AGENCIES, INCLUDING ASSISTING WITH PAINTING, LANDSCAPING, PROVIDING COOKING AND NUTRITION EXPERTISE, THROWING AN ICE CREAM SOCIAL, HELPING A LOCAL FOOD BANK, AS WELL AS HOLDING DRIVES FOR BOOKS, FOOD, TOYS, CELL PHONES FOR WOMEN SHELTERS, PERSONAL CARE, HATS FOR CHEMO PATIENTS AND YARN DRIVES SUPPORT OF COMMUNITY AGENCIES AND EVENTS - YALE-NEW HAVEN HOSPITAL AND ITS EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS FOR VARIOUS HEALTH ADVOCACY ORGANIZATIONS INCLUDING THE MARCH OF DIMES, AMERICAN HEART ASSOCIATION, KOMEN CT AFFILIATE RACE FOR THE CURE AND THE BREAST CANCER NETWORK OF STRENGTH WALK TO EMPOWER. THE BREAST CANCER NETWORK OF STRENGTH WALK TO EMPOWER - ON MOTHER'S DAY, MAY 11, MORE THAN 600 EMPLOYEES, FAMILIES AND FRIENDS OF YALE-NEW HAVEN HOSPITAL WALKED IN THE BREAST CANCER NETWORK OF STRENGTH WALK TO EMPOWER. THE TEAM RAISED 28,500. THE FUNDS PROVIDE SUPPORT FOR WOMEN WITH BREAST CANCER THROUGH INFORMATION, SUPPORT GROUPS, EARLY DETECTION, TEEN WORKSHOPS, WIGS AND PROSTHESES MARNA BORGSTROM, THE HOSPITAL'S PRESIDENT AND CEO WAS THIS YEAR'S REGIONAL CHAIRPERSON AMERICAN HEART ASSOCIATION GREATER NEW HAVEN HEART WALK - YALE-NEW HAVEN HOSPITAL CONTINUED TO SUPPORT THE ANNUAL AHA HEART WALK THROUGH A DONATION OF 5,000 OVER 200 EMPLOYEES FROM THE HOSPITAL PARTICIPATED IN THE WALK, WHICH WAS HELD ON MAY 17, 2009 AT LIGHTHOUSE POINT PART IN NEW HAVEN, RAISING 15,000 MARCH FOR BABIES - MORE THAN 150 EMPLOYEES AND MEMBERS OF THE FRIENDS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL WALKED IN THE MARCH OF DIMES MARCH FOR BABIES ON SUNDAY, APRIL 26TH THE YNHCH TEAM HAS RAISED MORE THAN 14,000 FOR THE MARCH OF DIMES WHICH HELPS FIGHT PREMATURE BIRTHS IN ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOLS AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME SOME OF THE ORGANIZATIONS ARE ACES, AMISTAD ACADEMY'S ACHIEVEMENT FIRST, BEST BUDDIES CONNECTICUT, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE LEARNING, COORDINATING COUNCIL FOR CHILDREN IN CRISIS JUNIOR ACHIEVEMENT, L E A P, LIFE HAVEN, ST MARTIN DEPORTES ACADEMY, YOUTH CONTINUUM AND MORE Y-NIH ALSO PARTNERS WITH AND CONTRIBUTES TO COMMUNITY-BASED NOT-FOR-PROFIT ORGANIZATIONS THAT WORK TO ENHANCE THE HEALTH AND WELLBEING OF COMMUNITY RESIDENTS THE LIST OF ORGANIZATIONS INCLUDES (BUT IS NOT LIMITED TO) AIDS PROJECT NEW HAVEN, ANTI-DEFAMATION LEAGUE, CASA OTONAL, CHRISTIAN COMMUNITY ACTION, CLIFFORD BEERS CLINIC, COMMUNITY MEDITATION, COMMUNITY SOUP KITCHEN, EASTER SEALS GOODWILL INDUSTRIES, GATEWAY COMMUNITY COLLEGE, HABITAT FOR HUMANITY, JUNTA FOR PROGRESSIVE ACTION, NAACP, NEW LIFE CORPORATION, READ TO GROW, RONALD MCDONALD HOUSE, SISTER'S JOURNEY AND MANY MORE THE HOSPITAL DONATES OVER 400,000 ANNUALLY TO THESE ORGANIZATIONS

4d Other program services (Describe in Schedule O )										
	(Expenses \$	including grants of \$	) (Revenue \$	)						
4e	Total program service expenses \$	1,009,770,443	Must equal Part IX, Line 25, column (B).							

art TV	Check	dist of	Required	l Schedules
	CHECK	เมรเบเ	Reduited	i Scileuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
_	complete Schedule D, Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Parts VI, VIII, IX, or X as applicable	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νο
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ine 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5 percent of its activities through an entity that is not a related	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  28a  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  28b  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  30d  31d  32d  33d  34d  35d  36d  37d	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.  28a Yes  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.  28b Jid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1  Say related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Sched

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ıce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta	1				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	644			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		8,651			
h	If at least one is reported in 2a, did the organization file all required federal emplo		· · · · · · · · · · · · · · · · · · ·			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file t			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more dui return?	ing the	year covered by this	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in S	chedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities account)?		•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	ring the	e tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exen	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ontribut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal proj	•				
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to p		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pe	rsonal b	penefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	n 8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	n file a F	Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by excess business holdings at any time during the			8		
9	year?	=			_ <u></u>	
a				9a		
b				9b		
10	Section $501(c)(7)$ organizations. Enter	•				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	   11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Νo

Yes

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	g Body and Managemen	t	
5 ( N) ( //		<i>"</i>	

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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 . . . .

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ own website. ☐ another's website. ☐ upon request.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

VINCENT TAMMARO 20 YORK STREET NEW HAVEN, CT 06504 (203) 688-2069

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	on at Institutional Trustee	apply	/)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
				+					
				_					
				4					
1b Total		 . ,	Ш 			<b>&gt;</b>	10,850,537	2,983,366	3,539,224

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►710

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	·		
	rendered to the organization? If res, complete schedule from such person	5		Νo

#### **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

(A) Name and business address	(B) Description of services	(C) Compensation	
SHEPLEY BULFINCH RICHARDSON & ABBOT SHEPLEY BULFINCH RICHARDSON & ABBOT 40 BROAD STREET BOSTON, MA 02109	ARCHITECTURE	2,523,663	
AMERICAN MOBILE HEALTHCARE AMERICAN MOBILE HEALTHCARE 2735 COLLECTION CENTER DR CHICAGO, IL 60693	NURSING	2,462,252	
DVA RENAL HEALTHCARE INC DVA RENAL HEALTHCARE INC PO BOX 403008 ATLANTA, GA 30384	MEDICAL SRVS	1,843,671	
KARLSBERGER ARCHITECTURE PC KARLSBERGER ARCHITECTURE PC PO BOX 951105 CLEVELAND, OH 44193	ARCHITECTURE	1,282,719	
WIGGIN & DANA LLP WIGGIN & DANA LLP 265 CHURCH STREET NEW HAVEN, CT 06510	LEGAL	1,278,889	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1a			Revenue		512, 513, or 514
\$ \$	ь		ues					
grai	С	Fundraising ev	1b					
ग्रेंसिङ भःभ	d	Related organ	1c izations1d					
<u>₹</u>	e	Government gran	nts (contributions) <b>1e</b>	1,573,045				
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	38,527,229				
ad off	g		<b>1f</b> ributions included in 253,780					
ठॅ व	h	lines 1a-1f \$ Total (Add lin	es 1a-1f)		40,280,904			
<b></b>				Business Code				
enu	2a	INPATIENT SERVI		621,990	779,022,807	779,022,807		
₽e	Ь	OUTPATIENT SER		621,400	415,103,362	415,103,362		
- - -	С	LABORATORY SEF	RVICES	621,500	2,517,647		2,517,647	
er Y	d							
8	е							
Program Serwce Revenue	f	All other prog	ram service revenue					
_ <u>&amp;</u>	g	Total. Add line  ▶ \$ 1,196,643	es 2a-2f 3,816					
	3		come (including divi	dends, interest	7.105.510			7.405.540
		other similar a	amounts)		7,105,548			7,105,548
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	с	Rental income or (loss)						
	d	, ,	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	31,244,272	20,711				
	ь	than inventory Less cost or other basis and	91,145,505					
	с	sales expenses Gaın or (loss)	-59,901,233	20,711				
	d	Net gain or (lo	oss)	. •	-59,880,522	20,711		-59,901,233
	8a	events (not ın	from fundraising cluding 0,406					
Other Revenue		of contribution 1c) See Part	ns reported on line IV, line 18 <i>le G if total exceeds</i>					
æ		\$15,000	а	180,630				
ther	b c		xpensesb (loss) from fundrais		-20,892	-20,892		
0	9a	Gross Income		▶				
		Complete Schele exceeds \$15,00						
			а					
	С		xpensesb (loss) from gaming a	activities •-				
	10a	Gross sales o returns and al	fınventory, less lowances .					
			а					
	b c		goods sold <b>b</b> (loss) from sales of					
		Miscellaneou	ıs Revenue	Business Code				
	11a		LLIARY SERVICES	900,099	26,596,340			
	Ь	CAFETERIA/	VENDING	900,099	5,826,563 2,381,521	5,826,563 2,381,521		
	С	PARKING		500,039	31,920	9,445	22,475	
	d	All other reve			31,320	5,445	22,773	
	e	Total. Add line	es 11a-11d	 \$ 34,836,344				
	12	Total Revenue	e. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	1,218,965,198	1,228,939,857	2,540,122	-52,795,685
	]		11e	▶				

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) org	anizations mu equired to comp	ıst complete o plete columns (	all columns. B), (C), and (D)	
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,479,957	2,479,957		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,000	42,000		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	,_,,,,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	11,448,465		11,448,465	
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	433,250,960	395,911,303		996
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,790,688	21,782,736	3,941,712	66,240
9	Other employee benefits	72,002,823	63,308,886	8,501,290	192,647
10	Payroll taxes	34,252,468	28,929,529	5,234,966	87,973
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,050,468		3,050,468	
c	Accounting	418,732		418,732	
d	Lobbying	344,170	344,170		
e	Professional fundraising See Part IV, line 17	145,200			145,200
f	Investment management fees				
g	Other	224,007,818	169,388,657	53,736,375	882,786
12	Advertising and promotion	1,230,776	891,580	339,196	
13	Office expenses	228,799,802	222,103,922	6,591,343	104,537
14	Information technology				
15	Royalties				
16	Occupancy	26,290,519	22,124,678	4,165,841	
17	Travel	1,676,749	777,228	863,537	35,984
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,548,809	1,548,809		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,050,090	26,540,380	16,509,710	
23	Insurance	19,908,794	17,539,305	2,369,489	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	BAD DEBT	24,873,179	24,873,179		
b	LAUNDRY & LINEN SERVICES	3,667,743	3,664,639	3,104	
c	TELEPHONE	2,960,291	2,608,063	343,487	8,741
d	TEMP HELP & TRAVELLING NU	2,709,387	2,010,735	681,974	16,678
е	DIETARY SERVICES	2,360,329	1,513,298	840,336	6,695
f	All other expenses	3,658,893	1,387,389	2,091,559	179,945
25	Total functional expenses. Add lines 1 through 24f	1,169,969,110	1,009,770,443	158,470,245	1,728,422
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Foi	m <b>990</b> (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A)		(B)
	1	Cook non interest horizon			Beginning of year 563,800	1	End of year 940,083
		Cash—non-interest-bearing		89,831,454	2	187,247,651	
	2	Savings and temporary cash investments		09,031,434		107,247,031	
	3	Pledges and grants receivable, net			145,300,351	3	153,990,450
	4	Accounts receivable, net			145,300,351	4	155,990,450
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net		•		7	
	8	Inventories for sale or use			13,045,666	8	14,065,276
\$	9	Prepaid expenses and deferred charges			8,932,504	9	8,333,877
ssets	10a	Land, buildings, and equipment cost basis	10a	1,205,567,951			
⋖	L	<b>-</b>	104	1,203,307,331			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	553,956,012	450,767,088	10c	651,611,939
	11	Investments—publicly traded securities			676,523,855	11	494,967,822
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	art VII of			12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV			13		
	14	of Schedule D .				14	
		Intangible assets		64,148,027	14	59,796,218	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		04,140,027	15	39,790,210	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,449,112,745	16	1,570,953,316
	17	Accounts payable and accrued expenses .		164,310,017	17	193,700,736	
	18	Grants payable				18	
	19	Deferred revenue			33,197,333	19	50,864,000
	20	Tax-exempt bond liabilities			397,389,150	20	394,039,157
eS	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ţ.		persons Complete Part II of Schedule L			22		
_	23	Secured mortgages and notes payable to unrelated third parties		23	6,001,785		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		233,309,519	25	338,404,230	
	26	Total liabilities. Add lines 17 through 25			828,206,019	26	983,009,908
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete lines 2	27			
S <del>O</del> S		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			513,305,447	27	514,540,929
<u> Ba</u>	28	Temporarily restricted net assets			81,228,887	28	47,680,554
됟	29	Permanently restricted net assets		26,372,392	29	25,721,925	
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	•				
s or	30	Capital stock or trust principal, or current funds				30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net /	33	Total net assets or fund balances			620,906,726	33	587,943,408
Z	34	Total liabilities and net assets/fund balances			1,449,112,745		1,570,953,316
	<sup>-</sup>						
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493221000130

