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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
789 HOWARD AVENUE

City or town, state or country, and ZIP + 4
NEW HAVEN, CT 06519

D Employer identification number
22-2529464

E Telephone number
(203) 688-2069

G Gross receipts $ 153,460,516

F Name and address of Principal Officer
MARNA BORGSTROM
789 HOWARD AVENUE
NEW HAVEN, CT 06519

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW YNHHS ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1983

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	661
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	834,749
b	Net unrelated business taxable income from Form 990-T, line 34	7b	44,974

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	138,028,669	148,134,126
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,963,469	1,362,547
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	721,429	460,440
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,713,567	149,957,113
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	59,384,550	68,412,795
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	80,180,449	76,179,321
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	139,564,999	144,592,116
19	Revenue less expenses Subtract line 18 from line 12	2,148,568	5,364,997

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	147,227,061	153,838,105
21	Total liabilities (Part X, line 26)	63,690,171	64,052,542
22	Net assets or fund balances Subtract line 21 from line 20	83,536,890	89,785,563

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-07-26

JAMES STATEN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 2010-08-09	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 55 IVAN ALLEN JR BLVD STE 1000 ATLANTA, GA 30308		EIN ▶ Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 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

4a (Code) (Expenses $ 111,882,908 including grants of $) (Revenue $ 148,539,101)

SEE SCHEDULE O YALE NEW HAVEN HEALTH SYSTEM FORMED IN 1996 TO ENHANCE THE QUALITY OF HEALTH CARE AND SCOPE OF SERVICES AVAILABLE TO RESIDENTS OF CONNECTICUT, EASTERN NEW YORK, SOUTHWESTERN RHODE ISLAND AND BEYOND YNHHS INCLUDES THREE CORPORATE MEMBERS, YALE-NEW HAVEN HOSPITAL, BRIDGEPORT HOSPITAL AND GREENWICH HOSPITAL, AND NETWORK PARTICIPANT, THE WESTERLY HOSPITAL IN RHODE ISLAND YALE NEW HAVEN HEALTH SYSTEM IS CONNECTICUT'S LEADING HEALTHCARE SYSTEM, WITH MORE THAN 12,000 EMPLOYEES YNHHS - THROUGH YALE- NEW HAVEN, BRIDGEPORT AND GREENWICH HOSPITALS AND THEIR AFFILIATED ORGANIZATIONS - PROVIDES COMPREHENSIVE, COST-EFFECTIVE, ADVANCED PATIENT CARE CHARACTERIZED BY SAFETY, QUALITY AND SERVICE YNHHS AND YALE UNIVERSITY HAVE A FORMAL AFFILIATION AGREEMENT TO SUPPORT PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH YALE NEW HAVEN HEALTH OFFERS PATIENTS A RANGE OF HEALTHCARE SERVICES, FROM PRIMARY CARE TO THE MOST COMPLEX CARE AVAILABLE ANYWHERE IN THE WORLD INPATIENT AND AMBULATORY CLINICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE CARE, SPECIALTY, ACUTE AND SUB-ACUTE CARE, COORDINATION OF POST-HOSPITAL CARE, INCLUDING REHABILITATIVE, LONG-TERM AND HOME CARE YNHHS OPERATES UNDER A SHARED GOVERNANCE MODEL THAT HAS BUILT TRUST AMONG ITS MEMBER ORGANIZATIONS AND HAS CONTRIBUTED TO THE SUCCESS OF THE SYSTEM EACH DELIVERY NETWORK HAS ITS OWN BOARD OF DIRECTORS AND THERE IS A SYSTEM BOARD OF DIRECTORS MADE UP OF REPRESENTATIVES FROM EACH DELIVERY NETWORK WHEN THE SYSTEM FIRST FORMED, ITS UNDERLYING STRATEGY WAS TO CREATE ECONOMIES OF SCALE AND STRENGTHEN MANAGED CARE CONTRACTING, BUT AS IT MATURED, YNHHS HAS MOVED FROM RESPONDING TO THE ENVIRONMENT TO SHAPING THE FUTURE YNHHS' VISION IS TO BE THE PREFERRED, COMPREHENSIVE HEALTH SYSTEM RECOGNIZED FOR EXCELLENCE IN ADVANCED PATIENT CARE, SAFETY, CLINICAL QUALITY AND SERVICE, PERFORMING IN A FINANCIALLY RESPONSIBLE MANNER, AND PROVIDING LEADERSHIP IN ADVANCING HEALTHCARE REFORM PATIENT CARE SAFETY AND CLINICAL QUALITY - YNHHS HOSPITALS CONTINUED TO TRACK PERFORMANCE ON MORE THAN 60 METRICS RELATED TO PATIENT SAFETY AND CLINICAL QUALITY FOR THE THIRD YEAR IN A ROW, Y-NHH WAS NAMED TO THE U S NEWS & WORLD REPORT'S HONOR ROLL OF AMERICA'S BEST HOSPITALS A SPECIFIC FOCUS ON HEART FAILURE AND SURGICAL SAFETY MEASURES RESULTED IN OVERALL OUTSTANDING SUCCESS RATES IN THESE AREAS - 95 PERCENT AT ALL THREE HOSPITALS CLINICIANS THROUGHOUT YNHHS ALSO FOCUSED ON REDUCING THE RATE OF PRESSURE ULCERS THROUGH SEVERAL INITIATIVES, AND ACHIEVED A 3 8 PERCENT PRESSURE ULCER PREVALENCE RATE, LOWER THAN THE NATIONAL RATE EACH DELIVERY NETWORK SHOWED IMPROVED PERFORMANCE OVER FY 2008 LEVELS IN HAND HYGIENE, PARTICULARLY IMPORTANT IN THE CONTEXT OF THE H1N1 INFLUENZA EPIDEMIC, AND MADE PROGRESS IN REDUCING THE RATE OF HOSPITAL-ACQUIRED CATHETER-RELATED BLOODSTREAM INFECTIONS IN INTENSIVE CARE UNIT PATIENTS NEW SOFTWARE WAS INSTALLED SYSTEM-WIDE THAT CROSS-CHECKS MICROBIOLOGY DATA WITH PHARMACEUTICAL DATA, ALERTING PHARMACISTS ABOUT POTENTIAL NEGATIVE EVENTS BY MONITORING DRUG ORDERS, LABORATORY RESULTS AND PHYSIOLOGICAL DATA COMMUNITY BENEFITS - MORE THAN EVER BEFORE, YNHHS DEMONSTRATED ITS COMMITMENT TO ITS LOCAL COMMUNITIES THIS YEAR, AS THE NUMBER OF UNINSURED OR UNDER-INSURED PATIENTS INCREASED DUE TO UNEMPLOYMENT OR REDUCTIONS IN HEALTH INSURANCE COVERAGE DURING FISCAL YEAR 2009, YALE NEW HAVEN HEALTH SYSTEM PROVIDED 263 2 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 164 1 MILLION IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 88 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 10 3 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS THE DELIVERY NETWORKS CONTINUED TO SUPPORT THEIR COMMUNITIES THROUGH HEALTH SCREENINGS, EDUCATION SESSIONS, COMMUNITY- BUILDING EVENTS, COMMUNITY LEADERSHIP ACTIVITIES, GRANTS AND ASSISTANCE TO IMPROVE THE HEALTH OF LOCAL RESIDENTS OPERATIONS IMPROVEMENT - THE SYSTEMWIDE STREAMLINING FOR SUCCESS EFFICIENCY INITIATIVE IDENTIFIED 25 MILLION IN PRODUCTIVITY IMPROVEMENTS AND SAVINGS YNHHS HOSPITALS STREAMLINED ONLINE NURSING DOCUMENTATION, STANDARDIZED CHANGE OF SHIFT REPORTS, IMPROVED MATERIALS FLOW, REDUCED LENGTH OF STAY AND CREATED BETTER, SAFER PATIENT FLOW STREAMLINING FOR SUCCESS ALSO REDUCED PERFORMANCE MANAGEMENT INFORMATION TECHNOLOGY EXPENSES THROUGH SOFTWARE STANDARDIZATION, FACILITATED INCREASED GRANT PROPOSAL VOLUME IN THE OFFICE OF EMERGENCY PREPAREDNESS AND HELPED INCREASE VOLUME FOR PERFORMANCE MANAGEMENT THE SYSTEM ALSO CENTRALIZED SEVERAL SERVICES, WHICH IMPROVED EFFICIENCY AND REDUCED COSTS CLINICAL AND INFORMATION TECHNOLOGY - YNHHS HOSPITALS WERE AGAIN RECOGNIZED FOR THEIR EXPERTISE IN INFORMATION TECHNOLOGY, WITH YALE-NEW HAVEN AND GREENWICH HOSPITALS RECEIVING BOTH THE "MOST WIRED" AND "MOST WIRELESS" DESIGNATIONS BY HOSPITALS AND HEALTH NETWORKS MAGAZINE IN ADDITION, HIMSS ANALYTICS, A SUBSIDIARY OF THE HEALTH INFORMATION MANAGEMENT SYSTEMS SOCIETY (HIMSS), SCORED Y-NHH AND GH IN THE TOP 1 PERCENT OF THE COUNTRY FOR THEIR CLINICIANS' USE OF ELECTRONIC MEDICAL ORDER ENTRY AND OTHER ADVANCED USES OF TECHNOLOGY THAT CONTRIBUTE TO SAFE PATIENT CARE AND TREATMENT THEY WERE AMONG ONLY 57 HOSPITALS IN THE U S TO RECEIVE THIS RECOGNITION SERVICE GROWTH - DESPITE THE DIFFICULTIES FACED BY THE HEALTHCARE INDUSTRY OVER THE PAST YEAR, YNHHS' SHARE OF CONNECTICUT'S INPATIENT DISCHARGES FOR 2009 WAS 20 5 PERCENT, COMPARED TO 19 9 PERCENT LAST YEAR, VALIDATING YNHHS AS THE DOMINANT HEALTH SYSTEM IN CONNECTICUT IN SPITE OF THE DOWNTURN IN THE ECONOMY, PATIENTS CONTINUED TO GO TO YALE NEW HAVEN HEALTH SYSTEM HOSPITALS, RESULTING IN INPATIENT DISCHARGES THAT WERE 0 6 PERCENT ABOVE BUDGET FOR FY 2009 IN ADDITION, SEVERAL HOSPITALS APPROACHED YNHHS ABOUT AFFILIATION OPPORTUNITIES DURING THE PAST YEAR PATIENT SATISFACTION - THE SYSTEM ACHIEVED SUPERIOR PERFORMANCE ON ITS INPATIENT SATISFACTION SCORES, DEMONSTRATING ITS CONTINUED FOCUS AND COMMITMENT TO SERVICE EXCELLENCE THE EIGHTH ANNUAL SYSTEM- WIDE SERVICE EXCELLENCE CONFERENCE EDUCATED ALL MANAGERS IN THE FUNDAMENTALS OF CUSTOMER SATISFACTION CLINICAL SERVICES - THE YALE NEW HAVEN HEALTH SYSTEM PEDIATRIC NETWORK EXPANDED ITS SERVICES TO PARTNER HOSPITALS WITH THE ADDITION OF TELEMONITORING AND PHYSICIAN SERVICE COVERAGE OPTIONS YALE-NEW HAVEN CANCER NETWORK ENHANCED ITS SERVICES THROUGH SEVERAL INITIATIVES, SUCH AS THE USE OF ONCOLOGY-SPECIFIC CLINICAL AND OPERATIONAL SOFTWARE AT EACH MEMBER HOSPITAL, STANDARDIZATION OF TUMOR REGISTRY DATA THROUGH A MULTI-FACILITY SHARED DATABASE, AND MONTHLY TRACKING OF SIX CLINICAL QUALITY PERFORMANCE METRICS ENDORSED BY SEVERAL LEADING NATIONAL GROUPS THE TELESTROKE PROGRAM, A HIGH-TECH VIDEOCONFERENCING AND IMAGE-SHARING SERVICE LAUNCHED IN JUNE 2008, IMPROVED THE SURVIVAL RATE, LONG-TERM DISABILITY RATE AND TPA USE RATE AT ITS PARTNER HOSPITAL LAWRENCE & MEMORIAL IN NEW LONDON AFTER ITS FIRST FULL YEAR OF SERVICE EMERGENCY PREPAREDNESS - THE CENTER FOR EMERGENCY PREPAREDNESS AND DISASTER RESPONSE (CEPDR) IS PROVIDING EMERGENCY MANAGEMENT PROGRAMS AND SERVICES IN 47 STATES AND TERRITORIES ACROSS THE COUNTRY THROUGH ITS OFFICE IN NEW HAVEN AND SATELLITE SITES IN DALLAS AND SAN FRANCISCO THIS YEAR, CEPDR RECEIVED INTERNATIONAL RECOGNITION FOR ITS EMERGENCY PREPAREDNESS EXPERTISE THROUGH DESIGNATION AS A PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION COLLABORATING CENTER FOR EMERGENCY PREPAREDNESS AND DISASTER RESPONSE, THE ONLY SUCH DESIGNATED CENTER IN THE UNITED STATES ADDITIONALLY, THROUGH ITS CENTER FOR HEALTHCARE SOLUTIONS, IN COLLABORATION WITH YNHHS DELIVERY NETWORKS, GRANTS HAVE BEEN RECEIVED IN THE AREAS OF HEALTHCARE ASSOCIATED INFECTIONS, INFORMATION TECHNOLOGY AND PATIENT SAFETY OVERALL, THE CENTERS HAVE PROVIDED EDUCATIONAL SERVICES TO MORE THAN 150,000 INDIVIDUALS AND, IN THE PAST YEAR, THE CENTERS HAVE OBTAINED 11 5 MILLION IN GRANTS HUMAN RESOURCES - IN THIS YEAR'S EMPLOYEE OPINION "PULSE" SURVEY, HEALTH SERVICES CORPORATION (HSC) EMPLOYEES' HEALTHCARE COMMITMENT INCREASED FROM THE 93RD TO THE 99TH PERCENTILE NATIONALLY COMPARED TO LAST YEAR'S RESULTS HSC SCORES WERE ABOVE THE NATIONAL AVERAGE, DEMONSTRATING EMPLOYEES' POSITIVE OPINIONS OF HSC AND YNHHS RESULTS FROM THE THIRD ANNUAL CORPORATE SERVICES SERVICE EXCELLENCE SURVEY, HELD THIS YEAR, INDICATED THAT ONGOING PROGRESS IS BEING MADE RELATED TO INTERDEPARTMENTAL SERVICE QUALITY, TIMELINESS AND COLLEGIALITY UNDER THE GUIDANCE OF YNHHS, EACH DELIVERY NETWORK DEVELOPED AN EMPLOYEE HARDSHIP FUND TO HELP EMPLOYEES FACING ECONOMIC HARDSHIPS RESULTING FROM UNEXPECTED EMERGENCY SITUATIONS YNHHS ENHANCED THE OFFERINGS IN ITS "LIVING WELL" EMPLOYEE WELLNESS PROGRAM, INCLUDING A PHYSICAL ACTIVITY CHALLENGE FOR EMPLOYEES INSTITUTE FOR EXCELLENCE - THE INSTITUTE FOR EXCELLENCE (IFE) EXPANDED TRAINING OPPORTUNITIES AVAILABLE TO SYSTEM CLINICAL STAFF THIS YEAR THE IFE OPENED A