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		e organizati						Em	ployer ide	nt if icat io	n number
YALE-	NEW HA	VEN HOSPITAL						06	-064665	2	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio				
				ation because it is (Please							
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	Γ	A school de	escribed in <b>Sec</b> l	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	굣	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the
	_	hospital's i	name, city, and	state							
5	Г	An organiza	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desc	rıbed ın
	_	Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6		A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	Г	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	eral public
	_	describedi	n Section 170(I	<b>o)(1)(A)(vi)</b> (Complete Par	tII)						
8		A commun	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	iplete Par	tII)				
9		An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of
			•	estment income and unrelate			•			x) from bu	sinesses
	_		·	on after June 30, 1975 See					•		
10				and operated exclusively to							
11	ı	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in section	on 509(a) omplete li	(1) or sec	tion 509(a hrough 11	a)(2) See	Sect ion 5	• •
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	licly suppo	orted orga	nizations :	described	ın sectior	n 509(a)(1) or
f		If the organ		d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		
		following pe					<b>.</b>		J ()		[]
			•	r indirectly controls, either a		_	tn persons	describe	a in (ii)	44	Yes No
			· -	ng body of the the supported	_	tion				11g	
			•	erson described in (i) above		h				11g(	
<b>L</b>		` '		ty of a person described in (			cupports			11g(	)
h		Provide the	e lollowing illion	mation about the organizatio	iis the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	(,	(described on lines 1-9		ation in		ınızatıon		ation in	support?
	0 rgan	ızatıon		above or IRC section		listed in		i) of your		rganized	
				(See Instructions))	your go	-	supp	ort?	In the	US?	
		document?  Yes No Yes No Yes No						1			
					162	140	163	140	163	140	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)				I			(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Reportable compensation from relation (W- 2/10.99MISC)		Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations						
MARNA P BORGSTROM , PRES & CEO	20	Х		Х				900,696	900,696	586,232	
PETER N HERBERT MD , CHIEF OF STA	28	×		х				695,625	298,126	243,527	
BETTY RUTH HOLLANDER , TRUSTEE	1	Х						0	0	0	
BISHOP THEODORE L BROOKS , TRUSTEE	1	×						0	0	0	
JOHN L LAHEY , TRUSTEE	1	Х						0	0	0	
JOSEPH R CRESPO , CHAIRMAN	1	Х						0	0	0	
JULIA M MCNAMARA , VICE CHAIR	1	Х						0	0	0	
THOMAS M HANSON , TRUSTEE	1	Х						0	0	0	
LINDA KOCH LORIMER , TRUSTEE	1	Х						0	0	0	
MARVIN K LENDER , TRUSTEE	1	Х						0	0	0	
MICHAEL H FLYNN , TRUSTEE	1	Х						0	0	0	
PEYTON R PATTERSON , TRUSTEE	1	Х						0	0	0	
RICHARD C LEVIN , TRUSTEE	1	Х						0	0	0	
ROBERT A HAVERSAT , TRUSTEE	1	Х						0	0	0	
ROBERT JALPERN, TRUSTEE	1	Х						0	0	0	
HON BARRINGTON D PARKER JR , TRUSTEE	1	Х						0	0	0	
THOMAS B KETCHUM , TRUSTEE	1	Х						0	0	0	
THANASIS M MOLOKOTOS , TRUSTEE	1	Х						0	0	0	
DIANE F PETRA , TRUSTEE	1	Х						0	0	0	
RICHARD D'AQUILA , EXEC VP	36			Х				1,089,924	121,103	294,358	
JAMES M STATEN , SR VP	20			Х				474,807	474,807	319,876	
MARK LANDERSEN , SR VP	12			Х				217,113	506,597	219,730	
KEVIN A MYATT , SR VP	24			Х				403,470	268,979	132,853	
PATRICIA S FITZSIMONS , SR VP	40			Х				610,936	0	98,954	
NORMAN G ROTH , SR VP	40			Х				584,893	0	204,195	
JOHN C SKELLY , VP	32			Х				400,232	100,059	176,988	
MICHAEL APKON , VP	40			Х				492,111	0	189,526	
WILLIAM JASELTYNE, VP	14			Х				158,395	294,162	173,101	
VINCENT PETRINI , SR VP	40			Х				445,079	0	151,935	
THOMAS D LEARY , VP	38			Х				357,887	18,837	164,181	

Form 990, Part VII - Section Aaa

John 350, Part VII Section Add		(C) Position (check all that apply)				(D)	(E)	(F) Estimated		
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Reportable compensation from related organization (W- 2/1099MISC)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations		
STEPHEN M MERZ , VP	40			Х				319,350	0	124,348
PATRICK M LUDDY , VP	40			Х				308,033	0	130,339
KEVIN F WALSH , VP	40			Х				180,208	0	34,031
PAUL N PATTON , VP	40			Х				0	0	0
RICHARD S STAHL , VP	40					Х		597,213	0	40,496
THOMAS J BALCEZAK , DIRECTOR	40					Х		369,127	0	117,606
MARJORIE G GUGLIN , VP	40					Х		354,641	0	40,430
MARK B RUSSI , DIRECTOR	40					Х		308,748	0	53,331
WILLIAM B CREDE , PHYSICIAN	40					Х		301,462	0	43,187
EDWARD J DOWLING ,							Х	831,611	0	0
ALVIN R JOHNSON ,							Х	313,500	0	0
JOSEPH A ZACCAGNINO ,							Х	135,476	0	0

# OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

♣ Se  If th	ection 50 <b>e orga</b> i	01(c)(3) organizations that	t have filed Form 5768 (election und t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 ( zations complete Part III	n under section 501(	•			: II-A
Na	me of th	ne organization AVEN HOSPITAL	·		Employer ıd	entıfıcat	ion numbe	er
Par	t I-A		y all organizations exempe the instructions for Schedule		06-064665   <b>501(c) and sectio</b>			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV							
2	Politic	cal expenditures				\$		
3	Volun	teer hours						
Par	rt I-B	To be completed be for Schedule C for de	y all organizations exempetails.)	t under section	<b>501(c)(3).</b> (See the	e ınstru	ıctıons	
1	Enter	the amount of any excise	e tax incurred by the organization	under section 4955		\$		
2	Enter	the amount of any excise	e tax incurred by organization man	agers under sectior	4955	\$		
3	If the	organization incurred in a	a section 4955 tax, did it file Form	14720 for this year	7		☐ Yes	✓ No
4a	Was a	correction made?					☐ Yes	✓ No
ь		s," describe in Part IV						
Par	t I-C		y all organizations exemptor for Schedule C for details.)	t under section	501(c), except se	ction 5	5 <b>01</b> (c)(3	3).
1	Enter	•	ended by the filing organization for	section 527 exemp	t function activities	\$		
2	Enter		rganızatıon's ınternal funds contri			\$		
3		of direct and indirect exe -POL, line 17b	mpt function expenditures Add III	nes 1 and 2 and ent	er here and on Form	\$		
4	Dıd th	e filing organization file <b>F</b>	Form 1120-POL for this year?				☐ Yes	✓ No
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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) A mount paid from filing organization's internal funds If none enter - 0 -	con , a dire	A mount o tributions and prompt ectly deliv eparate po janization enter -	received tly and ered to a olitical If none,
						_		
						+		

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> Total			
2a	Lobbying non-taxable amount								
ь	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

art II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)

			(a)	
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		234,554
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		109,116
j	Total lines 1c through			344,170
<b>-</b>	1)  Polythorn to the standard or the superstant to be not decombed as a set on FO1/2/2/2		-   N	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο	
	If "Yes" enter the amount of any tax incurred under section 4912			
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		. [	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
Dai	t III-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c	1/5) or

# Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

# To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.) 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b\$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

#### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
		THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2009 THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS THESE MEETINGS DO NOT ATTEMPT TO INFLUENCE SPECIFIC LEGISLATION YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES GREENWICH HOSPITAL EIN 06-0646652 80,953 BRIDGEPORT HOSPITAL EIN 06-0646554 162,569

Part IV Supplemental I	plemental Information							
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493221000130

OMB No 1545-0047

Schedule D (Form 990) 2008

**SCHEDULE D** (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Open to Public

emai r	Revenue Service			ispect	1011
	e of the organization NEW HAVEN HOSPITAL		Employer identification	numbe	r
I ALL	NEW HAVEN HOSTIAL		06-0646652		
Par			inds or Accounts. C	omplet	e if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other	raccour	
	Total number at end of year	(a) Donor advised funds	(b) I ulius aliu otilei	accoun	
	Aggregate Contributions to (during year)				
	Aggregate Grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o			Yes	✓ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	donor advisors in writing that grant funds	_	Yes	√ No
Part	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, li	ne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)  Preservation of an Preservation of ce	historically importantly la rtified historic structure of a conservation easema		a
	on the last day of the tax year		Held at the		the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	s	2b		
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization duri	ng	
	the taxable year ►				
ı	Number of states where property subject to conserva	ation easement is located ►			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			Yes	√ No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>		
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ar ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	Yes	✓ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial		es	
art	Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Ass	sets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public		,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide ti	he	
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
b	Assets included in Form 990, Part X		<b>►</b> \$		