4b (Code) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O SICKLE CELL PROGRAM - Y-NHH'S SICKLE CELL PROGRAMS PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES AS PART OF THE PROGRAM'S GOAL TO IMPROVE PATIENT SATISFACTION AND THE OVERALL QUALITY OF CARE EACH INDIVIDUAL RECEIVES HERE AT Y-NHH, A SICKLE CELL QUALITY COUNCIL HAS BEEN ESTABLISHED THE SICKLE CELL QUALITY COUNCIL INCLUDES TWO PERSONS LIVING WITH SICKLE CELL DISEASE AS PART OF THE PANEL THE SICKLE CELL TEAM IS WORKING DILIGENTLY TO TRANSITION SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL APPROACH DURING FY 2009, THERE WERE A TOTAL OF 1,193 ENCOUNTERS FOR PEDIATRIC AND ADULT PATIENTS STAMP OUT STROKE (SOS) PROGRAM - IS A COMMUNITY OUTREACH INITIATIVE TO INCREASE STROKE AWARENESS SPONSORED BY THE YALE-NEW HAVEN PRIMARY STROKE CENTER SINCE 2005, NURSE VOLUNTEERS CONDUCT HEALTH SCREENINGS AND EDUCATE PEOPLE ON RISK FACTORS AND WARNING SIGNS OF STROKE AT LOCAL EVENTS EACH YEAR THE S O S TEAM REACHES OUT TO MORE THAN 400 COMMUNITY PARTICIPANTS WHO ATTEND HEALTH FAIRS AND OTHER SOCIAL EVENTS FOR FURTHER INFORMATION, PLEASE CONTACT THE YALE-NEW HAVEN STROKE CENTER AT 203-737-1057 SUPPORT PROGRAMS SUPPORT GROUPS - Y-NHH OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 25 AREAS THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES IN FY 2009, 5,171 PEOPLE WERE SERVED HEALTH EDUCATION AND OTHER COMMUNITY OUTREACH THE AIDS CARE PROGRAM - THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW HAVEN HOSPITAL THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND SIGNIFICANT OTHERS THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COUNSELING, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT THE AIDS CARE PROGRAM IS STAFFED BY A MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS, SOCIAL WORKERS AND CLINICAL RESEARCHERS IN FY 2009 THE AIDS CARE PROGRAM ASSISTED 811 PATIENTS WITH A TOTAL OF 6,128 VISITS HEALTH EDUCATION - WELL (WOMEN'S EDUCATION LIFE LEARNING)/A MOTHER'S PLACE AT Y-NHH PROVIDES PATIENT EDUCATION CLASSES TO THE GREATER NEW HAVEN COMMUNITY IN CHILDBIRTH PREPARATION, PRENATAL/POSTNATAL EXERCISE, PARENTING EDUCATION AND BREASTFEEDING, INFANT MASSAGE, INFANT/CHILD CPR, MIDLIFE EXERCISE CLASSES, YOGA AND PILATES CLASSES, ONLINE CHILDBIRTH EDUCATION, AND TOURS OF THE MATERNITY FACILITIES IN ADDITION, WELL PROVIDES BREAST PUMP RENTAL AND SALES, PERSONAL NURSING BRA FITTINGS, A BREASTFEEDING MOTHERS SUPPORT GROUP, AND AN ELECTRONIC EMAIL FOR EXPECTANT AND PARENTS OF BABIES UP TO 3 YEARS OF AGE IN FY 2009, 369 CLASSES WERE OFFERED, WITH 2,945 PARTICIPANTS MOST CLASSES WERE HELD IN NEW HAVEN WITH ADDITIONAL CLASSES HELD IN MILFORD, GUILFORD AND AT YALE UNIVERSITY HEALTH SERVICES BREASTFEEDING SUPPORT SERVICES WELL/ A MOTHER'S PLACE OFFERS BREASTFEEDING SUPPORT TO EXPECTANT AND BREASTFEEDING MOTHERS DURING FY 2009, 23 GROUPS WERE LED BY A BOARD-CERTIFIED LACTATION CONSULTANT, AND 236 MOTHERS ATTENDED GLAUCOMA SCREENING - OVER 20 MEDICAL STUDENTS VOLUNTEERED TO PROVIDE FREE GLAUCOMA SCREENINGS IN THE EAST PAVILION CAFETERIA Y-NHH, YALE SCHOOL OF MEDICINE DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCE, THE FRIENDS OF THE CONGRESSIONAL GLAUCOMA CAUCUS AND PREVENT BLINDNESS TRI-STATE CONTRIBUTED RESOURCES TO SCREEN OVER 100 GREATER NEW HAVEN RESIDENTS EIGHTEEN OF THOSE EXAMINED WERE AT RISK FOR DEVELOPING GLAUCOMA AND 34 WERE FOUND TO HAVE AN EYE DISORDER THE SCREENING INCLUDED VISUAL ACUITY AND FIELD TESTING BY TRAINED MEDICAL STUDENTS OPHTHALMOLOGISTS AND OPTOMETRISTS PERFORMED INTRAOCULAR AND DISC EVALUATIONS AND THEN SHARED FINDINGS AND RECOMMENDATIONS WITH THE PARTICIPANTS PRIMARY CARE CENTER - Y-NHH'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 FY 2009, THE PRIMARY CARE CENTER HAD 26,950 VISITS TO THE ADULT MEDICINE CLINIC, 29,676 VISITS TO THE PEDIATRICS CLINIC AND 22,156 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 78,782 PATIENT VISITS ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS, WITH VISITS NUMBERING 2,079 HILL HEALTH CENTER EYE CLINIC - IN FISCAL YEAR 2009, Y-NHH SUPPORTED THE EXPANSION OF SPECIALTY EYE CARE SERVICES AT THE HILL HEALTH CENTER IN NEW HAVEN IN COLLABORATION WITH THE YALE SCHOOL OF MEDICINE THE NEWLY REMODELED AND EXPANDED HILL HEALTH EYE CLINIC, WHICH OPENED IN SUMMER 2005, IS STAFFED BY A YSM MEDICAL DIRECTOR AND Y-NHH OPHTHALMOLOGY RESIDENTS AND PROVIDES GENERAL AND SPECIALTY OPHTHALMOLOGY SERVICES TO HILL HEALTH CENTER PATIENTS TO FACILITATE THE PROGRAM OPENING, Y-NHH DONATED OVER 130,000 IN EQUIPMENT AND NEARLY 44,000 FOR RENOVATIONS TO ACCOMMODATE THE NEW CLINIC AND PROVIDE FINANCIAL SUPPORT FOR THE MEDICAL DIRECTOR MATERNAL/CHILD HEALTH INITIATIVES - PROGRAMS OFFERED THROUGH Y-NHH'S WOMEN'S CENTER, WHICH SEEK TO REDUCE INFANT MORTALITY, IMPROVE PRENATAL CARE AND PROMOTE CONTINUITY OF CARE FROM BIRTH THROUGHOUT ADULTHOOD, INCLUDE NEW HAVEN HEALTHY START Y-NHH'S 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 FY 2009, THE PROGRAM SERVED 321 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 Y-NHH'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 FY 2009, THERE WERE A TOTAL OF 584 PARTICIPANTS ENROLLED IN THE PROGRAM THERE WERE A TOTAL OF 391 NEW ENROLLEES IN FY 2009 OF WHICH 99 5 PERCENT WERE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WERE ADMITTED ON NONIMMIGRANT (TEMPORARY) VISAS AND OVERSTAYED OUTREACH SERVICES WERE ALSO PROVIDED TO PATIENTS RECEIVING CARE IN THE PRIMARY CARE CENTER AND THE WOMEN'S CENTER TO FOLLOW UP ON MISSED APPOINTMENTS, IMMUNIZATIONS AND OTHER HEALTHCARE NEEDS VITAL TO QUALITY OF LIFE AND THE HEALTH STATUS OF THE PATIENT THERE WERE OVER 700 PATIENTS WHO REQUIRED OUTREACH SERVICES APPROXIMATELY 281 PATIENTS RECEIVED A HOME VISIT OVER 1,000 REFERRALS WERE MADE FOR RESOURCES IN-HOUSE AND IN THE COMMUNITY NURTURING CONNECTIONS IS A VOLUNTARY TELEPHONE SUPPORT PROGRAM FOR FIRST-TIME PARENTS WHO DELIVER THEIR BABIES AT Y-NHH TRAINED VOLUNTEERS ARE ASSIGNED SEVERAL NEW PARENTS AND THROUGH WEEKLY TELEPHONE CALLS, OFFER EMOTIONAL SUPPORT, PARENTING SUGGESTIONS, INFORMATION ABOUT PARENTING SKILLS AND COMMUNITY RESOURCES, AND SOURCES FOR REFERRALS NINETY THREE PARENTS WERE SERVED IN FY 2009 NURTURING FAMILIES HOME VISITING IS A HOME VISITING PROGRAM THAT HELPS SUPPORT FIRST-TIME PARENTS TO MEET THE CHALLENGES OF PARENTHOOD, CREATE A SAFE ENVIRONMENT FOR THEIR CHILD AND LEARN POSITIVE PARENTING SKILLS EACH FAMILY WHO AGREES TO PARTICIPATE IS ASSIGNED A HOME VISITOR WHO MAKES HOME VISITS ONCE A WEEK AND DEVELOPS AN INDIVIDUALIZED PLAN TO HELP STRENGTHEN THE FAMILY, ENHANCE CHILD GROWTH AND HELP THE FAMILY USE AVAILABLE RESOURCES TO CARE FOR ITS CHILDREN FAMILIES ARE ENROLLED PRENATALLY OR UP TO THE CHILD'S THIRD MONTH OF LIFE SERVICES ARE PROVIDED UP TO THE CHILD'S FIFTH BIRTHDAY NEW FAMILIES LEARN TO COPE WITH THE EMOTIONAL AND SOCIAL STRESS OF PARENTHOOD, FIND THEIR OWN STRENGTHS AND BUILD ON THEM, DEVELOP NEW PROBLEM SOLVING SKILLS, ADOPT POSITIVE PARENTING TECHNIQUES, AND LEARN HOW T

4c (Code) (Expenses $ including grants of $) (Revenue $)

SEE SCHEDULE O MEDICAID UNDERPAYMENT - BRIDGEPORT HOSPITAL'S SERVICE AREA INCLUDES THE CITY OF BRIDGEPORT, CONNECTICUT'S MOST POPULOUS CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% FOR THE WHOLE STATE IN FY 2009, THE BRIDGEPORT HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISIT THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 0 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES CARE FOR THE UNDERSERVED - BEYOND FREE AND UNDER-REIMBURSED CARE, BRIDGEPORT HOSPITAL PROVIDED A NUMBER OF HEALTHCARE SERVICES TO LOW-INCOME AND UNDERSERVED PATIENTS AND FAMILIES ON A REGIONAL AND EVEN STATEWIDE BASIS FOLLOWING ARE SOME LEADING EXAMPLES THE DR ANDREW AND HENRIETTA PANETTIERI BURN CENTER AT BRIDGEPORT HOSPITAL IS THE ONLY DEDICATED BURN CENTER IN CONNECTICUT RECOGNIZED FOR MEETING THE HIGHEST STANDARDS OF CARE BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION, IT IS ONE OF ONLY 44 VERIFIED ADULT BURN CENTERS IN THE UNITED STATES IN FISCAL YEAR 2009, THE BURN CENTER TREATED 363 INPATIENTS, 36 4% OF WHOM WERE MEDICAID OR UNINSURED THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FY 2009, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 71,678 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH NEARLY 10,000 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 29,000 IDENTIFIED AS MEDICAID BENEFICIARIES THE BRIDGEPORT HOSPITAL PRIMARY CARE CENTER IS AN ESSENTIAL COMPONENT OF THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE THE PRIMARY CARE CENTER HAS THREE COMPONENTS MEDICAL/SURGICAL, PEDIATRIC AND OBSTETRICS/GYNECOLOGY IN ADDITION, THERE ARE A TOTAL OF 20 ADULT AND PEDIATRIC SUBSPECIALTY CLINICS, INCLUDING ONES FOR CARDIOLOGY, DERMATOLOGY, GASTROENTEROLOGY, HEMATOLOGY, IMMUNOLOGY, NEUROLOGY, ORTHOPEDICS AND PULMONARY DISEASES THE PRIMARY CARE CENTER PROVIDES OUTPATIENT TREATMENT TO INDIVIDUALS WHO ARE SICK, COMPLETE CARE FOR PREGNANT WOMEN AND IMMUNIZATIONS AND WELL CARE FOR ADULTS AND CHILDREN IN FY 2009, THERE WERE 35,020 VISITS TO THE PRIMARY CARE CENTER, 83% OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSIST THE SELF PAY POPULATION AT THE PRIMARY CARE CLINIC ENROLL IN PUBLIC PROGRAMS LAST YEAR, 156 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE SCREENING AND APPLICATION REVIEW IN ADDITION TO OPERATING ITS OWN PRIMARY CARE CENTER, THE HOSPITAL PARTNERS WITH THE TWO BRIDGEPORT BASED FEDERALLY QUALIFIED HEALTHCARE CENTERS (FQHC), OPTIMUS HEALTH CARE AND THE SOUTHWEST COMMUNITY HEALTH CENTER BRIDGEPORT HOSPITAL IS THE PRIMARY INPATIENT FACILITY FOR BOTH FQHCS MORE THAN 1,379 INPATIENT ADMISSIONS WERE REFERRED DIRECTLY TO BRIDGEPORT HOSPITAL FROM PHYSICIANS AT THESE TWO CENTERS IN FY 2009, 78 5% OF WHOM WERE UNINSURED OR MEDICAID PATIENTS THE HOSPITAL FUNDS A STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES EMPLOYEE TO WORK ON SITE AT THE HOSPITAL TO HELP PATIENTS ENROLL IN MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS MEDICAID BENEFITS IN THE STATE OF CONNECTICUT INCLUDE ACUTE CARE SERVICES, FEDERALLY QUALIFIED HEALTH CENTER SERVICES, CLINICAL SERVICES, MENTAL HEALTH SERVICES, DENTAL SERVICES, OPTOMETRIST SERVICES, PRESCRIPTION DRUGS AND MEDICAL EQUIPMENT AND SUPPLIES THE COST TO PROVIDE THIS SERVICE WAS 48,000 FOR FY 2009 THE HOSPITAL'S COMMUNITY PRESCRIPTION ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERINSURED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL PATIENT ASSISTANCE PROGRAMS A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 45 PATIENTS IN THE COMMUNITY IN FY 2009, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF MORE THAN 602,237 THE HOSPITAL CONTINUES TO SPONSOR A LEAD SAFE PROGRAM, INCLUDING FAIRFIELD COUNTY'S ONLY LEAD-SAFE HOUSE, A TEMPORARY RESIDENCE FOR CHILDREN UNDERGOING TREATMENT FOR LEAD POISONING AND THEIR FAMILIES THE PROGRAM ALSO PROVIDES HEALTH EDUCATION AND SOCIAL SERVICES SUPPORT IN FY 2009, THE COST OF RUNNING THE PROGRAM WAS 15,985, WHICH IS PARTIALLY OFFSET BY A HUD GRANT THROUGH ITS SUBSIDIARY, THE NORMA F PFRIEM BREAST CARE CENTER, THE HOSPITAL PROVIDED MORE THAN 359,000 IN CARE TO 359 UNINSURED WOMEN IN THE BRIDGEPORT COMMUNITY SERVICES INCLUDED MAMMOGRAPHY AND OTHER DIAGNOSTIC SCREENINGS, PHYSICIAN VISITS, WIGS AND PROSTHETICS, AND MANY OTHER TYPES OF CARE FOR WOMEN AND THEIR FAMILIES INCLUDING BREAST CANCER EDUCATION AND SUPPORT PROGRAMS THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INSTITUTE ASSISTS PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES THESE REQUESTS ARE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS THROUGH THESE REFERRALS IN FY 2009, 133 INDIVIDUALS RECEIVED NEARLY 30,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND, AND TAKE A SWING AGAINST CANCER BRIDGEPORT HOSPITAL'S CHILDFIRST IS AN EARLY CHILDHOOD MENTAL HEALTH INITIATIVE THAT IDENTIFIES AT-RISK CHILDREN AND ARRANGES THE APPROPRIATE INTERVENTION AND SUPPORT SUPPORTED BY GRANTS FROM A COALITION OF FUNDING PARTNERS, INCLUDING THE ROBERT WOOD JOHNSON FOUNDATION, CHILDFIRST SERVED MORE THAN 700 CHILDREN AND 250 FAMILIES DURING THE YEAR THE COST OF RUNNING THE PROGRAM IN FY 2009 WAS 929,784, WHICH IS PARTIALLY OFFSET BY THE GRANT FUNDING THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS' BRAIN, EYE AND MOTOR AREAS, AND PROPER NUTRITION THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES -THE HOSPITAL HAS PARTNERED WITH THE CITY OF BRIDGEPORT HEALTH DEPARTMENT TO PLACE AN RN IN THE SENIOR HOUSING CLINIC AT HARBORVIEW TOWERS THE NURSE PROVIDES SCREENING AND EDUCATION SERVICE TO THE RESIDENTS, TRIAGES ACUTE CARE ISSUES AND ALSO CONDUCTS ONGOING HEALTH EDUCATION AND SCREENING PROGRAMS AT ALL THE CITY'S SENIOR CENTERS THE HOSPITAL ALSO EMPLOYS BOARD CERTIFIED GERIATRICIANS AND APRNS WHO CONDUCT HOME VISITS FOR HOMEBOUND SENIORS, CARE FOR RESIDENTS WHO LIVE IN NURSING HOMES OR ASSISTED LIVING FACILITIES AND A VARIETY OF COMMUNITY HEALTH EDUCATION COMMUNITY HEALTH PROMOTION - BRIDGEPORT HOSPITAL PROVIDES A NUMBER OF SERVICES THROUGHOUT THE YEAR TO PROMOTE GOOD HEALTH AND DISEASE AWARENESS IN THE COMMUNITY FOLLOWING ARE FY 2009 EXAMPLES THE NORMA F PFRIEM CANCER INSTITUTE AT BRIDGEPORT HOSPITAL PROVIDES ONCOLOGY NURSE NAVIGATION SERVICES FOR PATIENTS WITH BREAST, GYNECOLOGIC, THORACIC, GENITOURINARY AND GASTROINTESTINAL CANCERS NURSE NAVIGATORS ACT AS GUIDES FOR PATIENTS AND FAMILIES AS THEY MAKE THEIR WAY THROUGH THE VARIOUS PHASES OF CANCER CARE, HELPING THEM ACCESS NEEDED MEDICAL CARE AND SUPPORT SERVICES THESE SERVICES ARE NOT COVERED BY INSURANCE AND COST 339,420 TO PROVIDE IN FY 2009 TO MEET THE NEEDS OF THE AGING POPULATION, THE BRIDGEPORT HOSPITAL CENTER FOR GERIATRICS PROVIDES COMPREHENSIVE SERVICES TO THE FRAIL ELDERLY THE CENTER CARED FOR 2,329 PATIENTS BY PROVIDING 6,067 PHYSICIAN SERVICES SUCH AS GERIATRIC ASSESSMENTS, PHYSICIAN HOME VISITS AND INPATIENT CONSULTATIONS THE CURRENT REIMBURSEMENT LEVELS FROM MEDICARE DO NOT COVER THE ENTIRE COST OF THE PROGRAM THE UNDERPAYMENT IN FY 2009 WAS 529,788 DR BEATA SKUDLARSKA, CHIEF OF GERIATRICS AT BRIDGEPORT HOSPITAL, CONTINUED THE "ASK DR BEA" COLUMN IN THE CONNECTICUT POST, WITH A DAILY CIRCULATION OF MORE THAN 60,000 THE WEEKLY ADVICE COLUMN PROVIDES RESPONSES TO READER'S QUESTIONS REGARDING ISSUES FACING THE GERIATRIC POPULATION MORE THAN 700 FREE BLOOD PRESSURE SCREENINGS WERE PROVIDED TO AREA RESIDENTS THROUGH THE BRIDGEPORT HOSPITAL EMERGENCY CARE INSTITUTE THE HOSPITAL OFFERS SCREENINGS IN A VARIETY OF COMMUNITY SETTINGS SUCH AS SENIOR CENTERS THE HOSPITAL'S PRIMARY CARE CENTER PROVIDED LOW COST FLU SHOTS TO 15 MEMBERS OF THE COMMUNITY THE HOSPITAL SPONS