Cat No 52283D

3	•••• Organizations Maintaining Co									
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	foll	owing that a	are a significant i	use of its co	llection	1	
а	Public exhibition		d	Γ	Loan or ex	change programs	5			
ь	Scholarly research		e	$\sqcap$	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	thev	further the	organization's e	xempt purp	ose in		
-	Part XIV			,						
5	During the year, did the organization solicit		,				nılar	_		<b>-</b>
	assets to be sold to raise funds rather than t	· ·					ranad IIVaa		Yes	<u> </u>
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					janization ansv	vereu res	י נט רנ	ל ווו ול	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets	not	Г	Yes	✓ No
ь	If "Yes," explain why in Part XIV and comple	te the following table	!							
								A mou	nt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				-	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV									
Pai			<u>an</u> sv	<u>ve</u> re	ed "Yes" to	Form 990, Pa	rt IV, lıne	10.		
		(a)Current Year	(b)	Prior '	Year (c)	Two Years Back (d	<b>)</b> Three Years I	Back (e	<b>)</b> Four Y	ears Back
1a	Beginning of year balance	79,290,000								
b	Contributions									
c	Investment earnings or losses	-575,000								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	-8,180,000								
f	Administrative expenses									
g	End of year balance	70,535,000								
2		70,333,000								
	Provide the estimated percentage of the year	. ,	;							
а	Provide the estimated percentage of the yea  Board designated or guasi-endowment	. ,	;							
_	Board designated or quasi-endowment 🕨	. ,	;							
b	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 %	. ,	;							
b c	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 %  Term endowment ►	r end balance held as		nat a	re held and	administered fo	- the			
b	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 %	r end balance held as		nat a	re held and	administered foi	the -		Yes	No
b c	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 %  Term endowment ►  Are there endowment funds not in the posses	r end balance held as		nat a	re held and	admınıstered fo	the	3a(i)	Yes	No No
b c 3a	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as	:ion th			administered for	the	3a(i) 3a(ii)	Yes	<del></del>
b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as	ion th		ule R?	administered for	the  		Yes	Νο
b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	ion the	:hed nt fu	ule R?			3a(ii)	Yes	N o
b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	ion the	:hed nt fur	ule R?	Part X, line 10.		3a(ii)	Yes	N o
b c 3a b	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	on Scowmen	thedint function (a) (a) (	ule R?			3a(ii) 3b		N o
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	on Scowmen	thedint function (a) (a) (	ule R? . nds orm 990,	Part X, line 10.		3a(ii) 3b	(d) Bo	No No No ok value
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	on Scowmen	thedint function (a) (a) (	ule R? . nds orm 990,	Part X, line 10.  (b)Cost or other basis (other)	(c) Depreci	3a(ii) 3b	(d) Bo	N o N o N o ok value
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	on Scowmen	thedint function (a) (a) (	ule R? . nds orm 990,	Part X, line 10.  (b)Cost or other basis (other)  23,885,797	(c) Depreca	3a(ii) 3b ation	(d) Bo	N o N o N o N o N o N o N o
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment 100 000 %  Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations	r end balance held as ssion of the organizat  ns listed as required e organization's endo	on Scowmen	thedint function (a) (a) (	ule R? . nds orm 990,	Part X, line 10.  (b)Cost or other basis (other)  23,885,797 467,228,728	(c) Depreca	3a(ii) 3b  ation 28,651 34,093	(d) Bo	No No No ok value 3,885,797 4,800,077 8,902,952
b c 3a b 4 Par	Board designated or quasi-endowment  Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investment  Description of investment  and  Description of investment  and  easehold improvements	r end balance held as sisted as required e organization's endo	on Scowmen	hed the full the ee Formal (a) Cobasis	ule R? . nds orm 990,   Cost or other (investment)	Part X, line 10.  (b)Cost or other basis (other)  23,885,797 467,228,728 21,737,045	(c) Deprection 302,42 12,83 237,60	3a(ii) 3b  ation 28,651 34,093	(d) Bo	No No No

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			425
(a) Desc	ription		(b) Book value
-			
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED POST RETIREMENT BENEFITS	192,862,320		
OTHER LONG TERM LIABILITIES	145,541,910		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>338,404,230</b>		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,218,965,198
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,169,969,110
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,996,088
4	Net unrealized gains (losses) on investments	4	24,736,032
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-20,831,503
9	Total adjustments (net) Add lines 4 - 8	9	3,904,529
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	52,900,617
Par	<b>XII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial		1,222,597,016
,	statements	1	
2 a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	24,736,032
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,197,860,984
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		, , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 21,104,214		
c	Add lines <b>4a</b> and <b>4b</b>	4c	21,104,214
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	1,218,965,198
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	1,169,696,399
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	1 160 606 300
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,169,696,399
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV) 4b  272,711	}	
	Add lines <b>4a</b> and <b>4b</b>	4c	272,711
с 5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	4c 5	1,169,969,110
5	Total expenses Add lines 3 and 40. (This should equal Form 330, Fait 1, line 10)		1,109,909,110

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

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation			
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY			
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BEQUEST, GIFTS & GRANTS -32,007,000 AUXILIARY SERVICES -273,891 SPECIAL EVENTS 71,298 INVESTMENT INCOME RELEASED FROM RESTRICTIONS 11,105,379 AUXILIARY EXPENSES 344,028 SPECIAL EVENTS -71,317			
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BEQUEST, GIFTS & GRANTS 32,007,000 AUXILIARY SERVICES 273,891 SPECIAL EVENTS -71,298 INVESTMENT INCOME RELEASED FROM RESTRICTIONS - 11,105,379			
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	AUXILIARY EXPENSES 344,028 SPECIAL EVENTS -71,317			
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE REPORTING ENTITY HAS DESIGNATED ITS INVESTMENTS AS TRADING IN ACCORDANCE WITH GAAP ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS PROVIDED BY THE INTERNAL REVENUE SERVICE FOR FY2009 RETURN			
		INSTRUCTIONS PROVIDED BY THE INTERNAL REVENU			

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# Supplemental Information Regarding **Fundraising or Gaming Activities**

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Internal Revenue Service Inspection Employer identification number Name of the organization YALE-NEW HAVEN HOSPITAL 06-0646652 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) control of from activity fundraiser listed in organization contributions? col (i) Yes No SMILOW MATTHAIE ASSOCIATES LLC 25,750 145,200 -119.450 Nο

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

-

CT

Total

<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
	(a) Event #1 (b) Event #2 (c) O ther Events (d) (Add							
			GOLF/TENNIS	HACKERS FOR HEA	2	(Add col co	(a) thi (c))	rough
			(event type)	(event type)	(total number)			
Ē	1	Gross receipts	86,727	62,467	81,842		23:	1,036
Revenue	2	Less Charitable contributions	72,183	40,094	68,353		180	0,630
	3	Gross revenue (line 1 minus line 2)	14,544	22,373	13,489		50	,406
	4	Cash Prizes						
ses	5	Non-cash Prizes						
per	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	32,715	25,786	12,797			L,298
<u> </u>	8	Direct expense summary Add line	es 4 through 7 in column	(d)	•		7:	1,298
	9	Net income summary Combine lin	es 3 and 8 ın column (d)	)	🛌		-20	,892
Par	t II	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin	ganızatıon answered ' e 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repoi	ted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
<u>~</u>	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច ស្គ	4	Rent/facility costs						
<u>_</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u> </u>	Yes	┌ Yes%_ ┌ No			
	7	Direct expense summary Add lines	2 through 5 in column (	d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)				
9		er the state(s) in which the organizat	tion operates gaming act	civities		· 9a	Yes	No
b	a Is the organization licensed to operate gaming activities in each of these states?							
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11	Doe	es the organization operate gaming a	ctivities with nonmembe	rs?				
12		the organization a grantor, beneficiar ned to administer charitable gaming?	•	•	•	12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

**Hospitals** 

YALE-NEW HAVEN HOSPITAL

Name of the organization **Employer identification number** 06-0646652 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% **F** 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . .

Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . .

Pa	rt II Community Buildin activities) (Optional i		<b>s</b> (Complete	this table if the	organiza	tion cond	lucted any commu	ınıty	buildii	ng
	activities) (Optional)	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communi building expense		ırect offsettır revenue	ng <b>(e)</b> Net communi building expense		(f) Pero	
1	Physical improvements and housing	(								
2	Economic development									
3	·									
	Community support							$\dashv$		
5	Environmental improvements  Leadership development and training									
	for community members									
6	Coalition building  Community health improvement							_		
	advocacy									
8	Workforce development									
9	Other Total									
	t IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional	for 2008)	)				
		_								
	ion A—Bad Debt Expense								Yes	No
1	Does the organization report b Statement No 15?	•	se in accordan	ce with Heathcare	· · ·	Managem	ent Association	1		
2	Enter the amount of the organi	zatıon's bad d	ebt expense (a	tcost)		2				
3	Enter the estimated amount of attributable to patients eligible	•				з				
4	Provide in Part VI the text of t				ements tha	ıt describe	s bad debt expense			
	In addition, describe the costi	ng methodolog	gy used in deter							
·	for including other bad debt an ion B—Medicare	nounts in comi	munity benefit							
5 5	Enter total revenue received fi	om Medicare	(including DSH	and IME)		5				
6	Enter Medicare allowable cost					6				
7	Enter line 5 less line 6—surpl					7				
8	Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall reporte	ed on line 7 shoul	d be treate					
	Cost accounting system	Γc。	st to charge ra	tio	Other					
ect	ion C—Collection Practices									
9a	Does the organization have a v	written debt co	ollection policy?	·				9a		
9b	If "Yes," does the organizatior patients who are known to qua							9ь		
Pai	rt IV Management Com					ait vi .				<u> </u>
	(a) Name of entity	(t	D) Description of pr activity of entity		(c) Organi profit % o ownersh	r stock	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physio ofit % or wnership	stock
L NC	DNE	NONE								
2								+		
3										
•										
4										
5										
5										
								+		
3										
•										_
10										
11										
12				+						
13										
14	<del></del>		<del></del>							

Part V Facility Information (Required for 2008) ER-24 hours Children's hospital Teaching Research facility Critical access hospit Name and address Other ensed (Describe) medical hospital hospita 90 . surgical YALE-NEW HAVEN HOSPITAL YALE-NEW HAVEN HOSPITAL Х Х Χ Χ Χ 20 YORK STREET NEW HAVEN, CT 06504 HILL REGIONAL CAREER HIGH SCHOOL CAREER HIGH SCHOOL SCHOOL BASED HEALTH 140 LEGION AVENUE CENTER NEW HAVEN, CT 06519 BRANFORD HIGH SCHOOL BASED HEALTH CENTER SCHOOL BASED HEALTH 185 EAST MAIN STREET CENTER BRANFORD, CT 06405 WALSH MIDDLE SCHOOL WALSH MIDDLE SCHOOL SCHOOL BASED HEALTH 185 DAMASCUS ROAD CENTER BRANFORD, CT 06405 JAMES HILL HOUSE HIGH SCHOOL BASED **HEALTH CENTER** SCHOOL BASED HEALTH 480 SHERMAN PARKWAY CENTER NEW HAVEN, CT 06511 MAURO-SHERIDAN SCHOOL BASED HEALTH CENTER SCHOOL BASED HEALTH 191 FOUNTAIN STREET CENTER NEW HAVEN, CT 06515 WELLER BUILDING WELLER BUILDING Χ 425 GEORGE STREET NEW HAVEN, CT 06511 YALE-NEW HAVEN PSYCHIATRIC HOSPITAL Х 184 LIBERTY STREET NEW HAVEN, CT 06519 YALE-NEW HAVEN SHORELINE MEDICAL CENTER Χ 111 GOOSE LANE GUILFORD, CT 06437 PEDIATRIC DENTISTRY CENTER PEDIATRIC DENTISTRY CENTER **DENTAL CLINIC** 860 HOWARD AVENUE NEW HAVEN, CT 06519 YNHASC TEMPLE SURGICAL CENTER YNHASC TEMPLE SURGICAL CENTER Х **60 TEMPLE STREET** NEW HAVEN, CT 06510 YNHASC WOMENS SURGICAL CENTER YNHASC WOMEN'S SURGICAL CENTER Χ **40 TEMPLE STREET** NEW HAVEN, CT 06510 YALE-NEW HAVEN HOSPITAL DENTAL CENTER DENTAL CLINIC 2560 DIXWELL AVENUE HAMDEN, CT 06514