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MORE THAN 150 PEOPLE ATTENDED THE FIRST SUMMIT IN NOVEMBER 2006 TO HEAR A KEYNOTE ADDRESS BY FORMER CONNECTICUT LIEUTENANT GOVERNOR KEVIN SULLIVAN THE SUMMIT INCLUDED A ROUNDTABLE DISCUSSION BY LOCAL MENTAL HEALTH PROVIDERS AND REPRESENTATIVES FROM THE NATIONAL ASSOCIATION ON MENTAL DISORDERS THE SECOND SUMMIT IN MARCH 2008 DREW 125 PEOPLE THE COMMUNITY HEALTH PLANNER FOR THE GREENWICH DEPARTMENT OF HEALTH UNVEILED THE MENTAL HEALTH MATRIX DEVELOPED LISTING THE SERVICES PROVIDED BY MORE THAN 75 AREA AGENCIES THE MENTAL HEALTH MATRIX HAS BECOME AN ESSENTIAL COMMUNITY RESOURCE MORE THAN 200 ORGANIZATIONS (SOCIAL SERVICE AGENCIES, POLICE DEPARTMENTS AND OTHERS) HAVE DOWNLOADED THE MATRIX FROM THE WEBSITE TO AND UTILIZE IT TO BETTER SERVE THEIR CLIENTS IN NEED IN NOVEMBER 2008 A THIRD SUMMIT WAS CONDUCTED, AND 80 PARTICIPANTS ATTENDED ATTENDEES VIEWED THE MOVIE "CANVAS" WHICH ILLUSTRATES ONE FAMILY'S STRUGGLE WITH SCHIZOPHRENIA AND THE DEVASTATING IMPACT IT HAD ON FAMILY RELATIONSHIPS FOLLOWING THE MOVIE, PETER CASE, THE PRESIDENT OF THE LOCAL NAMI CHAPTER, FACILITATED A PANEL DISCUSSION AMONG MENTAL HEALTH EXPERTS IN JULY 2009 GREENWICH HOSPITAL AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MENTAL HEALTH STAFF CO-SPONSORED A HEALTH AND WELLNESS FAIR AT A SUBSIDIZED LOW-INCOME HOUSING COMPLEX FREE MENTAL AND PHYSICAL HEALTH SCREENINGS AND INFORMATION REGARDING COMMUNITY RESOURCES WERE PROVIDED TO OVER 110 PARTICIPANTS IN ADDITION TO RAISING AWARENESS, GREENWICH HOSPITAL HAS ALSO INCREASED ACCESS TO MENTAL HEALTH SERVICES GREENWICH HOSPITAL OPENED A DEDICATED FOUR-BED BEHAVIORAL HEALTH UNIT IN THE EMERGENCY DEPARTMENT FOR PATIENTS EXPERIENCING A PSYCHIATRIC CRISIS APPROXIMATELY 600 PATIENTS HAVE BEEN ADMITTED TO THE UNIT, WHICH OPENED IN MARCH 2006 ON A RECENT JOINT COMMISSION (JCAHO) ACCREDITATION VISIT, THE EMERGENCY DEPARTMENT'S BEHAVIORAL HEALTH UNIT RECEIVED OUTSTANDING REVIEWS REGARDING PROVIDING A THERAPEUTIC MILIEU AND PRIVACY FOR PATIENTS AND FAMILIES EXPERIENCING A PSYCHIATRIC CRISIS THE EFFORTS OF OUR BEHAVIORAL HEALTH INITIATIVES CONTINUE TO POSITIVELY IMPACT THE COMMUNITY SERVICE ORGANIZATIONS ROUTINELY UTILIZE THE MENTAL HEALTH MATRIX TO CONNECT NEEDY INDIVIDUALS TO APPROPRIATE RESOURCES THE SUMMITS AND THE MATRIX HAVE ALSO PROMOTED ONGOING COLLABORATION AMONG MENTAL HEALTH PROVIDERS THROUGHOUT THE REGION PREVENTION OF DOMESTIC VIOLENCE AND DATING VIOLENCE GREENWICH HOSPITAL SUPPORTS THE GREENWICH YWCA IN THEIR DOMESTIC VIOLENCE PREVENTION PROJECTS WE COLLABORATE WITH THE GREENWICH YWCA TO EDUCATE THE COMMUNITIES WE SERVE ON THE RECOGNITION, SCREENING, CARE AND TREATMENT OF DOMESTIC VIOLENCE VICTIMS THE NURSE IS IN PROGRAM A PARTNERSHIP WITH LOCAL LIBRARIES, YMCA'S AND LOCAL SENIOR CENTERS A REGISTERED PROFESSIONAL NURSE CHECKS BLOOD PRESSURES FOR FREE AND PROVIDES HEALTH COUNSELING ON AN INDIVIDUAL BASIS FIVE SCREENINGS ARE AVAILABLE WEEKLY IN VARIOUS LOCATIONS IN THE STATES OF NEW YORK AND CONNECTICUT IN FY 2009, 5,380 PEOPLE RECEIVED FREE BLOOD PRESSURE SCREENINGS WITH COUNSELING BREAST CANCER ALLIANCE GRANT THIS PARTNERSHIP PROGRAM PROVIDES FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM FOR WOMEN WHO ARE UNINSURED OR UNDER INSURED IN CALENDAR YEAR 2009, 149 WOMEN RECEIVED FREE MAMMOGRAMS AND TWO WOMEN WERE FOUND TO HAVE EARLY BREAST CANCER AND RECEIVED TREATMENT PROSTATE SCREENINGS AND EXAMS FREE PROSTATE SCREENINGS ARE CONDUCTED ONCE A YEAR FOR MEN OVER THE AGE OF 40 WITH THE RESULTS OF A PSA TEST, A BOARD CERTIFIED UROLOGIST EXAMINES THE PATIENTS AND PROVIDES THEM WITH A FREE CONSULTATION THESE SCREENINGS ARE HELD AT MULTIPLE SITES INCLUDING THE HOSPITAL AND LOCAL CHURCHES IN FY 2009, 89 MEN PARTICIPATED IN THE FREE PROSTATE CANCER SCREENINGS AND EXAMS HEALTH CARE CAREER TRAINING PROGRAM THIS PROGRAM IS A JOINT EFFORT BETWEEN GREENWICH HOSPITAL AND THE PORT CHESTER HIGH SCHOOL BOARD OF EDUCATION THE GOAL OF THIS INTERACTIVE PROGRAM IS TO EDUCATE HIGH SCHOOL STUDENTS WHO ARE JUNIORS AND SENIORS ABOUT FUTURE CAREER PATHS AND OPPORTUNITIES IN THE HEALTH CARE SECTOR, AS WELL AS INSPIRE THEM TO PURSUE FULFILLING CAREERS THIS IS AN AFTER SCHOOL PROGRAM WHICH WAS CONDUCTED FOR 8 WEEKS AND THE STUDENTS ATTENDED CLASSES TWICE A WEEK DURING THE 8 WEEK COURSE STUDENTS LEARNED MEDICAL SKILLS IN A TRAINING LAB AT THE HOSPITAL AND TOOK DIDACTIC LEADERSHIP COURSES IN POSITIVE COMMUNICATION SKILLS, CUSTOM SERVICE, SAFETY, AND INFECTION CONTROL THE STUDENTS WERE ALSO INTRODUCED TO A VARIETY OF HEALTH CARE PROVIDERS INCLUDING NURSES, PHYSICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS, RESPIRATORY THERAPIST AND LABORATORY WORKERS SEVERAL HEALTH CARE TOPICS ARE INTRODUCED INCLUDING NUTRITION, STROKE, HEART ATTACK AND MEDICAL TERMINOLOGY THE STUDENTS ALSO GAIN SKILLS SUCH AS PERFORMING A 12 LEAD EKG, VITAL SIGNS, ETC IN FY2009, 12 SPANISH SPEAKING JUNIOR AND HIGH SCHOOL SENIOR STUDENTS ATTENDED AND COMPLETED THE EDUCATION PROGRAM THAT INTRODUCED THEM TO HEALTH CARE CAREERS OPPORTUNITIES BETTER BREATHER'S CLUB A MONTHLY PROGRAM AND SUPPORT GROUP FOR PEOPLE WHO HAVE LUNG DISEASE AND IT IS CO-SPONSORED BY THE AMERICAN LUNG ASSOCIATION THIS PROGRAM WAS CONDUCTED SIX TIMES IN FY 2009 AND 123 PEOPLE PARTICIPATED IN THE PROGRAM CANCER COUNSELING 436 CANCER PATIENTS AND THEIR FAMILIES ATTENDED COUNSELING AND STRESS MANAGEMENT SESSIONS IN FY 2009 THESE PROGRAM PROVIDED SUPPORT AND INFORMATION ON MANAGING THE CHALLENGES OF HAVING A LOVED ONE OR FAMILY MEMBER WITH CANCER THESE PROGRAMS PROVIDE INFORMATION ON LOCAL SUPPORT AND CANCER RESOURCES THAT ARE AVAILABLE AND ADMINISTERED BY EXPERIENCED PSYCHOTHERAPISTS AND NURSES I CAN COPE SERIES SPEAKERS PROVIDE INFORMATION TO HELP CANCER PATIENTS AND THEIR FAMILIES MANAGE CANCER AND ITS TREATMENTS THIS PROGRAM IS CO-SPONSORED WITH THE AMERICAN CANCER SOCIETY AND A TOTAL OF 55 PEOPLE ATTENDED SIX MEETINGS IN FY 2009 PROSTATE CANCER EDUCATION FORUM THIS EDUCATIONAL SUPPORT GROUP PROVIDES INFORMATION ON TREATMENT FOR PROSTATE CANCER AND PROVIDES AN OPPORTUNITY FOR PROSTATE CANCER PATIENTS TO MEET KNOWLEDGEABLE, SUPPORTIVE CANCER SURVIVORS THIS PROGRAM IS CO-SPONSORED WITH NATIONAL ALLIANCE OF STATE PROSTATE CANCER COALITIONS THIS FORUM MET 10 TIMES IN FY 2009 AND 169 PEOPLE ATTENDED THE PROGRAM PARKINSON'S SUPPORT GROUP IN COOPERATION WITH THE GREENWICH DEPARTMENT OF SOCIAL SERVICES AND DEPARTMENT OF PARKS WEEKLY EDUCATION, SUPPORT THERAPY, MONTHLY EXERCISE, AND SOCIAL ACTIVITIES ARE PROVIDED FOR PATIENTS WITH PARKINSON'S DISEASE, INCLUDING THEIR FAMILY AND FRIENDS A TOTAL OF 865 PEOPLE ATTENDED 48 MEETINGS IN FY 2009 HEART HEALTH EDUCATION THIS PROGRAM IS DESIGNED FOR PEOPLE WHO HAVE HEART DISEASE THEY AND THEIR LOVED ONES ARE PROVIDED EDUCATION ON TOPICS RELATED TO CORONARY ARTERY DISEASE THE HEART HEALTH EDUCATION GROUP MET 6 TIMES IN FY 2009 AND 236 PEOPLE ATTENDED THE PROGRAMS DIABETES SUPPORT GROUP THIS GROUP MEETS MONTHLY AND IS CONDUCTED BY A CERTIFIED DIABETES EDUCATOR WHO PROVIDES SUPPORT AND EDUCATIONAL PROGRAMS ACCORDING TO THE AMERICAN DIABETES ASSOCIATION GUIDELINES TOPICS INCLUDE MEDICATIONS, NUTRITION, BLOOD GLUCOSE MONITORING, EYE HEALTH, NEUROPATHY, FOOT CARE, SELF - MANAGEMENT TOOLS, HEALTHY MEALS ETC A TOTAL OF 326 PEOPLE ATTENDED THIS SUPPORT GROUP IN FY 2009 BARIATRIC SUPPORT GROUP IN FY 2009, 87 PEOPLE ATTENDED THIS MONTHLY SUPPORT GROUP DESIGNED TO PROVIDE EDUCATION AND SUPPORT TO INDIVIDUALS WHO HAVE UNDERGONE OR PLAN TO UNDERGO GASTRIC BYPASS SURGERY MULTIPLE SCLEROSIS SUPPORT GROUP THIS GROUP OFFERS PATIENTS AND CAREGIVERS AN OPPORTUNITY TO EXPAND THEIR UNDERSTANDING OF THE DISEASE AND TO SHARE COPING STRATEGIES 48 PEOPLE ATTENDED THIS PROGRAM IN FY 2009 STROKE SUPPORT GROUP THIS GROUP MEETS MONTHLY PROVIDING EDUCATION AND SUPPORT FOR PATIENTS WHO ARE COPING WITH RECOVERY FROM A STROKE WITH GUIDELINES FROM THE AMERICAN STROKE ASSOCIATION AND THE AMERICAN HEART ASSOCIATION GUIDELINES SMOKE STOPPERS PROGRAM A SMOKING CESSATION PROGRAM THAT PROVIDES INFORMATION ON HOW TO QUIT SMOKING AND PROVIDES A FORMAT FOR SMOKERS WHO WANT TO QUIT SESSIONS ARE CONDUCTED BY CERTIFIED ADDICTION COUNSELORS FOLLOWING THE NATIONALLY RECOGNIZED SMOKE STOPPERS CESSATION GROUP PROGRAM IN FY 2009, 21 PARTICIPANTS ATTENDED THIS PROGRAM TAKE OFF POUNDS SENSIBLY THIS WEEKLY SUPPORT GROUP WEIGH-IN WEEKLY AND PROVIDES MUTUAL SUPPORT AND EDUCATION ON HEALTHY WEIGHT THROUGH HEALTHY LIFE STYLE CHOICES ADHERING TO NATIONAL ASSOCIATION GUIDELINES A TOTAL OF 205 PEOPLE ATTENDED THIS PROGRAM IN FY 2009 PAIN EDUCATION FORUM IN FY 2009, 121 CHRONIC PAIN SUFFERERS AND THEIR CAREGIVERS MET QUARTERLY TO LEARN MORE ABOUT PAIN MANAGEMENT TECHNIQUES FROM A SPECIALIST IN THE FIELD OF MEDICINE PAIN SUPPORT GROUP THIS MONTHLY EDUCATION AND SUPPORT GROUP MEETS MONTHLY AND IN FY 2009, 191 PEOPLE ATTENDED MEETINGS PTA WELLNESS COMMITTEE TO PROMOTE POSITIVE SCHOOL CLIMATES AND STUDENT SUCCESS WE ASSISTS PTA AND BOE INITIATIVES IN PROMOTING WELLNESS AND HEALTH POL

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 111,882,908 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," 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 V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	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		No
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		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	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**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	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**	Yes	
34	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	
35	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	
36	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**		No
37	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, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	110		
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 vendors 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	2a	661		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 Body and Management

			Yes	No
	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 16		
b	Enter the number of voting members that are independent . .	1b 15		
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		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	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		No
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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	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		No
b	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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 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
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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								6,373,397	10,110,955	4,625,924

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 118

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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 individual*	**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*	**5**		No

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
DELOITTE & TOUCHE LLP DELOITTE & TOUCHE LLP PO BOX 12001 DALLAS, TX 75312	CONSULTING	1,845,218
WATSON WYATT & CO WATSON WYATT & CO PO BOX 277669 ATLANTA, GA 30384	HR CONSULTING	1,036,354
HEALTHVISON INC HEALTHVISON INC 6330 COMMERCE DRIVE IRVING, TX 75063	CONSULTING	894,020
ERNST & YOUNG ERNST & YOUNG PO BOX 404398 ATLANTA, GA 30384	ACCOUNTING	704,949
MPB GROUPBERYL PO BOX 678052 DALLAS, TX 75267	CALL CENTER SRV	607,750

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 41

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶				
Program Service Revenue		Business Code				
	2a	MANAGEMENT SERVICE REVENUE 900,099	80,054,972	80,054,972		
	b	MCIC PREMIUMS 900,099	44,182,261	44,182,261		
	c	SYSTEM SUPPORT FEES 900,099	22,652,144	22,652,144		
	d	MANAGEMENT SERVICE REVENUE 621,990	455,617		455,617	
	e	NETWORK PARTICIPATING FEE 900,099	410,000	410,000		
	f	All other program service revenue	379,132		379,132	
	g	**Total. Add lines 2a-2f** ▶ $ 148,134,126				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	1,418,012			1,418,012
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 3,447,068 / 870				
	b	Less cost or other basis and sales expenses: 3,503,403				
	c	Gain or (loss): -56,335 / 870				
	d	Net gain or (loss) ▶	-55,465	-55,465		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME-EXEMPT ORG 900,099	460,440	460,440		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 460,440				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	149,957,113	147,704,352	834,749	1,418,012

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	8,614,416		8,614,416	
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	45,970,231	34,297,892		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,544,315	1,043,169	1,501,146	
9 Other employee benefits	7,785,917	4,262,544	3,523,373	
10 Payroll taxes	3,497,916	2,203,687	1,294,229	
11 Fees for services (non-employees)				
a Management				
b Legal	412,386		412,386	
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	12,129,314	7,312,946	4,816,368	
12 Advertising and promotion				
13 Office expenses	1,282,707	1,166,769	115,938	
14 Information technology				
15 Royalties				
16 Occupancy	10,831,008	10,523,757	307,251	
17 Travel	917,343	739,126	178,217	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,409,241	5,409,241		
23 Insurance	43,620,252	43,620,252		
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)				
a DUES FEES & MEMBERSHIPS	722,951	548,349	174,602	
b TELEPHONE & DATA COMM	709,591	624,958	84,633	
c BOOKS & SUBSCRIPTIONS	105,323	94,238	11,085	
d MISCELLANEOUS EXPENSES	39,205	35,980	3,225	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	144,592,116	111,882,908	32,709,208	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	8,411,448	2	12,309,636
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,489,471	4	36,396,535
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,600,368	9	4,016,611
	10a	Land, buildings, and equipment cost basis — 10a: 68,931,635			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 56,964,619	13,752,645	10c	11,967,016
	11	Investments—publicly traded securities	43,648,648	11	44,516,970
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	45,242,209	12	44,631,337
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	82,272	15	
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	147,227,061	16	153,838,105
Liabilities	17	Accounts payable and accrued expenses	45,512,120	17	47,705,159
	18	Grants payable		18	
	19	Deferred revenue	6,402,876	19	4,572,208
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	11,775,175	25	11,775,175
	26	**Total liabilities.** *Add lines 17 through 25*	63,690,171	26	64,052,542
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	83,536,890	27	89,785,563
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	83,536,890	33	89,785,563
	34	Total liabilities and net assets/fund balances	147,227,061	34	153,838,105

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
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		No
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		
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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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
YALE-NEW HAVEN HOSPITAL INC YALE-NEW HAVEN HOSPITAL INC	060646652	3	Yes			No	Yes		14000000
Total									14,250,000

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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		945,313		945,313
d Equipment		67,505,555	56,964,619	10,540,936
e Other		480,767		480,767
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				11,967,016

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT IN MCIC- VERMONT	29,063,578	C
Other CASH SURRENDER VALUE OF LIFE INSURAN	11,770,053	F
Other ALTERNATIVE INVESTMENTS	3,797,706	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	44,631,337	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
MCIC TAIL LIABILITY	11,775,175
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,775,175

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE REPORTING ENTITY IS PART OF A CONSOLIDATED GROUP AUDITED FINANCIAL STATEMENT THERE WAS NO STAND ALONE AUDITED FINANCIAL STATEMENT PREPARED FOR THIS ENTITY

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 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 W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	MARNA P BORGSTROM 0 314,055 0 RICHARD D'AQUILA 0 203,737 0 GAYLE L CAPOZZALO 0 159,290 0 PETER N HERBERT, MD 0 190,972 0 FRANK A CORVINO 0 165,046 0 JAMES M STATEN 0 176,257 0 WILLIAM S GEDGE 0 159,290 0 MARK L ANDERSEN 0 118,162 0 KEVIN A MYATT 0 30,823 0 EUGENE J COLUCCI 0 92,376 0 QUINTON F FRIESEN 0 96,716 0 WILLIAM J ASELTYNE 0 90,240 0 DAVID WURCEL 0 82,512 0 STEPHEN A ALLEGRETTO 0 85,900 0 PATRICK MCCABE 0 93,258 0 LYN S SALSGIVER 0 58,048 0 NANCY LEVITT-ROSENTHAL 0 67,402 0 JAMES B MORRIS 0 16,015 0 MELISSA B TURNER 0 13,230 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, 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	SCHEDULE J, 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)

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SEE SCHEDULE O					No

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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

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	YALE NEW HAVEN HEALTH SYSTEM FORMED IN 1996 TO ENHANCE THE QUALITY OF HEALTH CARE AND SCOPE OF SERVICES AVAILABLE TO RESIDENTS OF CONNECTICUT, EASTERN NEW YORK, SOUTHWESTERN RHODE ISLAND AND BEYOND YNHHS INCLUDES THREE CORPORATE MEMBERS, YALE-NEW HAVEN HOSPITAL, BRIDGEPORT HOSPITAL AND GREENWICH HOSPITAL, AND NETWORK PARTICIPANT, THE WESTERLY HOSPITAL IN RHODE ISLAND YALE NEW HAVEN HEALTH SYSTEM IS CONNECTICUT'S LEADING HEALTHCARE SYSTEM, WITH MORE THAN 12,000 EMPLOYEES YNHHS - THROUGH YALE- NEW HAVEN, BRIDGEPORT AND GREENWICH HOSPITALS AND THEIR AFFILIATED ORGANIZATIONS - PROVIDES COMPREHENSIVE, COST-EFFECTIVE, ADVANCED PATIENT CARE CHARACTERIZED BY SAFETY, QUALITY AND SERVICE YNHHS AND YALE UNIVERSITY HAVE A FORMAL AFFILIATION AGREEMENT TO SUPPORT PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH YALE NEW HAVEN HEALTH OFFERS PATIENTS A RANGE OF HEALTHCARE SERVICES, FROM PRIMARY CARE TO THE MOST COMPLEX CARE AVAILABLE ANYWHERE IN THE WORLD INPATIENT AND AMBULATORY CLINICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE CARE, SPECIALTY, ACUTE AND SUB-ACUTE CARE, COORDINATION OF POST-HOSPITAL CARE, INCLUDING REHABILITATIVE, LONG-TERM AND HOME CARE YNHHS OPERATES UNDER A SHARED GOVERNANCE MODEL THAT HAS BUILT TRUST AMONG ITS MEMBER ORGANIZATIONS AND HAS CONTRIBUTED TO THE SUCCESS OF THE SYSTEM EACH DELIVERY NETWORK HAS ITS OWN BOARD OF DIRECTORS AND THERE IS A SYSTEM BOARD OF DIRECTORS MADE UP OF REPRESENTATIVES FROM EACH DELIVERY NETWORK WHEN THE SYSTEM FIRST FORMED, ITS UNDERLYING STRATEGY WAS TO CREATE ECONOMIES OF SCALE AND STRENGTHEN MANAGED CARE CONTRACTING, BUT AS IT MATURED, YNHHS HAS MOVED FROM RESPONDING TO THE ENVIRONMENT TO SHAPING THE FUTURE YNHHS' VISION IS TO BE THE PREFERRED, COMPREHENSIVE HEALTH SYSTEM RECOGNIZED FOR EXCELLENCE IN ADVANCED PATIENT CARE, SAFETY, CLINICAL QUALITY AND SERVICE, PERFORMING IN A FINANCIALLY RESPONSIBLE MANNER, AND PROVIDING LEADERSHIP IN ADVANCING HEALTHCARE REFORM PATIENT CARE SAFETY AND CLINICAL QUALITY - YNHHS HOSPITALS CONTINUED TO TRACK PERFORMANCE ON MORE THAN 60 METRICS RELATED TO PATIENT SAFETY AND CLINICAL QUALITY FOR THE THIRD YEAR IN A ROW, Y-NHH WAS NAMED TO THE U S NEWS & WORLD REPORT'S HONOR ROLL OF AMERICA'S BEST HOSPITALS A SPECIFIC FOCUS ON HEART FAILURE AND SURGICAL SAFETY MEASURES RESULTED IN OVERALL OUTSTANDING SUCCESS RATES IN THESE AREAS - 95 PERCENT AT ALL THREE HOSPITALS CLINICIANS THROUGHOUT YNHHS ALSO FOCUSED ON REDUCING THE RATE OF PRESSURE ULCERS THROUGH SEVERAL INITIATIVES, AND ACHIEVED A 3 8 PERCENT PRESSURE ULCER PREVALENCE RATE, LOWER THAN THE NATIONAL RATE EACH DELIVERY NETWORK SHOWED IMPROVED PERFORMANCE OVER FY 2008 LEVELS IN HAND HYGIENE, PARTICULARLY IMPORTANT IN THE CONTEXT OF THE H1N1 INFLUENZA EPIDEMIC, AND MADE PROGRESS IN REDUCING THE RATE OF HOSPITAL-ACQUIRED CATHETER-RELATED BLOODSTREAM INFECTIONS IN INTENSIVE CARE UNIT PATIENTS NEW SOFTWARE WAS INSTALLED SYSTEM-WIDE THAT CROSS-CHECKS MICROBIOLOGY DATA WITH PHARMACEUTICAL DATA, ALERTING PHARMACISTS ABOUT POTENTIAL NEGATIVE EVENTS BY MONITORING DRUG ORDERS, LABORATORY RESULTS AND PHYSIOLOGICAL DATA COMMUNITY BENEFITS - MORE THAN EVER BEFORE, YNHHS DEMONSTRATED ITS COMMITMENT TO ITS LOCAL COMMUNITIES THIS YEAR, AS THE NUMBER OF UNINSURED OR UNDER-INSURED PATIENTS INCREASED DUE TO UNEMPLOYMENT OR REDUCTIONS IN HEALTH INSURANCE COVERAGE DURING FISCAL YEAR 2009, YALE NEW HAVEN HEALTH SYSTEM PROVIDED 263 2 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 164 1 MILLION IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), 88 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 10 3 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS THE DELIVERY NETWORKS CONTINUED TO SUPPORT THEIR COMMUNITIES THROUGH HEALTH SCREENINGS, EDUCATION SESSIONS, COMMUNITY- BUILDING EVENTS, COMMUNITY LEADERSHIP ACTIVITIES, GRANTS AND ASSISTANCE TO IMPROVE THE HEALTH OF LOCAL RESIDENTS OPERATIONS IMPROVEMENT - THE SYSTEMWIDE STREAMLINING FOR SUCCESS EFFICIENCY INITIATIVE IDENTIFIED 25 MILLION IN PRODUCTIVITY IMPROVEMENTS AND SAVINGS YNHHS HOSPITALS STREAMLINED ONLINE NURSING DOCUMENTATION, STANDARDIZED CHANGE OF SHIFT REPORTS, IMPROVED MATERIALS FLOW, REDUCED LENGTH OF STAY AND CREATED BETTER, SAFER PATIENT FLOW STREAMLINING FOR SUCCESS ALSO REDUCED PERFORMANCE MANAGEMENT INFORMATION TECHNOLOGY EXPENSES THROUGH SOFTWARE STANDARDIZATION, FACILITATED INCREASED GRANT PROPOSAL VOLUME IN THE OFFICE OF EMERGENCY PREPAREDNESS AND HELPED INCREASE VOLUME FOR PERFORMANCE MANAGEMENT THE SYSTEM ALSO CENTRALIZED SEVERAL SERVICES, WHICH IMPROVED EFFICIENCY AND REDUCED COSTS CLINICAL AND INFORMATION TECHNOLOGY - YNHHS HOSPITALS WERE AGAIN RECOGNIZED FOR THEIR EXPERTISE IN INFORMATION TECHNOLOGY, WITH YALE-NEW HAVEN AND GREENWICH HOSPITALS RECEIVING BOTH THE "MOST WIRED" AND "MOST WIRELESS" DESIGNATIONS BY HOSPITALS AND HEALTH NETWORKS MAGAZINE IN ADDITION, HIMSS ANALYTICS, A SUBSIDIARY OF THE HEALTH INFORMATION MANAGEMENT SYSTEMS SOCIETY (HIMSS), SCORED Y-NHH AND GH IN THE TOP 1 PERCENT OF THE COUNTRY FOR THEIR CLINICIANS' USE OF ELECTRONIC MEDICAL ORDER ENTRY AND OTHER ADVANCED USES OF TECHNOLOGY THAT CONTRIBUTE TO SAFE PATIENT CARE AND TREATMENT THEY WERE AMONG ONLY 57 HOSPITALS IN THE U S TO RECEIVE THIS RECOGNITION SERVICE GROWTH - DESPITE THE DIFFICULTIES FACED BY THE HEALTHCARE INDUSTRY OVER THE PAST YEAR, YNHHS' SHARE OF CONNECTICUT'S INPATIENT DISCHARGES FOR 2009 WAS 20 5 PERCENT, COMPARED TO 19 9 PERCENT LAST YEAR, VALIDATING YNHHS AS THE DOMINANT HEALTH SYSTEM IN CONNECTICUT IN SPITE OF THE DOWNTURN IN THE ECONOMY, PATIENTS CONTINUED TO GO TO YALE NEW HAVEN HEALTH SYSTEM HOSPITALS, RESULTING IN INPATIENT DISCHARGES THAT WERE 0 6 PERCENT ABOVE BUDGET FOR FY 2009 IN ADDITION, SEVERAL HOSPITALS APPROACHED YNHHS ABOUT AFFILIATION OPPORTUNITIES DURING THE PAST YEAR PATIENT SATISFACTION - THE SYSTEM ACHIEVED SUPERIOR PERFORMANCE ON ITS INPATIENT SATISFACTION SCORES, DEMONSTRATING ITS CONTINUED FOCUS AND COMMITMENT TO SERVICE EXCELLENCE THE EIGHTH ANNUAL SYSTEM- WIDE SERVICE EXCELLENCE CONFERENCE EDUCATED ALL MANAGERS IN THE FUNDAMENTALS OF CUSTOMER SATISFACTION CLINICAL SERVICES - THE YALE NEW HAVEN HEALTH SYSTEM PEDIATRIC NETWORK EXPANDED ITS SERVICES TO PARTNER HOSPITALS WITH THE ADDITION OF TELEMONITORING AND PHYSICIAN SERVICE COVERAGE OPTIONS YALE-NEW HAVEN CANCER NETWORK ENHANCED ITS SERVICES THROUGH SEVERAL INITIATIVES, SUCH AS THE USE OF ONCOLOGY-SPECIFIC CLINICAL AND OPERATIONAL SOFTWARE AT EACH MEMBER HOSPITAL, STANDARDIZATION OF TUMOR REGISTRY DATA THROUGH A MULTI-FACILITY SHARED DATABASE, AND MONTHLY TRACKING OF SIX CLINICAL QUALITY PERFORMANCE METRICS ENDORSED BY SEVERAL LEADING NATIONAL GROUPS THE TELESTROKE PROGRAM, A HIGH-TECH VIDEOCONFERENCING AND IMAGE-SHARING SERVICE LAUNCHED IN JUNE 2008, IMPROVED THE SURVIVAL RATE, LONG-TERM DISABILITY RATE AND TPA USE RATE AT ITS PARTNER HOSPITAL LAWRENCE & MEMORIAL IN NEW LONDON AFTER ITS FIRST FULL YEAR OF SERVICE EMERGENCY PREPAREDNESS - THE CENTER FOR EMERGENCY PREPAREDNESS AND DISASTER RESPONSE (CEPDR) IS PROVIDING EMERGENCY MANAGEMENT PROGRAMS AND SERVICES IN 47 STATES AND TERRITORIES ACROSS THE COUNTRY THROUGH ITS OFFICE IN NEW HAVEN AND SATELLITE SITES IN DALLAS AND SAN FRANCISCO THIS YEAR, CEPDR RECEIVED INTERNATIONAL RECOGNITION FOR ITS EMERGENCY PREPAREDNESS EXPERTISE THROUGH DESIGNATION AS A PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION COLLABORATING CENTER FOR EMERGENCY PREPAREDNESS AND DISASTER RESPONSE, THE ONLY SUCH DESIGNATED CENTER IN THE UNITED STATES ADDITIONALLY, THROUGH ITS CENTER FOR HEALTHCARE SOLUTIONS, IN COLLABORATION WITH YNHHS DELIVERY NETWORKS, GRANTS HAVE BEEN RECEIVED IN THE AREAS OF HEALTHCARE ASSOCIATED INFECTIONS, INFORMATION TECHNOLOGY AND PATIENT SAFETY OVERALL, THE CENTERS HAVE PROVIDED EDUCATIONAL SERVICES TO MORE THAN 150,000 INDIVIDUALS AND, IN THE PAST YEAR, THE CENTERS HAVE OBTAINED 11 5 MILLION IN GRANTS HUMAN RESOURCES - IN THIS YEAR'S EMPLOYEE OPINION "PULSE" SURVEY, HEALTH SERVICES CORPORATION (HSC) EMPLOYEES' HEALTHCARE COMMITMENT INCREASED FROM THE 93RD TO THE 99TH PERCENTILE NATIONALLY COMPARED TO LAST YEAR'S RESULTS HSC SCORES WERE ABOVE THE NATIONAL AVERAGE, DEMONSTRATING EMPLOYEES' POSITIVE OPINIONS OF HSC AND YNHHS RESULTS FROM THE THIRD ANNUAL CORPORATE SERVICES SERVICE EXCELLENCE SURVEY, HELD THIS YEAR, INDICATED THAT ONGOING PROGRESS IS BEING MADE RELATED TO INTERDEPARTMENTAL SERVICE QUALITY, TIMELINESS AND COLLEGIALITY UNDER THE GUIDANCE OF YNHHS, EACH DELIVERY NETWORK DEVELOPED AN EMPLOYEE HARDSHIP FUND TO HELP EMPLOYEES FACING ECONOMIC HARDSHIPS RESULTING FROM UNEXPECTED EMERGENCY SITUATIONS YNHHS ENHANCED THE OFFERINGS IN ITS "LIVING WELL" EMPLOYEE WELLNESS PROGRAM, INCLUDING A PHYSICAL ACTIVITY CHALLENGE FOR EMPLOYEES INSTITUTE FOR EXCELLENCE - THE INSTITUTE FOR EXCELLENCE (IFE) EXPANDED TRAINING OPPORTUNITIES AVAILABLE TO SYSTEM CLINICAL STAFF THIS YEAR THE IFE OPENED A NEW SIMULATION