Schedule H (Form 990) 2008 Page **4** 

FOOTNOTE TO FINANCIAL STATEMENTS THE HOSPITALS COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED FOR FINANCIAL REPORTING PURPOSES, THE HOSPITAL REPORTS CARE PROVIDED FOR WHICH NO PAYMENT WAS RECEIVED FROM THE PATIENT OR INSURER AS UNCOMPENSATED CARE UNCOMPENSATED CARE IS THE SUM OF THE HOSPITALS FREE CARE PROVIDED, CHARITY CARE PROVIDED AND BAD DEBT EXPENSE IN DETERMINING UNCOMPENSATED CARE, THE HOSPITAL EXCLUDES CONTRACTUAL ALLOWANCES THE COST OF UNCOMPENSATED CARE AMOUNTED TO APPROXIMATELY 54 6 MILLION AND 46 5 MILLION IN 2009 AND 2008, RESPECTIVELY ADDITIONALLY, THE HOSPITAL INCURRED LOSSES RELATED TO THE STATE MEDICAID PROGRAM OF APPROXIMATELY 98 7 MILLION AND 84 3 MILLION IN 2009 AND 2008, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE AND MEDICAID LOSSES WERE DETERMINED USING HOSPITAL-SPECIFIC DATA 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 PATIENTS 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 ANNUALLY, THE HOSPITAL ACCRUES FOR THE POTENTIAL LOSSES RELATED TO ITS UNCOLLECTIBLE ACCOUNTS AND THE AMOUNTS THAT MEET THE DEFINITION OF CHARITY AND FREE CARE ALLOWANCES AT SEPTEMBER 30, 2009 AND 2008, THE AMOUNT ESTIMATED BY MANAGEMENT TO REPRESENT THE HOSPITALS UNCOLLECTIBLE AND CHARITY AND FREE CARE ALLOWANCE, WHICH IS INCLUDED IN THE ACCOMPANYING BALANCE SHEETS AS A REDUCTION OF ACCOUNTS RECEIVABLE FOR SERVICES TO PATIENTS, WAS APPROXIMATELY 26 1 MILLION AND 23 3 MILLION, RESPECTIVELY 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 NEW HAVEN 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 THE HOSPITALS EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD SERVICE BY EMPLOYEES REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS THE MEDICARE SURPLUS REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI

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

IN FISCAL YEAR 2009, YALE-NEW HAVEN HOSPITAL CONTINUED AN INITIATIVE THAT ASSESSED UTILIZATION THROUGH THE EMERGENCY DEPARTMENT SPECIFICALLY FOCUSING ON PREVENTABLE HOSPITALIZATIONS THE INITIATIVE IS A RESULT OF TWO EXTERNAL REPORTS FROM THE STATE OF CONNECTICUT ONE FROM THE HOSPITAL SYSTEM STRATEGIC TASK FORCE, WHICH FOCUSED ON EMERGENCY DEPARTMENT UTILIZATION AND ACCESS TO PRIMARY CARE AND THE OFFICE OF HEALTH

CARE ACCESS DATA BOOK PREVENTABLE HOSPITALIZATIONS IN CONNECTICUT AN UPDATED ASSESSMENT OF ACCESS TO COMMUNITY HEALTH SERVICES THE 2007 REPORT RELEASED BY THE STATE OF CONNECTICUT'S HOSPITAL SYSTEM STRATEGIC TASK FORCE HIGHLIGHTED DISPARITIES IN EMERGENCY DEPARTMENT UTILIZATION BY PAYOR POPULATION THE

COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSITANCE

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

REPORT FOUND THAT NEARLY ONE QUARTER OF EMERGENCY DEPARTMENT PATIENTS (NEARLY 1,000 PATIENTS) ARE TREATED FOR NON-URGENT CARE ON A DAILY BASIS, AND THAT MEDICAID PATIENTS ARE FOUR TIMES MORE LIKELY AND THE UNINSURED TWO TIMES MORE LIKELY THAN PRIVATELY INSURED INDIVIDUALS TO VISIT THE EMERGENCY DEPARTMENT FOR NON-URGENT CARE THE 2008 DATA BOOK RELEASED BY THE OFFICE OF HEALTH CARE ACCESS FOUND THAT ALTHOUGH THE STATE OF CONNECTICUT EXPERIENCED FEWER PREVENTABLE HOSPITALIZATIONS WHEN COMPARED WITH THE U.S. ON A PER CAPITA BASIS, WITHIN CONNECTICUT, NEW HAVEN COUNTY HAD THE HIGHEST PER CAPITA RATES FOR 12 OF THE 19 PREVENTION QUALITY INDICATORS (PQI) AND HAD HIGHER THAN THE STATE-WIDE AVERAGES FOR FIVE OF THE REMAINING SEVEN PQI CONDITIONS THESE INDICATORS INCLUDE HOSPITALIZATIONS RELATED TO DIABETES, CONGESTIVE HEART FAILURE AND ASTHMA AS A RESULT OF THESE COMBINED REPORTS, YALE-NEW HAVEN HOSPITAL CONDUCTED AN INTERNAL REVIEW OF ITS EMERGENCY DEPARTMENT UTILIZATION, WHICH AVERAGES OVER 130,000 VISITS ANNUALLY, AND IDENTIFIED AREAS OF FOCUS FOR THE PREVENTION OF HOSPITALIZATIONS TO BE LED BY THE COMMUNITY HEALTH SERVICE LINE OF THE HOSPITAL THE AREAS IDENTIFIED INCLUDE CONGESTIVE HEART FAILURE, PEDIATRIC ASTHMA, DIABETES, STROKE, FRACTURES, HEPATITIS-C, AND LOW BIRTH WEIGHT BABIES A WORK GROUP WAS DEVELOPED FOR EACH OF THE INDIVIDUAL AREAS INCLUDING COMMUNITY HEALTH PROFESSIONALS, PHYSICIANS AND ADMINISTRATORS FROM YALE-NEW HAVEN HOSPITAL AND THE YALE SCHOOL OF MEDICINE THE WORK GROUPS MET OVER THE COURSE OF FISCAL YEAR 2009 REVIEWING INTERNAL AND EXTERNAL TRENDS RELATED TO EACH OF THE FOCUS AREAS THIS WORK CULMINATED IN A STRATEGIC ACTION PLAN FOR THE COMMUNITY HEALTH SERVICE LINE INITIATIVES FROM THIS PLAN ARE IN THE PROCESS OF BEING REVIEWED AND IMPLEMENTED INCLUDED IS THE HIRING OF AN OUTREACH WORKER TO REDUCE THE NO SHOW RATE FOR APPOINTMENTS IN THE PRIMARY CARE CENTER, ADDITIONAL HEALTH EDUCATION PROGRAMS, STANDARDIZATION OF CARE PROTOCOLS, IDENTIFICATION OF BEST PRACTICE PROGRAMS PARTICULARLY THOSE RELATED TO LOW BIRTH WEIGHT BABIES, AND THE PURSUIT OF GRANT FUNDS TO IMPLEMENT ADDITIONAL PROGRAMS AND SERVICES AS IDENTIFIED ADDITIONALLY, THE HOSPITAL INSTITUTED PROCESS ENHANCEMENT INITIATIVES DURING FISCAL YEAR 2009 IN THE ADULT EMERGENCY DEPARTMENT TO INCREASE ACCESS TO CARE BY RESPONDING TO AN OVERALL INCREASE IN UTILIZATION AND SPECIFICALLY THOSE UTILIZING THE EMERGENCY DEPARTMENT FOR NON-URGENT CARE AS IDENTIFIED IN THE REPORT FROM THE STATE OF CONNECTICUT'S HOSPITAL SYSTEM STRATEGIC TASK FORCE THESE INITIATIVES INCLUDED CHANGING THE PROCESS OF HOW PATIENTS ARE ADMITTED THROUGH THE EMERGENCY DEPARTMENT, ADDING A RAPID RESPONSE NURSE IN THE TRIAGE AREA AND ALIGNING URGENT CARE CAPACITY WITH DEMAND THESE INITIATIVES HAVE RESULTED IN AN OVERALL DECREASE IN THE LENGTH OF STAY AND WAIT TIMES FOR PATIENTS IN THE EMERGENCY DEPARTMENT YALE-NEW HAVEN HOSPITAL IS ALSO A FOUNDING MEMBER OF THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY THE PARTNERSHIP ORIGINATED IN 1995 AS A COALITION OF COMMUNITY-BASED ORGANIZATIONS, CIVIC, HEALTH AND BUSINESS ORGANIZATIONS, PRIVATE CITIZENS, AND MUNICIPALITIES WORKING TOGETHER TO ENHANCE THE HEALTH AND WELL BEING OF THE RESIDENTS OF GREATER NEW HAVEN MEMBERS OF THE PARTNERSHIP INCLUDE THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN, YALE-NEW HAVEN HOSPITAL, VISITING NURSE ASSOCIATION OF SOUTH CENTRAL CONNECTICUT, THE GREATER NEW HAVEN CHAMBER OF COMMERCE, THE COMMUNITY ACTION AGENCY, FAIR HAVEN COMMUNITY HEALTH CENTER, THE HILL HEALTH CENTER, THE YALE UNIVERSITY SCHOOL OF EPIDEMIOLOGY AND PUBLIC HEALTH AND THE CITY OF NEW HAVEN HEALTH DEPARTMENT THE PARTNERSHIP ACHIEVED 501(C)(3) STATUS IN 2004 THE GOALS OF THE PARTNERSHIP ARE AS FOLLOWS -IMPROVE THE HEALTH STATUS OF THE GREATER NEW HAVEN COMMUNITY -GAIN A COMPREHENSIVE UNDERSTANDING OF THE COMMUNITY'S HEALTH STATUS AND POTENTIAL -MARSHAL RESOURCES, LINK EXISTING RESOURCES, AND IF NECESSARY, DEVELOP NEW RESOURCES TO IMPROVE THE QUALITY OF LIFE IN GREATER NEW HAVEN -EMPOWER PEOPLE TO TAKE GREATER RESPONSIBILITY FOR THEIR OWN HEALTH STATUS -DEVELOP A COMMUNITY HEALTH IMPROVEMENT ACTION PLAN -CREATE A UNIFIED VOICE IN ORDER TO INFLUENCE POLICY AND SECURE FUNDING FOR HEALTH RELATED INITIATIVES THE PARTNERSHIP IS INVOLVED IN THE DEVELOPMENT OF TWO PRIMARY PROJECTS PROJECT ACCESS, WHICH IS FOCUSED ON REDUCING HEALTH DISPARITIES AND INCREASING ACCESS TO PRIMARY AND SPECIALTY CARE AND HEALTHY HOMES, WHICH IS AN ASTHMA PREVENTION AND INTERVENTION PROJECT 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 charity care policy THE YALE-NEW HAVEN HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS THE Y-NHH WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITALS FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES, AND THROUGH THE FREE CARE DEPARTMENT IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY THIRD MONDAY OF EACH MONTH IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO

06502 NEW HAVEN NEW HAVEN, CT 06503 NEW HAVEN NEW HAVEN, CT 06504 NEW HAVEN NEW HAVEN, CT 06505 NEW HAVEN NEW HAVEN, CT 06506 NEW HAVEN NEW HAVEN, CT 06507 NEW HAVEN NEW HAVEN, CT 06508 NEW HAVEN NEW HAVEN, CT 06509 NEW HAVEN NEW HAVEN, CT 06510 NEW HAVEN NEW HAVEN NEW HAVEN NEW HAVEN, CT 06513 NEW HAVEN

NEW HAVEN, CT 06515 NEW HAVEN NEW HAVEN, CT 06519 NEW HAVEN NEW HAVEN, CT 06520 NEW HAVEN NEW HAVEN NEW HAVEN, CT 06521 NEW HAVEN NEW HAVEN, CT 06532 NEW HAVEN NEW HAVEN, CT 06531 NEW HAVEN NEW HAVEN, CT 06532 NEW HAVEN NEW HAVEN, CT 06535 NEW HAVEN NEW HAVEN, CT 06536 NEW HAVEN NEW HAVEN, CT 06537 NEW HAVEN NEW HAVEN, CT 06538 NEW HAVEN NEW HAVEN, CT 06540 NEW HAVEN NEW HAVEN, CT 06471 NORTH BRANFORD NEW HAVEN, CT 06472 NORTH BRANFORD NEW HAVEN, CT 06473 NORTH HAVEN NEW HAVEN, CT 06475 OLD SAYBROOK MIDDLESEX, CT 06477 ORANGE NEW HAVEN, CT 06478 OXFORD NEW HAVEN, CT 06483 SEYMOUR NEW HAVEN, CT 06492 WALLINGFORD NEW HAVEN, CT 06493 WALLINGFORD NEW HAVEN, CT 06498 WESTBROOK MIDDLESEX, CT 06516 WEST HAVEN NEW HAVEN, CT 06498 WESTBROOK MIDDLESEX, CT

ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic

THE PRIMARY SERVICE AREA OF YALE-NEW HAVEN HOSPITAL INCLUDES TWENTY-FIVE CONNECTICUT MUNICIPALITIES SPANNING ACROSS MIDDLESEX AND NEW HAVEN COUNTIES THE ALPHABETICAL LISTING BELOW PROVIDES EACH MUNICIPALITY LOCATED WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA, THE ASSOCIATED ZIP CODE(S) AND COUNTY ZIP CODE MUNICIPALITY COUNTY, STATE 06401 ANSONIA NEW HAVEN, CT 06524 BETHANY NEW HAVEN, CT 06405 BRANFORD NEW HAVEN, CT 06408 CHESHIRE NEW HAVEN, CT 06410 CHESHIRE NEW HAVEN, CT 06411 CHESHIRE NEW HAVEN, CT 06413 CLINTON MIDDLESEX, CT 06417 DEEP RIVER MIDDLESEX, CT 06418 DERBY NEW HAVEN, CT 06512 EAST HAVEN NEW HAVEN, CT 06409 ESSEX MIDDLESEX, CT 06426 ESSEX MIDDLESEX, CT 06442 ESSEX MIDDLESEX, CT 06437 GUILFORD NEW HAVEN, CT 06514 HAMDEN NEW HAVEN, CT 06517 HAMDEN NEW HAVEN, CT 06518 HAMDEN NEW HAVEN, CT 06419 KILLINGWORTH MIDDLESEX, CT 06443 MADISON NEW HAVEN, CT 06450 MERIDEN NEW HAVEN, CT 06451 MERIDEN NEW HAVEN, CT 06454 MERIDEN NEW HAVEN, CT 06460 MILFORD NEW HAVEN, CT 06461 MILFORD NEW HAVEN, CT 06501 NEW HAVEN NEW HAVEN, CT

ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE

constituents it serves

06525 WOODBRIDGE NEW HAVEN, CT IN 2009, THE TOTAL POPULATION OF THE HOSPITAL'S PRIMARY SERVICE AREA IS ESTIMATED AT 698,954 THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2009 WAS 71 7% WHITE, 11 3% BLACK, 11 3% HISPANIC, 37% ASIAN PACIFIC AND 20% NATIVE AMERICAN, MULTI RACE OR OTHER IN 2009, THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS 74,860 IN MIDDLESEX COUNTY AND 61,329 IN NEW HAVEN COUNTY IN ADDITION TO YALE-NEW HAVEN HOSPITAL THERE ARE FOUR ACUTE CARE HOSPITALS LOCATED IN THE PRIMARY SERVICE AREA HOSPITAL OF SAINT RAPHAEL, GRIFFIN HOSPITAL, MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL GAYLORD HOSPITAL, A LONG-TERM ACUTE CARE HOSPITAL IS ALSO LOCATED WITHIN THE PRIMARY SERVICE AREA YALE-NEW HAVEN HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING IN FISCAL YEAR 2009 THERE WERE 54,507 DISCHARGES FROM YALE-NEW HAVEN HOSPITAL AN ESTIMATED ONE IN FOUR PATIENTS ARE MEDICAID BENEFICIARIES THE YALE-NEW HAVEN 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 2009, THE YALE-NEW HAVEN EMERGENCY DEPARTMENT HAD A TOTAL OF 133,274 VISITS INCLUDING ITS ADULT EMERGENCY DEPARTMENT AND PEDIATRIC EMERGENCY DEPARTMENT LOCATED ON THE HOSPITAL'S MAIN CAMPUS IN NEW HAVEN AND THE EMERGENCY DEPARTMENT LOCATED AT THE SHORELINE MEDICAL CENTER IN GUILFORD NEARLY SIXTY PERCENT OF THESE VISITS ARE ATTRIBUTED TO THE ADULT EMERGENCY DEPARTMENT, WHICH ACCOUNTS FOR 77,522 OF THE TOTAL VISITS INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP OVER SEVENTY PERCENT OF THE TOTAL WITH OVER HALF, ROUGHLY 29,000 INDIVIDUALS IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE PATIENT ORIGIN DATA FOR FISCAL YEAR 2009 INDICATES THAT 50 3% OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITAL'S ADULT EMERGENCY DEPARTMENT AND 35 3% OF THE TREATED AND ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF NEW HAVEN THE MEDIAN HOUSEHOLD INCOME FOR THE CITY OF NEW HAVEN IS 37,460, WHICH IS 30,595 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME IN 2008 AN ESTIMATED 27 3% OF NEW HAVEN RESIDENTS WERE IDENTIFIED AS LIVING IN 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves YALE-NEW HAVEN 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 NOT-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 IN FISCAL YEAR 2009, THE COMMUNITY BUILDING ACTIVITIES THAT YALE-NEW HAVEN HOSPITAL PROVIDED TOTALED 2.1 MILLION DOLLARS HIGHLIGHTS OF THESE ACTIVITIES ARE INCLUDED BELOW BY CATEGORY WHERE APPLICABLE PHYSICAL IMPROVEMENT / HOUSING - AT ITS 18TH ANNUAL MASTER BUILDER AWARD CEREMONY, HABITAT FOR HUMANITY OF GREATER NEW HAVEN PRESENTED FOUR COMMUNITY SERVICE AWARDS - INCLUDING TWO AWARDS TO YALE-NEW HAVEN HOSPITAL AND THE YALE SCHOOL OF MEDICINE FOR THEIR SPONSORSHIP AND VOLUNTEER EFFORTS AT A HOUSE LOCATED ON WILSON STREET IN NEW HAVEN EACH OF THE TWO ORGANIZATIONS DONATED 25,000 TO SPONSOR THE HOUSE AND OVER 146 VOLUNTEERS FROM THE TWO ORGANIZATIONS DEDICATED OVER 4,000 HOURS OF THEIR TIME TO COMPLETE THE PROJECT IN MAY 2009, THE CONNECTICUT SOCIETY OF CIVIL ENGINEERS HONORED YALE-NEW HAVEN HOSPITAL FOR ITS CONTRIBUTIONS TO PLANNING OF THE ROUTE 34 "ROUNDABOUT" AND RELATED TRAFFIC SAFETY ENHANCEMENTS THE PROJECT IMPROVES TRAFFIC FLOW IN ANTICIPATION OF THE OPENING OF SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN AND EXISTING OPERATIONAL AND SAFETY DEFICIENCIES ALONG ROUTE 34 AND FRONTAGE ROADS THE HOSPITAL ALSO FUNDED THE UPGRADE OF TWELVE INTERSECTIONS AROUND THE MEDICAL DISTRICT, WHICH WAS PART OF THE AWARD-WINNING STREET SMARTS TRAFFIC SAFETY CAMPAIGN SPONSORED BY THE CITY OF NEW HAVEN, WHICH WON THREE PUBLIC RELATIONS SOCIETY OF AMERICA-SPONSORED MERCURY AWARDS IN JUNE 2009 THROUGH ITS PARTNERSHIP WITH THE HILL DEVELOPMENT CORPORATION, THE HOSPITAL PROVIDED 165,000 IN FUNDING FOR A HOME REHABILITATION GRANT PROGRAM THE GRANT FUNDS ARE USED TO ADDRESS EMERGENCY HOME REPAIRS FOR OWNER-OCCUPIED RESIDENCES LOCATED IN THE HILL SECTION OF THE CITY OF NEW HAVEN APPROXIMATELY 10 TO 15 HOUSEHOLDS ARE SERVED BY THE GRANT FUNDS ANNUALLY IN ADDITION, THE HOSPITAL ALSO PROVIDED 300,000 IN FISCAL YEAR 2009 TO THE CITY OF NEW HAVEN FOR HOUSING AND ECONOMIC DEVELOPMENT IN THE NEIGHBORHOODS ADJACENT TO THE HOSPITAL'S CAMPUS THE ALLOCATION AND USES OF THE FUNDS ARE DETERMINED BY THE CITY'S ECONOMIC DEVELOPMENT ADMINISTRATOR YALE-

NEW HAVEN HOSPITAL ALSO OFFERS A HOME OWNERSHIP MADE EASIER (H O M E ) PROGRAM, PROVIDING EMPLOYEES WITH RESOURCES AND SUPPORT TO BUY THEIR FIRST HOME THE PROGRAM OFFERS UP TO 10,000 IN FORGIVABLE LOANS AND INCENTIVES TO HELP EMPLOYEES PURCHASE A HOME IN NEW HAVEN ECONOMIC DEVELOPMENT - YALE-NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE, GUILFORD CHAMBER OF COMMERCE, HILL DEVELOPMENT CORPORATION, ECONOMIC DEVELOPMENT