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	SICKLE CELL PROGRAM - Y-NHH'S SICKLE CELL PROGRAMS PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES AS PART OF THE PROGRAM'S GOAL TO IMPROVE PATIENT SATISFACTION AND THE OVERALL QUALITY OF CARE EACH INDIVIDUAL RECEIVES HERE AT Y-NHH, A SICKLE CELL QUALITY COUNCIL HAS BEEN ESTABLISHED THE SICKLE CELL QUALITY COUNCIL INCLUDES TWO PERSONS LIVING WITH SICKLE CELL DISEASE AS PART OF THE PANEL THE SICKLE CELL TEAM IS WORKING DILIGENTLY TO TRANSITION SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL APPROACH DURING FY 2009, THERE WERE A TOTAL OF 1,193 ENCOUNTERS FOR PEDIATRIC AND ADULT PATIENTS STAMP OUT STROKE (SOS) PROGRAM - IS A COMMUNITY OUTREACH INITIATIVE TO INCREASE STROKE AWARENESS SPONSORED BY THE YALE-NEW HAVEN PRIMARY STROKE CENTER SINCE 2005, NURSE VOLUNTEERS CONDUCT HEALTH SCREENINGS AND EDUCATE PEOPLE ON RISK FACTORS AND WARNING SIGNS OF STROKE AT LOCAL EVENTS EACH YEAR THE S O S TEAM REACHES OUT TO MORE THAN 400 COMMUNITY PARTICIPANTS WHO ATTEND HEALTH FAIRS AND OTHER SOCIAL EVENTS FOR FURTHER INFORMATION, PLEASE CONTACT THE YALE-NEW HAVEN STROKE CENTER AT 203-737-1057 SUPPORT PROGRAMS SUPPORT GROUPS - Y-NHH OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 25 AREAS THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES IN FY 2009, 5,171 PEOPLE WERE SERVED HEALTH EDUCATION AND OTHER COMMUNITY OUTREACH THE AIDS CARE PROGRAM - THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW HAVEN HOSPITAL THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND SIGNIFICANT OTHERS THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COUNSELING, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT THE AIDS CARE PROGRAM IS STAFFED BY A MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS, SOCIAL WORKERS AND CLINICAL RESEARCHERS IN FY 2009 THE AIDS CARE PROGRAM ASSISTED 811 PATIENTS WITH A TOTAL OF 6,128 VISITS HEALTH EDUCATION - WELL (WOMEN'S EDUCATION LIFE LEARNING)/A MOTHER'S PLACE AT Y-NHH PROVIDES PATIENT EDUCATION CLASSES TO THE GREATER NEW HAVEN COMMUNITY IN CHILDBIRTH PREPARATION, PRENATAL/POSTNATAL EXERCISE, PARENTING EDUCATION AND BREASTFEEDING, INFANT MASSAGE, INFANT/CHILD CPR, MIDLIFE EXERCISE CLASSES, YOGA AND PILATES CLASSES, ONLINE CHILDBIRTH EDUCATION, AND TOURS OF THE MATERNITY FACILITIES IN ADDITION, WELL PROVIDES BREAST PUMP RENTAL AND SALES, PERSONAL NURSING BRA FITTINGS, A BREASTFEEDING MOTHERS SUPPORT GROUP, AND AN ELECTRONIC EMAIL FOR EXPECTANT AND PARENTS OF BABIES UP TO 3 YEARS OF AGE IN FY 2009, 369 CLASSES WERE OFFERED, WITH 2,945 PARTICIPANTS MOST CLASSES WERE HELD IN NEW HAVEN WITH ADDITIONAL CLASSES HELD IN MILFORD, GUILFORD AND AT YALE UNIVERSITY HEALTH SERVICES BREASTFEEDING SUPPORT SERVICES WELL/ A MOTHER'S PLACE OFFERS BREASTFEEDING SUPPORT TO EXPECTANT AND BREASTFEEDING MOTHERS DURING FY 2009, 23 GROUPS WERE LED BY A BOARD-CERTIFIED LACTATION CONSULTANT, AND 236 MOTHERS ATTENDED GLAUCOMA SCREENING - OVER 20 MEDICAL STUDENTS VOLUNTEERED TO PROVIDE FREE GLAUCOMA SCREENINGS IN THE EAST PAVILION CAFETERIA Y-NHH, YALE SCHOOL OF MEDICINE DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCE, THE FRIENDS OF THE CONGRESSIONAL GLAUCOMA CAUCUS AND PREVENT BLINDNESS TRI-STATE CONTRIBUTED RESOURCES TO SCREEN OVER 100 GREATER NEW HAVEN RESIDENTS EIGHTEEN OF THOSE EXAMINED WERE AT RISK FOR DEVELOPING GLAUCOMA AND 34 WERE FOUND TO HAVE AN EYE DISORDER THE SCREENING INCLUDED VISUAL ACUITY AND FIELD TESTING BY TRAINED MEDICAL STUDENTS OPHTHALMOLOGISTS AND OPTOMETRISTS PERFORMED INTRAOCULAR AND DISC EVALUATIONS AND THEN SHARED FINDINGS AND RECOMMENDATIONS WITH THE PARTICIPANTS PRIMARY CARE CENTER - Y-NHH'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 FY 2009, THE PRIMARY CARE CENTER HAD 26,950 VISITS TO THE ADULT MEDICINE CLINIC, 29,676 VISITS TO THE PEDIATRICS CLINIC AND 22,156 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 78,782 PATIENT VISITS ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS, WITH VISITS NUMBERING 2,079 HILL HEALTH CENTER EYE CLINIC - IN FISCAL YEAR 2009, Y-NHH SUPPORTED THE EXPANSION OF SPECIALTY EYE CARE SERVICES AT THE HILL HEALTH CENTER IN NEW HAVEN IN COLLABORATION WITH THE YALE SCHOOL OF MEDICINE THE NEWLY REMODELED AND EXPANDED HILL HEALTH EYE CLINIC, WHICH OPENED IN SUMMER 2005, IS STAFFED BY A YSM MEDICAL DIRECTOR AND Y-NHH OPHTHALMOLOGY RESIDENTS AND PROVIDES GENERAL AND SPECIALTY OPHTHALMOLOGY SERVICES TO HILL HEALTH CENTER PATIENTS TO FACILITATE THE PROGRAM OPENING, Y-NHH DONATED OVER 130,000 IN EQUIPMENT AND NEARLY 44,000 FOR RENOVATIONS TO ACCOMMODATE THE NEW CLINIC AND PROVIDE FINANCIAL SUPPORT FOR THE MEDICAL DIRECTOR MATERNAL/CHILD HEALTH INITIATIVES - PROGRAMS OFFERED THROUGH Y-NHH'S WOMEN'S CENTER, WHICH SEEK TO REDUCE INFANT MORTALITY, IMPROVE PRENATAL CARE AND PROMOTE CONTINUITY OF CARE FROM BIRTH THROUGHOUT ADULTHOOD, INCLUDE NEW HAVEN HEALTHY START Y-NHH'S 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 FY 2009, THE PROGRAM SERVED 321 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 Y-NHH'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 FY 2009, THERE WERE A TOTAL OF 584 PARTICIPANTS ENROLLED IN THE PROGRAM THERE WERE A TOTAL OF 391 NEW ENROLLEES IN FY 2009 OF WHICH 99 5 PERCENT WERE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WERE ADMITTED ON NONIMMIGRANT (TEMPORARY) VISAS AND OVERSTAYED OUTREACH SERVICES WERE ALSO PROVIDED TO PATIENTS RECEIVING CARE IN THE PRIMARY CARE CENTER AND THE WOMEN'S CENTER TO FOLLOW UP ON MISSED APPOINTMENTS, IMMUNIZATIONS AND OTHER HEALTHCARE NEEDS VITAL TO QUALITY OF LIFE AND THE HEALTH STATUS OF THE PATIENT THERE WERE OVER 700 PATIENTS WHO REQUIRED OUTREACH SERVICES APPROXIMATELY 281 PATIENTS RECEIVED A HOME VISIT OVER 1,000 REFERRALS WERE MADE FOR RESOURCES IN-HOUSE AND IN THE COMMUNITY NURTURING CONNECTIONS IS A VOLUNTARY TELEPHONE SUPPORT PROGRAM FOR FIRST-TIME PARENTS WHO DELIVER THEIR BABIES AT Y-NHH TRAINED VOLUNTEERS ARE ASSIGNED SEVERAL NEW PARENTS AND THROUGH WEEKLY TELEPHONE CALLS, OFFER EMOTIONAL SUPPORT, PARENTING SUGGESTIONS, INFORMATION ABOUT PARENTING SKILLS AND COMMUNITY RESOURCES, AND SOURCES FOR REFERRALS NINETY THREE PARENTS WERE SERVED IN FY 2009 NURTURING FAMILIES HOME VISITING IS A HOME VISITING PROGRAM THAT HELPS SUPPORT FIRST-TIME PARENTS TO MEET THE CHALLENGES OF PARENTHOOD, CREATE A SAFE ENVIRONMENT FOR THEIR CHILD AND LEARN POSITIVE PARENTING SKILLS EACH FAMILY WHO AGREES TO PARTICIPATE IS ASSIGNED A HOME VISITOR WHO MAKES HOME VISITS ONCE A WEEK AND DEVELOPS AN INDIVIDUALIZED PLAN TO HELP STRENGTHEN THE FAMILY, ENHANCE CHILD GROWTH AND HELP THE FAMILY USE AVAILABLE RESOURCES TO CARE FOR ITS CHILDREN FAMILIES ARE ENROLLED PRENATALLY OR UP TO THE CHILD'S THIRD MONTH OF LIFE SERVICES ARE PROVIDED UP TO THE CHILD'S FIFTH BIRTHDAY NEW FAMILIES LEARN TO COPE WITH THE EMOTIONAL AND SOCIAL STRESS OF PARENTHOOD, FIND THEIR OWN STRENGTHS AND BUILD ON THEM, DEVELOP NEW PROBLEM SOLVING SKILLS, ADOPT POSITIVE PARENTING TECHNIQUES, AND LEARN HOW TO PROMOTE CHILD