CORPORATION OF NEW HAVEN, REGIONAL GROWTH PARTNERSHIP, REGIONAL LEADERSHIP COUNCIL AND THE TENNIS FOUNDATION OF CONNECTICUT THROUGH THESE ORGANIZATIONS, WE ADVOCATE FOR AND FACILITATE INCREASED ECONOMIC DEVELOPMENT FOR THE AREA IN RECOGNITION OF THE HOSPITAL'S ROBUST EMPLOYEE WELLNESS PROGRAM, WHICH INCLUDES NUMEROUS PROGRAMS RELATED TO SCREENINGS, IMMUNIZATION, EDUCATION AND EMPLOYEE ASSISTANCE AND FITNESS, THE GREATER NEW HAVEN CHAMBER OF COMMERCE HEALTH CARE COUNCIL AWARDED THE HOSPITAL WITH THE 2009 AWARD OF DISTINCTION FOR WORKPLACE WELLNESS COMMUNITY SUPPORT - HOSPITAL REPRESENTATIVES SERVE ON TWO OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S TEN DIVERSE COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS WERE FORMED TO HELP IDENTIFY AND EXAMINE NEIGHBORHOOD PROBLEMS AND TO DEVELOP STRATEGIES UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE GENERALLY COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT THROUGH ITS PARTNERSHIP WITH THE HILL DEVELOPMENT CORPORATION, THE HOSPITAL PROVIDED FUNDING FOR A CHILD-CARE SUBSIDY GRANT PROGRAM THE GRANT FUNDS ARE USED TO PROVIDE CHILDCARE ASSISTANCE TO WORKING FAMILIES WHOSE RESIDENCES ARE LOCATED IN THE HILL SECTION OF THE CITY OF NEW HAVEN APPROXIMATELY 10 FAMILIES ARE SERVED BY THE GRANT FUNDS ANNUALLY YALE-NEW HAVEN HOSPITAL CONTINUED ITS INVOLVEMENT IN THE HEALTH ADVENTURES PROGRAM HEALTH ADVENTURES IS A NATIONAL PROGRAM OF THE AMERICAN SOCIETY OF DIRECTORS OF VOLUNTEER SERVICES, OF THE AMERICAN HOSPITAL ASSOCIATION HEALTH ADVENTURES MATCHES ADULT VOLUNTEER MENTORS WITH STUDENTS, TO INTRODUCE THEM TO COMMUNITY VOLUNTEERISM AND HEALTH CARE CENTERS THIS PROGRAM IS DESIGNED TO REACH OUT TO CHILDREN BETWEEN GRADE 5 AND 8 ACROSS THE COUNTRY, THROUGH PARTNERSHIPS BETWEEN THE LOCAL HOSPITALS AND COMMUNITY AGENCIES THE MISSION IS TO ENCOURAGE CHILDREN TO THINK POSITIVELY ABOUT HEALTHY LIVING, COMMUNITY VOLUNTEERISM, AND STIMULATE THEM TO THINK ABOUT THEIR OWN CAREER ASPIRATIONS FIFTY-ONE STUDENTS PARTICIPATED IN THE HEATH ADVENTURES PROGRAM AT YALE-NEW HAVEN HOSPITAL IN 2009 THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT THE JOHN C DANIELS SCHOOL PARTNERSHIP CONSISTS OF A CLASSROOM READING PROGRAM AND A LUNCH BUDDY PROGRAM WHERE STAFF MEMBERS MENTOR STUDENTS DURING LUNCH TIME ADDITIONAL INITIATIVES INCLUDE AN 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 SITTING SUPERIOR COURT JUDGE THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ENHANCED ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSE THEM TO CAREERS IN HEALTH CARE IN ADDITION, HOSPITAL REPRESENTATIVES ALSO SERVE AS YOUTH MENTORS THROUGH THE GUILFORD PUBLIC SCHOOL'S YOUTH MENTORING PROGRAM ENVIRONMENTAL IMPROVEMENTS - IN FISCAL YEAR 2009, THE YALE-NEW HAVEN HOSPITAL LEAD PROGRAM AND REGIONAL TREATMENT CENTER PROVIDED 1,360 SCREENINGS, CONDUCTED 201 HOME VISITS AND PROVIDED 100 PRESENTATIONS CONCERNING LEAD-POISONING PREVENTION WITHIN THE COMMUNITY THE REGIONAL TREATMENT CENTER PROVIDES MEDICAL CARE, PSYCHOLOGICAL AND SOCIAL SERVICES AND EDUCATION FOR LEAD-POISONED CHILDREN AND THEIR FAMILIES A LEAD SAFE HOME PROVIDING TEMPORARY HOUSING FOR FAMILIES WHOSE HOMES MUST HAVE LEAD REMOVED AND WHOSE CHILDREN HAVE ELEVATED LEAD LEVELS IS ALSO AVAILABLE LEADERSHIP DEVELOPMENT AND LEADERSHIP TRAINING FOR COMMUNITY MEMBERS - YALE-NEW HAVEN HOSPITAL'S DEPARTMENT OF RELIGIOUS MINISTRIES IN COLLABORATION WITH THE GREATER NEW HAVEN CLERGY ASSOCIATION CONDUCTED A PASTORAL CARE INSTITUTE FOR PASTORS AND LAY PERSONS TO FACILITATE PASTORAL-CARE TO CHURCH MEMBERS WHO ARE ILL, HOSPITALIZED AND/OR SHUT-IN THIRTY COMMUNITY CLERGY AND LAY PERSONS PARTICIPATED IN THE FIVE-WEEK SESSION THE RELIGIOUS MINISTRIES DEPARTMENT ALSO CONDUCTED AN INTERFAITH TRAINING EVENT, "PRAYER IN TIMES OF CRISIS" FOR COMMUNITY CLERGY AND CHURCH MEMBERS FORTY PEOPLE ATTENDED THE EVENT COALITION BUILDING - IN ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME SOME OF THE ORGANIZATIONS ARE ACES, AMISTAD ACADEMY, BEST BUDDIES CONNECTICUT, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE LEARNING, COORDINATING COUNCIL FOR CHILDREN IN CRISIS, LEAP, LIFE HAVEN, LULAC HEAD Provide any other information important to describing how the organization's hospitals 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.) YALE-NEW HAVEN HOSPITAL (YNHH) IS A 966-BED TERTIARY REFERRAL CENTER WHICH INCLUDES SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN, THE 201-BED YALE-NEW HAVEN CHILDREN'S HOSPITAL AND THE 76-BED YALE-NEW HAVEN PSYCHIATRIC HOSPITAL THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE, YALE-NEW HAVEN'S MEDICAL STAFF IS ENHANCED BY 471 SUPERVISED HOUSE STAFF PHYSICIANS (RESIDENTS) WHO ADD AROUND-THE-CLOCK COVERAGE TO PATIENT CARE YALE-NEW HAVEN REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) RELYING ON THE SKILLS OF APPROXIMATELY 2,200 UNIVERSITY-BASED AND COMMUNITY PHYSICIANS PRACTICING MORE THAN 100 MEDICAL SPECIALTIES, YALE-NEW HAVEN, SMILOW CANCER HOSPITAL, THE CHILDREN'S HOSPITAL AND THE PSYCHIATRIC HOSPITAL PROVIDED SERVICES FOR MORE THAN 575,000 OUTPATIENT AND EMERGENCY VISITS AND 54,500 DISCHARGES IN FISCAL YEAR 2009 YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YALE SCHOOL OF MEDICINE AND THE YALE CANCER CENTER, IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH THE NATIONAL INSTITUTES OF HEALTH HAVE RECOGNIZED THESE FACILITIES FOR THE EXCELLENCE OF THE CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS AND CLAUDE D PEPPER OLDER AMERICANS INDEPENDENCE CENTER HOSPITAL SERVICES RECOGNIZED BY ANTHEM BLUE CROSS AND BLUE SHIELD AS BLUE DISTINCTION CENTERS INCLUDE BARIATRIC SERVICES, HIP, KNEE AND SPINE AND RARE AND COMPLEX CANCERS ADDITIONAL CENTERS OF EXCELLENCE RECOGNIZED BY PAYORS INCLUDE NEONATAL AND TRANSPLANT SERVICES FOR BONE MARROW AND LIVER TRANSPLANTS FOR THE THIRD CONSECUTIVE YEAR, YALE-NEW HAVEN HOSPITAL WAS RECOGNIZED IN U.S. NEWS & WORLD REPORT'S ANNUAL HONOR ROLL

OF AMERICA'S BEST HOSPITALS THE HOSPITAL RANKED 17TH ON THE ELITE HONOR ROLL LIST AND WAS RANKED AMONG THE BEST IN THE U.S. IN TWELVE SPECIALTIES. CANCER, DIGESTIVE DISORDERS, EAR, NOSE AND THROAT, DIABETES AND ENDOCRINE DISORDERS, GERIATRIC CARE, GYNECOLOGY, HEART AND HEART SURGERY, KIDNEY DISORDERS, NEUROLOGY AND NEUROSURGERY, PSYCHIATRY, RESPIRATORY DISORDERS, AND UROLOGY DURING FISCAL YEAR 2009, YALE-NEW HAVEN HOSPITAL PROVIDED 189 1 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 115 6 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 65 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 7 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS SOME EXAMPLES OF COMMUNITY PROGRAMS AND SERVICES THAT PROMOTE HEALTH AND WELLNESS ARE LISTED BELOW YALE-NEW HAVEN HOSPITAL'S PRIMARY CARE CENTER PROVIDES OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION IT IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT IN FISCAL YEAR 2009, THE PRIMARY CARE CENTER HAD 22,497 VISITS TO THE ADULT MEDICINE CLINIC, 29,421 VISITS TO THE PEDIATRICS CLINIC AND 23,497 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 74,229 PATIENT VISITS ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS, WITH VISITS NUMBERING 2,174 YALE-NEW HAVEN HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECEIVING CARE AT YALE-NEW HAVEN HOSPITAL AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS PROVIDE AN ASSESSMENT OF NEEDS AND COORDINATION OF MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATED SERVICES OUR CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTHY START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2009, THE PROGRAM SERVED 435 WOMEN ME & MY BABY PROVIDES INCREASED ACCESS TO CARE FOR AN UNDER-SERVED POPULATION THAT IS EITHER UNINSURED OR UNDERINSURED, OUTREACH EFFORTS FOSTER EARLY ENTRY INTO CARE, SCREENING AND DETECTION, AND ALLOW PRENATAL CARE TO BEGIN AS EARLY AS POSSIBLE IN THE FIRST TRIMESTER THE PROGRAM FEATURES MONTHLY "SHOWERS" TO PROVIDE PARTICIPANTS WITH INFORMATION ON THE HOSPITAL'S MATERNITY PROGRAMS, BASIC CHILDBIRTH PREPARATION AND TO ANSWER ANY QUESTIONS ME & MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE IN FISCAL YEAR 2009, THERE WERE A TOTAL OF 584 PARTICIPANTS ENROLLED IN THE PROGRAM MEDICAL VISITS ARE IMPORTANT FOR GROWING CHILDREN AND TEENAGERS, BUT WORK SCHEDULES AND FAMILY PRESSURES MAKE IT DIFFICULT TO GET KIDS TO A DOCTOR'S APPOINTMENT YALE-NEW HAVEN HOSPITAL SERVES STUDENTS IN ITS SEVEN SCHOOL-BASED HEALTH CENTERS REGISTERED NURSES PROVIDE CARE AT THE CENTERS AND SUPPORT GROUPS ARE RUN THROUGH THE HOSPITAL'S DEPARTMENT OF SOCIAL WORK INCLUDING TEEN GRIEF, MEDIATION, ANGER MANAGEMENT AND SOCIAL SKILLS IN 2009 THERE WERE APPROXIMATELY 8,199 STUDENT VISITS AT THE SEVEN LOCATIONS THE PRESCRIPTION ASSISTANCE PROGRAM HELPS YALE-NEW HAVEN HOSPITAL PATIENTS THAT HAVE LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS THE 340B PROGRAM ANNUALLY ACCUMULATES OVER 800 PRESCRIPTIONS PER MONTH THROUGH THE EMERGENCY DEPARTMENT, INPATIENT DISCHARGES AND PRIMARY CARE CENTER SERVICES, RESULTING IN NEARLY 200,000 IN SAVINGS TO PATIENTS THE MEDICAL CENTER PHARMACY, A HOSPITAL RELATED PHARMACY, EXPANDED THE PROGRAM TO ADDITIONAL MEDICAL CENTER PHARMACY LOCATIONS IN THE NEW HAVEN AREA YALE-NEW HAVEN HOSPITAL WAS SELECTED AS ONE OF NINE SITES IN THE STATE OF CONNECTICUT TO BE AWARDED GRANT FUNDING TO ADMINISTER THE WISEWOMAN (WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION) PROGRAM WISEWOMAN ASSESSES CARDIOVASCULAR RISK FACTORS AND PROVIDES CARDIOVASCULAR DISEASE PREVENTATIVE HEALTH SERVICES FOR MEDICALLY UNDER-SERVED WOMEN OVER THE AGE OF 40 THE ASSESSMENTS INCLUDE HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL AND BLOOD GLUCOSE TESTING NINETY-EIGHT WOMEN WERE SCREENED THROUGH THE WISEWOMAN PROGRAM IN 2009 YALE-NEW HAVEN HOSPITAL IS ONE OF 18 SITES IN CONNECTICUT OFFERING A COMPREHENSIVE BREAST AND CERVICAL CANCER SCREENING PROGRAM FOR MEDICALLY UNDER-SERVED WOMEN SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN AGES 19 AND 64, AND MAMMOGRAMS ARE OFFERED TO WOMEN WHO ARE AGE 40 TO 64 IN FISCAL YEAR 2009, 620 WOMEN WERE SERVED THROUGH THE PROGRAM YALE-NEW HAVEN HOSPITAL IS A GRANT RECIPIENT OF THE KOMEN FOUNDATION PATIENT NAVIGATION FOR BREAST CANCER SCREENING THIS COLLABORATIVE OUTREACH INITIATIVE IS FOCUSED ON OFFERING BREAST HEALTH EDUCATION AND SCREENING SERVICES TO AFRICAN AMERICAN, HISPANIC AND ANY UNDERSERVED WOMEN (AGE 50+) IN THE GREATER NEW HAVEN COMMUNITY AND HELPING THEM NAVIGATE THROUGH THE HEALTH CARE SYSTEM THE GOAL IS TO INCREASE AWARENESS OF EARLY DETECTION TO THESE HIGH-RISK POPULATIONS, TEACH BREAST SELF EXAMS, PROVIDE SCREENING AND TO PARTNER AND FACILITATE ACCESS TO APPROPRIATE DIAGNOSTIC FOLLOW UP WHEN NECESSARY IN FISCAL YEAR 2009, PARTICIPATION IN 30 OUTREACH ACTIVITIES RESULTED IN HEALTH EDUCATION AND AWARENESS ACTIVITIES TO 900 WOMEN IN THE GREATER NEW HAVEN AREA WHILE 345 WOMEN BENEFITED FROM A SCREENING MAMMOGRAM ON THE MOBILE MAMMOGRAPHY VAN IN A PARTNERSHIP WITH THE HILL HEALTH CENTER, THE DIGITAL MAMMOGRAPHY VAN PROVIDES SCREENING MAMMOGRAPHY SERVICES IN THE COMMUNITY WHERE WOMEN LIVE AND WORK, IMPROVING ACCESS FOR THE ELDERLY AND UNDERSERVED POPULATIONS WHO MIGHT NOT OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS IN FISCAL YEAR 2009, YALE-NEW HAVEN HOSPITAL'S MAMMOGRAPHY VAN PERFORMED 2,699 SCREENING MAMMOGRAMS AT APPROXIMATELY 64 LOCATIONS THROUGHOUT SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAPHY SERVICES THROUGH THE SUSAN G KOMEN GRANT AND THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM, YALE-NEW HAVEN HOSPITAL ALSO PROVIDES SCREENING MAMMOGRAMS FOR UNINSURED AND UNDERINSURED WOMEN AT THE HILL HEALTH CENTER AND THE FAIR HAVEN HEALTH CLINIC THE MAMMOGRAPHY VAN VISITS THE HILL HEALTH CENTER AND THE FAIR HAVEN HEALTH CLINIC ON A MONTHLY BASIS AND PARTICIPATES IN COMMUNITY HEALTH FAIRS DURING THE YEAR, INCLUDING THE NAACP'S HEALTH/CAREER EXPO YALE-NEW HAVEN HOSPITAL IS ONE OF FIVE SITES IN CONNECTICUT FUNDED BY THE CONNECTICUT CHILDREN'S MEDICAL CENTER THROUGH THE DEPARTMENT OF SOCIAL SERVICES ITS PURPOSE IS TO 7 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 communites served THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED