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	MEDICAID UNDERPAYMENT - BRIDGEPORT HOSPITAL'S SERVICE AREA INCLUDES THE CITY OF BRIDGEPORT, CONNECTICUT'S MOST POPULOUS CITY THE PER CAPITA INCOME FOR BRIDGEPORT IS 18,931, WHICH IS 18,152 BELOW THE STATE'S MEDIAN PER CAPITA INCOME OF 37,083 ABOUT 18 4% OF BRIDGEPORT RESIDENTS ARE UNDER THE FEDERAL POVERTY LEVEL, VS 7 9% FOR THE WHOLE STATE 8 5% OF BRIDGEPORT RESIDENTS HAD INCOME BELOW 50% OF FEDERAL POVERTY LEVEL, VS 3 6% FOR THE WHOLE STATE IN FY 2009, THE BRIDGEPORT HOSPITAL HAD A TOTAL OF 82,613 MEDICAID INPATIENT DISCHARGES OR OUTPATIENT VISIT THE TOTAL PAYMENTS RECEIVED FROM MEDICAID FOR THIS PATIENT POPULATION WERE 22 0 MILLION BELOW THE ACTUAL COST OF PROVIDING CARE FOR THESE PATIENTS THESE CALCULATIONS ARE BASED ON COSTS, NOT CHARGES CARE FOR THE UNDERSERVED - BEYOND FREE AND UNDER-REIMBURSED CARE, BRIDGEPORT HOSPITAL PROVIDED A NUMBER OF HEALTHCARE SERVICES TO LOW-INCOME AND UNDERSERVED PATIENTS AND FAMILIES ON A REGIONAL AND EVEN STATEWIDE BASIS FOLLOWING ARE SOME LEADING EXAMPLES THE DR ANDREW AND HENRIETTA PANETTIERI BURN CENTER AT BRIDGEPORT HOSPITAL IS THE ONLY DEDICATED BURN CENTER IN CONNECTICUT RECOGNIZED FOR MEETING THE HIGHEST STANDARDS OF CARE BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION, IT IS ONE OF ONLY 44 VERIFIED ADULT BURN CENTERS IN THE UNITED STATES IN FISCAL YEAR 2009, THE BURN CENTER TREATED 363 INPATIENTS, 36 4% OF WHOM WERE MEDICAID OR UNINSURED THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FY 2009, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 71,678 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH NEARLY 10,000 OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 29,000 IDENTIFIED AS MEDICAID BENEFICIARIES THE BRIDGEPORT HOSPITAL PRIMARY CARE CENTER IS AN ESSENTIAL COMPONENT OF THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE THE PRIMARY CARE CENTER HAS THREE COMPONENTS MEDICAL/SURGICAL, PEDIATRIC AND OBSTETRICS/GYNECOLOGY IN ADDITION, THERE ARE A TOTAL OF 20 ADULT AND PEDIATRIC SUBSPECIALTY CLINICS, INCLUDING ONES FOR CARDIOLOGY, DERMATOLOGY, GASTROENTEROLOGY, HEMATOLOGY, IMMUNOLOGY, NEUROLOGY, ORTHOPEDICS AND PULMONARY DISEASES THE PRIMARY CARE CENTER PROVIDES OUTPATIENT TREATMENT TO INDIVIDUALS WHO ARE SICK, COMPLETE CARE FOR PREGNANT WOMEN AND IMMUNIZATIONS AND WELL CARE FOR ADULTS AND CHILDREN IN FY 2009, THERE WERE 35,020 VISITS TO THE PRIMARY CARE CENTER, 83% OF WHICH WERE BY MEDICAID AND UNINSURED PATIENTS THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC THIS RESOURCE IS DEDICATED TO ASSIST THE SELF PAY POPULATION AT THE PRIMARY CARE CLINIC ENROLL IN PUBLIC PROGRAMS LAST YEAR, 156 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE SCREENING AND APPLICATION REVIEW IN ADDITION TO OPERATING ITS OWN PRIMARY CARE CENTER, THE HOSPITAL PARTNERS WITH THE TWO BRIDGEPORT BASED FEDERALLY QUALIFIED HEALTHCARE CENTERS (FQHC), OPTIMUS HEALTH CARE AND THE SOUTHWEST COMMUNITY HEALTH CENTER BRIDGEPORT HOSPITAL IS THE PRIMARY INPATIENT FACILITY FOR BOTH FQHCS MORE THAN 1,379 INPATIENT ADMISSIONS WERE REFERRED DIRECTLY TO BRIDGEPORT HOSPITAL FROM PHYSICIANS AT THESE TWO CENTERS IN FY 2009, 78 5% OF WHOM WERE UNINSURED OR MEDICAID PATIENTS THE HOSPITAL FUNDS A STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES EMPLOYEE TO WORK ON SITE AT THE HOSPITAL TO HELP PATIENTS ENROLL IN MEDICAID AND OTHER STATE ASSISTANCE PROGRAMS MEDICAID BENEFITS IN THE STATE OF CONNECTICUT INCLUDE ACUTE CARE SERVICES, FEDERALLY QUALIFIED HEALTH CENTER SERVICES, CLINICAL SERVICES, MENTAL HEALTH SERVICES, DENTAL SERVICES, OPTOMETRIST SERVICES, PRESCRIPTION DRUGS AND MEDICAL EQUIPMENT AND SUPPLIES THE COST TO PROVIDE THIS SERVICE WAS 48,000 FOR FY 2009 THE HOSPITAL'S COMMUNITY PRESCRIPTION ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERINSURED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL PATIENT ASSISTANCE PROGRAMS A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 45 PATIENTS IN THE COMMUNITY IN FY 2009, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF MORE THAN 602,237 THE HOSPITAL CONTINUES TO SPONSOR A LEAD SAFE PROGRAM, INCLUDING FAIRFIELD COUNTY'S ONLY LEAD-SAFE HOUSE, A TEMPORARY RESIDENCE FOR CHILDREN UNDERGOING TREATMENT FOR LEAD POISONING AND THEIR FAMILIES THE PROGRAM ALSO PROVIDES HEALTH EDUCATION AND SOCIAL SERVICES SUPPORT IN FY 2009, THE COST OF RUNNING THE PROGRAM WAS 15,985, WHICH IS PARTIALLY OFFSET BY A HUD GRANT THROUGH ITS SUBSIDIARY, THE NORMA F PFRIEM BREAST CARE CENTER, THE HOSPITAL PROVIDED MORE THAN 359,000 IN CARE TO 359 UNINSURED WOMEN IN THE BRIDGEPORT COMMUNITY SERVICES INCLUDED MAMMOGRAPHY AND OTHER DIAGNOSTIC SCREENINGS, PHYSICIAN VISITS, WIGS AND PROSTHETICS, AND MANY OTHER TYPES OF CARE FOR WOMEN AND THEIR FAMILIES INCLUDING BREAST CANCER EDUCATION AND SUPPORT PROGRAMS THE ONCOLOGY SOCIAL WORKER IN THE NORMA F PFRIEM CANCER INSTITUTE ASSISTS PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES THESE REQUESTS ARE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS THROUGH THESE REFERRALS IN FY 2009, 133 INDIVIDUALS RECEIVED NEARLY 30,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND, AND TAKE A SWING AGAINST CANCER BRIDGEPORT HOSPITAL'S CHILDFIRST IS AN EARLY CHILDHOOD MENTAL HEALTH INITIATIVE THAT IDENTIFIES AT-RISK CHILDREN AND ARRANGES THE APPROPRIATE INTERVENTION AND SUPPORT SUPPORTED BY GRANTS FROM A COALITION OF FUNDING PARTNERS, INCLUDING THE ROBERT WOOD JOHNSON FOUNDATION, CHILDFIRST SERVED MORE THAN 700 CHILDREN AND 250 FAMILIES DURING THE YEAR THE COST OF RUNNING THE PROGRAM IN FY 2009 WAS 929,784, WHICH IS PARTIALLY OFFSET BY THE GRANT FUNDING THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS' BRAIN, EYE AND MOTOR AREAS, AND PROPER NUTRITION THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES -THE HOSPITAL HAS PARTNERED WITH THE CITY OF BRIDGEPORT HEALTH DEPARTMENT TO PLACE AN RN IN THE SENIOR HOUSING CLINIC AT HARBORVIEW TOWERS THE NURSE PROVIDES SCREENING AND EDUCATION SERVICE TO THE RESIDENTS, TRIAGES ACUTE CARE ISSUES AND ALSO CONDUCTS ONGOING HEALTH EDUCATION AND SCREENING PROGRAMS AT ALL THE CITY'S SENIOR CENTERS THE HOSPITAL ALSO EMPLOYS BOARD CERTIFIED GERIATRICIANS AND APRNS WHO CONDUCT HOME VISITS FOR HOMEBOUND SENIORS, CARE FOR RESIDENTS WHO LIVE IN NURSING HOMES OR ASSISTED LIVING FACILITIES AND A VARIETY OF COMMUNITY HEALTH EDUCATION COMMUNITY HEALTH PROMOTION - BRIDGEPORT HOSPITAL PROVIDES A NUMBER OF SERVICES THROUGHOUT THE YEAR TO PROMOTE GOOD HEALTH AND DISEASE AWARENESS IN THE COMMUNITY FOLLOWING ARE FY 2009 EXAMPLES THE NORMA F PFRIEM CANCER INSTITUTE AT BRIDGEPORT HOSPITAL PROVIDES ONCOLOGY NURSE NAVIGATION SERVICES FOR PATIENTS WITH BREAST, GYNECOLOGIC, THORACIC, GENITOURINARY AND GASTROINTESTINAL CANCERS NURSE NAVIGATORS ACT AS GUIDES FOR PATIENTS AND FAMILIES AS THEY MAKE THEIR WAY THROUGH THE VARIOUS PHASES OF CANCER CARE, HELPING THEM ACCESS NEEDED MEDICAL CARE AND SUPPORT SERVICES THESE SERVICES ARE NOT COVERED BY INSURANCE AND COST 339,420 TO PROVIDE IN FY 2009 TO MEET THE NEEDS OF THE AGING POPULATION, THE BRIDGEPORT HOSPITAL CENTER FOR GERIATRICS PROVIDES COMPREHENSIVE SERVICES TO THE FRAIL ELDERLY THE CENTER CARED FOR 2,329 PATIENTS BY PROVIDING 6,067 PHYSICIAN SERVICES SUCH AS GERIATRIC ASSESSMENTS, PHYSICIAN HOME VISITS AND INPATIENT CONSULTATIONS THE CURRENT REIMBURSEMENT LEVELS FROM MEDICARE DO NOT COVER THE ENTIRE COST OF THE PROGRAM THE UNDERPAYMENT IN FY 2009 WAS 529,788 DR BEATA SKUDLARSKA, CHIEF OF GERIATRICS AT BRIDGEPORT HOSPITAL, CONTINUED THE "ASK DR BEA" COLUMN IN THE CONNECTICUT POST, WITH A DAILY CIRCULATION OF MORE THAN 60,000 THE WEEKLY ADVICE COLUMN PROVIDES RESPONSES TO READER'S QUESTIONS REGARDING ISSUES FACING THE GERIATRIC POPULATION MORE THAN 700 FREE BLOOD PRESSURE SCREENINGS WERE PROVIDED TO AREA RESIDENTS THROUGH THE BRIDGEPORT HOSPITAL EMERGENCY CARE INSTITUTE THE HOSPITAL OFFERS SCREENINGS IN A VARIETY OF COMMUNITY SETTINGS SUCH AS SENIOR CENTERS THE HOSPITAL'S PRIMARY CARE CENTER PROVIDED LOW COST FLU SHOTS TO 15 MEMBERS OF THE COMMUNITY THE HOSPITAL SPONSORS FREE SUPPOR