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

BASIS AND OBJECTIVES IN THE EXECUTIVES' PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLAN INCORPORATES THE CONCEPTS OF

Schedule H (Form 990) 2008

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493221000130

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

YALE-NEW HAVEN HOSPITA	L					06-0646652	
1 Does the organization ma	aintain records to s		of the grants or assista				E., E.
the selection criteria use  2 Describe in Part IV the c	organization's proce	edures for monitoring th	e use of grant funds ın t	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the conference of the confer	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					<u> </u>	<u> </u>	9
3 Enter total number of oth			<u> </u>				bedule I (Form 990) 2008

	, ,	
Part III	Grants and Other Assistance to Individuals in the United States	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
NURSING SCHOLARSHIPS	21	42,000			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES		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 MISSION

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST403 JAMES STREET NEW HAVEN,CT 06511			12,500				SUPPORT MISSION
ANTI DEFIMATION LEAGUEWHITNEY AVE NEW HAVEN,CT 06511			10,000				SPONSORSHIP
BEULAH HEIGHT SOCIAL INTEGRATION PROGRAM782 ORCHARD STREET NEW HAVEN,CT 06511	06-1290930	C-3	7,500				SPONSORSHIP
BREAST CANCER NETWORK OF STRENGTHPO BOX 693 BRANFORD,CT 06405			15,000				SUPPPORT MISSION
CITY OF NEW HAVEN165 CHURCH STREET NEW HAVEN,CT 06511		GOV	1,569,419				COMMUNTY BENEFIT DEV
CT SPORTS FOUNDATION AGAINST CANCER129 MAIN STREET OLD SAYBROOK, CT 06475	06-1240574	C-3	15,000				SUPPORT MISSION
CT WOMEN'S HALL OF FAME329 FITCH STREET NEW HAVEN,CT 06105	06-1492895	C-3	10,000				SPONSORSHIP
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN,CT 06511	23-7431264	C-3	5,350				SUPPORT MISSION
GATEWAY COMMUNITY COLLEGE60 SARGENT DRIVE NEW HAVEN,CT 06511			200,000				SUPP NURSING CAREER
GREATER NEW HAVEN CHAMBER OF COMMER900 CHAPEL STREET NEW HAVEN,CT 06510	06-0646890	C-6	20,000				SPONSORSHIP

Form 990,Schedule I, F	Part II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United State	żS
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	h <b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL DEVELOPMENT CORP649 HOWARD AVE NEW HAVEN,CT 06519	06-1039070	C-3	259,500				COMMUNITY DEVELOPMEN
HILL HEALTH CENTER 400 COLUMBUS AVE NEW HAVEN,CT 06519	06-0807990	C-3	25,000				SUPPORT MISSION
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS & IDEAS195 CHURCH STREET NEW HAVEN, CT 06511		C-3	20,000				SPONSORSHIP
KENNETH B SCHWARTZ CENTER205 PORTLAND AVE BOSTON, MA 02101	ļ		9,000				SUPPORT MISSION
LONG WHARF THEATER 222 SARGENT DRIVE NEW HAVEN,CT 06511	!		12,500				SPONSORSHIP
NAACP NEW HAVEN BRANCH545 WHALLEY AVE NEW HAVEN,CT 06511	ļ		25,000				SPONSORSHIP
NATIONAL KIDNEY FOUNDATION2139 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-0792956	C-3	6,000				SPONSORSHIP
POWERHOUSE TEMPLE MINISTRIES577 HOWARD AVE NEW HAVEN,CT 06511			10,000				SPONSORSHIP

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As Filed Data -

DLN: 93493221000130

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of	the organization
YALF-NFW	HAVEN HOSPITAL

**Employer identification number** 

06-0646652

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	•		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  ~ </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	), Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of contro	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must o	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7	Yes	
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III			8		No

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY- BASED PAYMENTS	PAGE 1, PART I, LINE 4	MARNA P BORGSTROM 0 314,055 0 PETER N HERBERT, MD 0 190,972 0 RICHARD D'AQUILA 0 203,737 0 JAMES M STATEN 0 176,257 0 MARK L ANDERSEN 0 118,162 0 KEVIN A MYATT 0 30,823 0 NORMAN G ROTH 0 110,248 0 JOHN C SKELLY 0 91,540 0 MICHAEL APKON 0 90,240 0 WILLIAM J ASELTYNE 0 90,240 0 VINCENT PETRINI 0 70,512 0 THOMAS D LEARY 0 74,179 0 STEPHEN M MERZ 0 57,863 0 PATRICK M LUDDY 0 62,806 0 THOMAS J BALCEZAK 0 20,889 0
NON-FIXED PAYMENTS PROVIDED	PAGE 1, PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) 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
OTHER ADDITIONAL INFORMATION	PART III	SCHEDULE J, PART I LINE 4B 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 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA) THREE FORMER OFFICERS, EDWARD J DOWLING, ALVIN R JOHNSON, AND JOSEPH A ZACCAGNINO 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 TRUST EDWARD DOWLING 187,344 ALVIN JOHNSON 61,302 JOSEPH ZACCAGNINO 683,675

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990, Schedule J, P	art II	[ - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name			W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MARNA P BORGSTROM	(ı) (ıı)	557,187 557,187	267,990 267,990	75,519 75,519	271,684 271,684	21,432 21,432		
PETER N HERBERT MD	(1) (11)	502,011 215,148	135,681 58,149	57,933 24,829	144,810 62,062	25,659 10,996		
RICHARD D'AQUILA	(ı) (ıı)	647,304 71,923	335,813 37,313	106,807 11,867	215,673 23,964	49,249 5,472	1,354,846 150,539	
JAMES M STATEN	(ı) (ıı)	328,772 328,772	106,760 106,760	39,275 39,275	151,078 151,078	8,860 8,860		17,739 17,739
MARK LANDERSEN	(ı) (ıı)	122,055 284,795	37,582 87,692	57,476 134,110	61,876 144,377	4,043 9,434	283,032	2,158 5,036
KEVIN A MYATT	(ı) (ıı)	232,928 155,285	124,824 83,216	45,718 30,478	69,434 46,289	10,278 6,852	483,182	182 122
PATRICIA S FITZSIMONS	(ı) (ıı)	301,030		208,905	77,979	20,975	1	
NORMAN G ROTH	(ı) (ıı)	405,231	116,254	63,408	187,148	17,047	789,088	
JOHN C SKELLY	(ı) (ıı)	271,355 67,839	64,042 16,011	64,835 16,209	125,719 31,430	15,871 3,968	541,822 135,457	
MICHAEL APKON	(1) (11)	318,790	131,537	41,784	147,109	42,417		
WILLIAM J ASELTYNE	(ı) (ıı)	114,622 212,869	27,384 50,856	16,389 30,437	52,008 96,587	8,577 15,929		
VINCENT PETRINI	(ı) (ıı)	267,756		44,668	125,294	26,641		
THOMAS D LEARY	(ı) (ıı)	262,211 13,801	62,031 3,265	33,645 1,771	139,250 7,329	16,722 880		2,685 141
STEPHEN M MERZ	(ı) (ıı)	197,950	43,854	77,546	97,872	26,476		
PATRICK M LUDDY	(ı) (ıı)	212,071	53,632	42,330	116,706	13,633	438,372	2,864
KEVIN F WALSH	(ı) (ıı)	139,944	20,000	20,264	27,185	6,846	214,239	104
RICHARD S STAHL	(ı) (ıı)	403,620	119,853	73,740	18,150	22,346	637,709	
THO MAS J BALCEZAK	(ı) (ıı)	290,150	27,873	51,104	78,927	38,679	486,733	
MARJORIE G GUGLIN	(ı) (ıı)	228,472	63,570	62,599	13,271	27,159	395,071	
MARK B RUSSI	(ı) (ıı)	259,677	27,160	21,911	18,150	35,181	362,079	
WILLIAM B CREDE	(ı) (ıı)	252,378	19,999	29,085	24,900	18,287	344,649	8,697
EDWARD J DOWLING	(ı) (ıı)		129,363	702,248			831,611	
ALVIN R JOHNSON	(ı) (ıı)		209,000	104,500			313,500	
JOSEPH A ZACCAGNINO	(ı) (ıı)			135,476			135,476	

DLN: 93493221000130

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information on Tax Exempt Bonds**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

Employer identification number Name of the organization YALE-NEW HAVEN HOSPITAL 06-0646652 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price Issuer Yes No Yes No CHEFA SERIES J-1 Χ 06-0806186 20774UFP5 09-28-2006 184,574,134 CANCER HOSPITAL CONS Χ CHEFA - SERIES K-1 06-0806186 20774UVY8 05-14-2008 54.555.000 REFUND OF SERIES I Χ Χ CHEFA - SERIES K-2 06-0806186 20774UV25 05-14-2008 54,550,000 | REFUND OF SERIES I-2 Х Х CHEFA-SERIES L1 06-0806186 20774UWA9 05-14-2008 53,730,000 REFUND OF SERIES J-2 Х Χ CHEFA - SERIES L2 06-0806186 20774UWB7 05-14-2008 53,730,000 REFUND OF SERIES J-3 Χ Χ Proceeds (Optional for 2008) В C D Ε Α Total Proceeds of Issue 1 Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 Yes Yes Yes Yes No Yes No No No No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) Part III С D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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

DLN: 93493221000130

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury

Schedule L

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

**Transactions with Interested Persons** 

Internal Revenue Service Name of the organization YALE-NEW HAVEN HOSPITAL

**Employer identification number** 

1 (a) Name of disqualifie	d parcan		(1) 5						- 10	c) Con	. ected
1 (a) Name of disqualifie	eu person		( <b>b</b> ) Des	criptio	n of trans a	action				Yes	No
		L									
											<b>—</b>
2 Enter the amount of tax imposed on section 4958							nder	¢			
							-	. —			
<b>3</b> Enter the amount of tax, If any, on li	ne 2, above	, reimbursed	by the organization .					\$			
art III Loans to and/or From	n Interes	ted Persoi	ns								
To be completed by organiza				IV . lır	ne 26. or Fo	orm 9	90-E	Z. Part	V. line	38a	
, ,			,	Τ΄	,			(1			
	(b) Loan	l l				(e)	In	Appr		(a)\/	/rıtter
(a) Name of interested person and	from t	he	(c)Original principal	(4)B-	lance due	defa		by bo		agree	
purpose	organiza	tion?	amount	(u)ba	nance due	""	uit.	comm		lagic c	meme
	<b>-</b>	T_				<u> </u>	Τ		<del></del>	+	т
	То	From		<u> </u>		Yes	No	Yes	No	Yes	No
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al											
rt IIII Grants or Assistance E	Benefittir	ig Interes	ted Persons								
To be completed by orga				90. P	art IV. lin	ne 27					
To be completed by orga					T	.C 27	_				
(a) Name of interested person	(6)		between interested pe	rson	(c)A m	ount o	of gra	nt or ty	pe of a	assista	ince
		and t	he organization		-						
					+						
					1						
art IV Business Transactions	Tnyolvir	a Interes	ted Dersons		•						
					t T) /	- 20	- 20	·	20-		
To be completed by orga	nizations i	tnat answer	ed "Yes" on Form S	190, P	art IV, iir	1e 28	a, 28	b, or	<u> 28C.</u>		
	(b)	Relationship							(	<b>e)</b> Sha	iring o
(a) Name of interested name	betwe	en intereste	d (c) A mount o	f	(d) Descr		. af + r	- nc - c+		rganız	ation's
(a) Name of interested person	per	son and the	transaction		(a) Desci	iption	1 01 116	ansacti	1011	reven	ues?
	or	ganızatıon							Γ	Yes	No
BBOTT LABS		HEDULE O	766	965	SEE SCHEI	ם וווי ב	_				Νο
DOLL ENDS	355 30	HEDULE U	/66	, , , , , )	JEE SUNEI	DOLE	J				100
				-+					-+		<del></del>
NTURY FINANCIAL SERVICES INC	SEESC	HEDULE O	1,280	,118	SEE SCHEI	DULE	0				Νo
DICAL CENTER PHATMACY AND	SEE SC	HEDULE O	188	.694	SEE SCHEI	DULE	0				Νo
ME				´							
TDA CONCEDUCTION CO	CEE CC	HEDILLE O	7.453	600	CE COUE				<del>-  </del>		NI a
TRA CONSTRUCTION CO	SEESC	HEDULE O	7,453	ا ٥٥٥,	SEE SCHEI	DULE	U				Νo
ITED ILLUMINATING CO	SEESC	HEDULE O	2,478	,265	SEE SCHEI	DULE	0				Νo
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DLN: 93493221000130

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

### SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Non-Cash Contributions** 

Attach to Form 990 Internal Revenue Service Name of the organization YALE-NEW HAVEN HOSPITAL

					06-0646652			
Pa	TTT Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
L1	Securities—Partnership, LLC, or trust interests							
<b>.2</b>	Securities—Miscellaneous	Х	4	143,054				
13	Qualified conservation contribution (historic structures)							
L <b>4</b>	Q ualified conservation contribution (other)							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—Other							
.8	Collectibles							
.9	Food inventory							
20	Drugs and medical supplies .							
1	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	EVENTS& Other (describe <u>AIRTIME</u> )	Х	5	110,726				
26	Other (describe)							
<b>7</b>	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date	of the initial	contribution, and which is	not required to be used for	exempt purposes			1
	for the entire holding period? .					30a		No.
b	If "Yes", describe the arrangem							
31	Does the organization have a gif	ft acceptand	e policy that requires the	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	non-cash	32a		N o
h	If "Yes", describe in Part II							1,10
	If the organization did not report	t revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	<b>mation.</b> Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

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As Filed Data -

### DLN: 93493221000130

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Pen to Public

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL

Employer identification number

Identitier i	eturn	Explanation
Refe	erence	
HIRD FOR PAGE PAGE PAGE PAGE INTERIOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	RT III,	ACCORDING HALLING ARE CREANED TOS JUGA ED, BELTING ON THE SALLS OF ARTHORNATE.  2020 UNIVERSITY ARE SALD AND COMMITT HYS DANS PRACTICE IS MORE THAN 100 MEDICAL.  SPECIAL TIES, YALE NEW HAVYE, SMILOW CARGER HOSPITAL, THE GILL FREIN FLOSTING AL AND THE  876 WATER THAN 100 MEDICAL TO SALD THE SALD THAN 100 MEDICAL AND THE  876 WATER THAN 100 MEDICAL TO SALD THAN 100 MEDICAL THAN 1

**FOLLOW** 

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	INCLUDIORS GRUEN CONTRIBUTED C. PAREDIA EL DIOR PROPRIO PICTURE CARE DEPARTMENT CARE DEPARTMENT AND MEMORY CONTRIBUTED CONTRIB

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR	FORM 990, PAGE 6, PART	THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YNH NETWORK
STOCKHOLDERS	VI, LINE 6	CORP, WHICH IS THE PARENT OF THE HOSPITAL

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS	FORM 990, PAGE 6,	THE YNH NETWORK CORPORATION SHALL HAVE THE RIGHT TO ELECT THE
AND THEIR RIGHTS	PART VI, LINE 7A	ORGANIZATION'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE BY LAWS

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE YNH NETWORK CORPORATION, AS THE ORGANIZATIONS' SOLE MEMBER, HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES A ) TO ACCEPT OR REJECT, AFTER APPROVAL OF THE BOARD OF TRUSTEES, THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION B ) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, ANY PROGRAMS OR EXPENDITURES REQUIRING CERTIFICATE OF NEED APPROVAL BY GOVERNMENTAL BODIES AND PLANS WHICH MATERIALLY AFFECT THE GROWTH AND THE DEVELOPMENT OF THE ORGANIZATION C ) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, SIGNIFICANT AFFILIATION AGREEMENTS BETWEEN THE HOSPITAL AND OTHER INSTITUTIONS, SIGNIFICANT FUND RAISING PROGRAMS PROPOSED TO BE CONDUCTED BY THE ORGANIZATION, THE SALE OR DISPOSITION OF ANY ASSETS OF THE ORGANIZATION NOT IN THE USUAL COURSE OF BUSINESS, AND THE INCURRING OF INDEBTEDNESS FOR BORROWED MONEY EXCEPT IN ACCORDANCE WITH AN APPROVED OPERATING OR CAPITAL BUDGET

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE 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 TRUSTEES A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BY LAWS 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 YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION 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 EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION 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 EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BY LAWS 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 YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION 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 EXECUTIVE COMPENSATION 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 COMPARABLITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION 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 EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE 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

ldentifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	PART VII, COLUMN B OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

ldentifier	Return Reference	Explanation
FUNDRAISING VS REIMBURSEMENT EXPLANATION	SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (V)	MATTHAIE ASSOCIATES, LLC SMILOW CANCER HOSPITAL CAMPAIGN

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	THE FOLLOWING ENTITIES LISTED AS RELATED ORGANIZATION IN PART IV QUINNIPIAC MEDICAL PC, YNH GERIATRICS PC, YNH MEDICAL SERVICES PC AND CHC PHYSICIANS CORP ARE ALL CONTROLLED BY YALE-NEW HAVEN HOSPITAL CHIEF OF STAFF IN ACCORDANCE WITH STATE LAWS, PROFESSIONAL CORPORATIONS SUCH AS THESE MUST BE OWNED BY A PHYSICIAN THEREFORE THE CHIEF OF STAFF OF Y-NHH IS THE APPOINTED NOMINEE SHAREHOLDER OF THESE ENTITIES

ldentifier	Return Reference	Explanation
A DDITIONA L INFORMATION	SCHEDULE O	PART VI, LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JULIA MCNAMARA AND PEYTON PATTERSON ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS AND TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILLATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS AND TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILLATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILLATES ON SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILLATES ON SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILLATES ON BERVE ONLY AS A FUNCTION OF THE ROLES WITH THE ORGANIZATION THE TAXABLE AFFILLATES ON WITH SOME OF THE ORGANIZATION ON SOFFICERS AND TRUSTEES SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE CENTURY FINANCIAL SERVICES, INC. MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. MEDICAL CENTER REALTY, INC., SHORELINE SURGERY CENTER, LIC., YALE-NEW HOME CARE CENTER, INC. MEDICAL CENTER REALTY, INC., SHORELINE SURGERY CENTER, LIC., YALE-NEW HOME CARE CENTER, INC. MEDICAL CENTER REALTY, INC., SHORELINE SURGERY CENTER, LIC., YALE-NEW HOME CARE CENTER, INC. MEDICAL CENTER PHARMACY AND HOME CARE CENTER PHARMACY AND HOME CARE CENTER SERVICES ON ABBOTT LABS AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS, WHICH INCLUDED A COMPARISON TO COMPATITIVE ALTERNATIVES AVAILABLE IN THE MARKETHA.CE AND IN WHICH OR ALPERN WAS NETHER DIRECTLY. NOR INDRECTLY, INVOLVED, THE HOSPITAL PURCHASED MEDICAL PRODUCTS AND OTHER SUPPLIES FROM ABBOTT LABS NATURE PROVIDES THE HOSPITAL PURCHASED MEDICAL PRODUCTS AND OTHER SUPPLIES FROM ABBOTT LABS NATURE PROVIDES FINANCIAL SERVICES, INC CENTURY FINANCIAL SERVICES, INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL SOCREPORATE PARENT NAME OF INTERESTED PERSON MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC OFFICERS JAMES STATEN AND JOHN SKELLY AND JAMES STATEN ARE DIRECTOR OF MEDICAL CENTE

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

### DLN: 93493221000130

OMB No 1545-0047

2008

**Open to Public** Inspection

Schedule R (Form 990) 2008

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

See separate instructions.

ame of the organization ALE-NEW HAVEN HOSPITAL				Employer identif	ication number
Part I Identification of Disregarded Entities				06-0646652	
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D)</b> Total income Er	<b>(E)</b> nd-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions		1		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3)	( <b>F)</b> s Direct controlling )) entity
YALE NEW HAVEN HEALTH SERVICES CORP					
789 HOWARD AVE 789 HOWARD AVENEW HAVEN, CT06519 22-2529464	SUPPORT	СТ	501	11A	NA N/A
YNH NETWORK CORP 789 HOWARD AVE 789 HOWARD AVENEW HAVEN, CT06519 06-1513867	SUPPORT	СТ	501	11A	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP

Cat No 50135Y

Part IIII Identification of	<b>Related Orga</b>	nizations	Taxable	e as a Partnershi <sub>l</sub>	o								
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary activ	rity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	ortionate	(I) Code V—UBI on Box 20 o	I amount	( <b>J</b> ) Genera mana partn	al or ging
								Yes	No	1		Yes	No
								<u> </u>					
								-					
								_					
Part IV Identification of	Related Orga	nizations	Taxable	e as a Corporation	n or Trust								
(A) Name, address, and EIN of related		( <b>B</b> ) Primary acti		(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling	g Type of entity (C corp, S corp, or trust)	(F) Share of total inco	ome	Sha end-	( <b>G</b> ) are of of-year ssets	Perce	<b>1)</b> ntage ership	
		HOLDING CO		СТ	N/A								
NEW HAVEN, CT06510 06-1110937 YALE NEW HAVEN AMBULATORY SERVICES YALE NEW HAVEN AMBULATORY SERVICES		MEDICAL		СТ	N/A								
QUINIPIAC MEDICAL PC QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531		MEDICAL		СТ	N/A								
(NH GERIATRICS SERVICES PC (NH GERIATRICS SERVICES PC (789 HOWARD AVE NEW HAVEN, CT06519 06-1561581		MEDICAL		СТ	N/A								
/NH MEDICAL SERVICES PC /NH MEDICAL SERVICES PC /89 HOWARD AVE NEW HAVEN, CT06519 06-1561583		MEDICAL		СТ	N/A								
CHC PHYSICIANS PC CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530		LEASING		СТ	N/A								

Yes No

#### Part V Transactions with Related Organizations

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	I	2,471,000
(2)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	0	21,329,000
(3)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	L	78,565,000
(4)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	Q	14,000,000
(5)	YALE NEW HAVEN AMBULATORY SERVICES YALE NEW HAVEN AMBULATORY SERVICES CORP	R	1,033,957
(6)			

1a		No
1b		No
1c		No
1d		No
1e		No
1f 1g		No
1g		No
1h		No
1i	Yes	
1j		No
1k		No
11	Yes	
1m		No
1n		No
10	Yes	
1р		No
	_	
1q	Yes	
1r	Yes	

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Sabadula	D / Form			