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ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	MORE THAN 150 PEOPLE ATTENDED THE FIRST SUMMIT IN NOVEMBER 2006 TO HEAR A KEYNOTE ADDRESS BY FORMER CONNECTICUT LIEUTENANT GOVERNOR KEVIN SULLIVAN THE SUMMIT INCLUDED A ROUNDTABLE DISCUSSION BY LOCAL MENTAL HEALTH PROVIDERS AND REPRESENTATIVES FROM THE NATIONAL ASSOCIATION ON MENTAL DISORDERS THE SECOND SUMMIT IN MARCH 2008 DREW 125 PEOPLE THE COMMUNITY HEALTH PLANNER FOR THE GREENWICH DEPARTMENT OF HEALTH UNVEILED THE MENTAL HEALTH MATRIX DEVELOPED LISTING THE SERVICES PROVIDED BY MORE THAN 75 AREA AGENCIES THE MENTAL HEALTH MATRIX HAS BECOME AN ESSENTIAL COMMUNITY RESOURCE MORE THAN 200 ORGANIZATIONS (SOCIAL SERVICE AGENCIES, POLICE DEPARTMENTS AND OTHERS) HAVE DOWNLOADED THE MATRIX FROM THE WEBSITE TO AND UTILIZE IT TO BETTER SERVE THEIR CLIENTS IN NEED IN NOVEMBER 2008 A THIRD SUMMIT WAS CONDUCTED, AND 80 PARTICIPANTS ATTENDED ATTENDEES VIEWED THE MOVIE "CANVAS" WHICH ILLUSTRATES ONE FAMILY'S STRUGGLE WITH SCHIZOPHRENIA AND THE DEVASTATING IMPACT IT HAD ON FAMILY RELATIONSHIPS FOLLOWING THE MOVIE, PETER CASE, THE PRESIDENT OF THE LOCAL NAMI CHAPTER, FACILITATED A PANEL DISCUSSION AMONG MENTAL HEALTH EXPERTS IN JULY 2009 GREENWICH HOSPITAL AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP MENTAL HEALTH STAFF CO-SPONSORED A HEALTH AND WELLNESS FAIR AT A SUBSIDIZED LOW-INCOME HOUSING COMPLEX FREE MENTAL AND PHYSICAL HEALTH SCREENINGS AND INFORMATION REGARDING COMMUNITY RESOURCES WERE PROVIDED TO OVER 110 PARTICIPANTS IN ADDITION TO RAISING AWARENESS, GREENWICH HOSPITAL HAS ALSO INCREASED ACCESS TO MENTAL HEALTH SERVICES GREENWICH HOSPITAL OPENED A DEDICATED FOUR-BED BEHAVIORAL HEALTH UNIT IN THE EMERGENCY DEPARTMENT FOR PATIENTS EXPERIENCING A PSYCHIATRIC CRISIS APPROXIMATELY 600 PATIENTS HAVE BEEN ADMITTED TO THE UNIT, WHICH OPENED IN MARCH 2006 ON A RECENT JOINT COMMISSION (JCAHO) ACCREDITATION VISIT, THE EMERGENCY DEPARTMENT'S BEHAVIORAL HEALTH UNIT RECEIVED OUTSTANDING REVIEWS REGARDING PROVIDING A THERAPEUTIC MILIEU AND PRIVACY FOR PATIENTS AND FAMILIES EXPERIENCING A PSYCHIATRIC CRISIS THE EFFORTS OF OUR BEHAVIORAL HEALTH INITIATIVES CONTINUE TO POSITIVELY IMPACT THE COMMUNITY SERVICE ORGANIZATIONS ROUTINELY UTILIZE THE MENTAL HEALTH MATRIX TO CONNECT NEEDY INDIVIDUALS TO APPROPRIATE RESOURCES THE SUMMITS AND THE MATRIX HAVE ALSO PROMOTED ONGOING COLLABORATION AMONG MENTAL HEALTH PROVIDERS THROUGHOUT THE REGION PREVENTION OF DOMESTIC VIOLENCE AND DATING VIOLENCE GREENWICH HOSPITAL SUPPORTS THE GREENWICH YWCA IN THEIR DOMESTIC VIOLENCE PREVENTION PROJECTS WE COLLABORATE WITH THE GREENWICH YWCA TO EDUCATE THE COMMUNITIES WE SERVE ON THE RECOGNITION, SCREENING, CARE AND TREATMENT OF DOMESTIC VIOLENCE VICTIMS THE NURSE IS IN PROGRAM A PARTNERSHIP WITH LOCAL LIBRARIES, YMCA'S AND LOCAL SENIOR CENTERS A REGISTERED PROFESSIONAL NURSE CHECKS BLOOD PRESSURES FOR FREE AND PROVIDES HEALTH COUNSELING ON AN INDIVIDUAL BASIS FIVE SCREENINGS ARE AVAILABLE WEEKLY IN VARIOUS LOCATIONS IN THE STATES OF NEW YORK AND CONNECTICUT IN FY 2009, 5,380 PEOPLE RECEIVED FREE BLOOD PRESSURE SCREENINGS WITH COUNSELING BREAST CANCER ALLIANCE GRANT THIS PARTNERSHIP PROGRAM PROVIDES FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM FOR WOMEN WHO ARE UNINSURED OR UNDER INSURED IN CALENDAR YEAR 2009, 149 WOMEN RECEIVED FREE MAMMOGRAMS AND TWO WOMEN WERE FOUND TO HAVE EARLY BREAST CANCER AND RECEIVED TREATMENT PROSTATE SCREENINGS AND EXAMS FREE PROSTATE SCREENINGS ARE CONDUCTED ONCE A YEAR FOR MEN OVER THE AGE OF 40 WITH THE RESULTS OF A PSA TEST, A BOARD CERTIFIED UROLOGIST EXAMINES THE PATIENTS AND PROVIDES THEM WITH A FREE CONSULTATION THESE SCREENINGS ARE HELD AT MULTIPLE SITES INCLUDING THE HOSPITAL AND LOCAL CHURCHES IN FY 2009, 89 MEN PARTICIPATED IN THE FREE PROSTATE CANCER SCREENINGS AND EXAMS HEALTH CARE CAREER TRAINING PROGRAM THIS PROGRAM IS A JOINT EFFORT BETWEEN GREENWICH HOSPITAL AND THE PORT CHESTER HIGH SCHOOL BOARD OF EDUCATION THE GOAL OF THIS INTERACTIVE PROGRAM IS TO EDUCATE HIGH SCHOOL STUDENTS WHO ARE JUNIORS AND SENIORS ABOUT FUTURE CAREER PATHS AND OPPORTUNITIES IN THE HEALTH CARE SECTOR, AS WELL AS INSPIRE THEM TO PURSUE FULFILLING CAREERS THIS IS AN AFTER SCHOOL PROGRAM WHICH WAS CONDUCTED FOR 8 WEEKS AND THE STUDENTS ATTENDED CLASSES TWICE A WEEK DURING THE 8 WEEK COURSE STUDENTS LEARNED MEDICAL SKILLS IN A TRAINING LAB AT THE HOSPITAL AND TOOK DIDACTIC LEADERSHIP COURSES IN POSITIVE COMMUNICATION SKILLS, CUSTOM SERVICE, SAFETY, AND INFECTION CONTROL THE STUDENTS WERE ALSO INTRODUCED TO A VARIETY OF HEALTH CARE PROVIDERS INCLUDING NURSES, PHYSICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS, RESPIRATORY THERAPIST AND LABORATORY WORKERS SEVERAL HEALTH CARE TOPICS ARE INTRODUCED INCLUDING NUTRITION, STROKE, HEART ATTACK AND MEDICAL TERMINOLOGY THE STUDENTS ALSO GAIN SKILLS SUCH AS PERFORMING A 12 LEAD EKG, VITAL SIGNS, ETC IN FY2009, 12 SPANISH SPEAKING JUNIOR AND HIGH SCHOOL SENIOR STUDENTS ATTENDED AND COMPLETED THE EDUCATION PROGRAM THAT INTRODUCED THEM TO HEALTH CARE CAREERS OPPORTUNITIES BETTER BREATHER'S CLUB A MONTHLY PROGRAM AND SUPPORT GROUP FOR PEOPLE WHO HAVE LUNG DISEASE AND IT IS CO-SPONSORED BY THE AMERICAN LUNG ASSOCIATION THIS PROGRAM WAS CONDUCTED SIX TIMES IN FY 2009 AND 123 PEOPLE PARTICIPATED IN THE PROGRAM CANCER COUNSELING 436 CANCER PATIENTS AND THEIR FAMILIES ATTENDED COUNSELING AND STRESS MANAGEMENT SESSIONS IN FY 2009 THESE PROGRAM PROVIDED SUPPORT AND INFORMATION ON MANAGING THE CHALLENGES OF HAVING A LOVED ONE OR FAMILY MEMBER WITH CANCER THESE PROGRAMS PROVIDE INFORMATION ON LOCAL SUPPORT AND CANCER RESOURCES THAT ARE AVAILABLE AND ADMINISTERED BY EXPERIENCED PSYCHOTHERAPISTS AND NURSES I CAN COPE SERIES SPEAKERS PROVIDE INFORMATION TO HELP CANCER PATIENTS AND THEIR FAMILIES MANAGE CANCER AND ITS TREATMENTS THIS PROGRAM IS CO-SPONSORED WITH THE AMERICAN CANCER SOCIETY AND A TOTAL OF 55 PEOPLE ATTENDED SIX MEETINGS IN FY 2009 PROSTATE CANCER EDUCATION FORUM THIS EDUCATIONAL SUPPORT GROUP PROVIDES INFORMATION ON TREATMENT FOR PROSTATE CANCER AND PROVIDES AN OPPORTUNITY FOR PROSTATE CANCER PATIENTS TO MEET KNOWLEDGEABLE, SUPPORTIVE CANCER SURVIVORS THIS PROGRAM IS CO-SPONSORED WITH NATIONAL ALLIANCE OF STATE PROSTATE CANCER COALITIONS THIS FORUM MET 10 TIMES IN FY 2009 AND 169 PEOPLE ATTENDED THE PROGRAM PARKINSON'S SUPPORT GROUP IN COOPERATION WITH THE GREENWICH DEPARTMENT OF SOCIAL SERVICES AND DEPARTMENT OF PARKS WEEKLY EDUCATION, SUPPORT THERAPY, MONTHLY EXERCISE, AND SOCIAL ACTIVITIES ARE PROVIDED FOR PATIENTS WITH PARKINSON'S DISEASE, INCLUDING THEIR FAMILY AND FRIENDS A TOTAL OF 865 PEOPLE ATTENDED 48 MEETINGS IN FY 2009 HEART HEALTH EDUCATION THIS PROGRAM IS DESIGNED FOR PEOPLE WHO HAVE HEART DISEASE THEY AND THEIR LOVED ONES ARE PROVIDED EDUCATION ON TOPICS RELATED TO CORONARY ARTERY DISEASE THE HEART HEALTH EDUCATION GROUP MET 6 TIMES IN FY 2009 AND 236 PEOPLE ATTENDED THE PROGRAMS DIABETES SUPPORT GROUP THIS GROUP MEETS MONTHLY AND IS CONDUCTED BY A CERTIFIED DIABETES EDUCATOR WHO PROVIDES SUPPORT AND EDUCATIONAL PROGRAMS ACCORDING TO THE AMERICAN DIABETES ASSOCIATION GUIDELINES TOPICS INCLUDE MEDICATIONS, NUTRITION, BLOOD GLUCOSE MONITORING, EYE HEALTH, NEUROPATHY, FOOT CARE, SELF -MANAGEMENT TOOLS, HEALTHY MEALS ETC A TOTAL OF 326 PEOPLE ATTENDED THIS SUPPORT GROUP IN FY 2009 BARIATRIC SUPPORT GROUP IN FY 2009, 87 PEOPLE ATTENDED THIS MONTHLY SUPPORT GROUP DESIGNED TO PROVIDE EDUCATION AND SUPPORT TO INDIVIDUALS WHO HAVE UNDERGONE OR PLAN TO UNDERGO GASTRIC BYPASS SURGERY MULTIPLE SCLEROSIS SUPPORT GROUP THIS GROUP OFFERS PATIENTS AND CAREGIVERS AN OPPORTUNITY TO EXPAND THEIR UNDERSTANDING OF THE DISEASE AND TO SHARE COPING STRATEGIES 48 PEOPLE ATTENDED THIS PROGRAM IN FY 2009 STROKE SUPPORT GROUP THIS GROUP MEETS MONTHLY PROVIDING EDUCATION AND SUPPORT FOR PATIENTS WHO ARE COPING WITH RECOVERY FROM A STROKE WITH GUIDELINES FROM THE AMERICAN STROKE ASSOCIATION AND THE AMERICAN HEART ASSOCIATION GUIDELINES SMOKE STOPPERS PROGRAM A SMOKING CESSATION PROGRAM THAT PROVIDES INFORMATION ON HOW TO QUIT SMOKING AND PROVIDES A FORMAT FOR SMOKERS WHO WANT TO QUIT SESSIONS ARE CONDUCTED BY CERTIFIED ADDICTION COUNSELORS FOLLOWING THE NATIONALLY RECOGNIZED SMOKE STOPPERS CESSATION GROUP PROGRAM IN FY 2009, 21 PARTICIPANTS ATTENDED THIS PROGRAM TAKE OFF POUNDS SENSIBLY THIS WEEKLY SUPPORT GROUP WEIGH-IN WEEKLY AND PROVIDES MUTUAL SUPPORT AND EDUCATION ON HEALTHY WEIGHT THROUGH HEALTHY LIFE STYLE CHOICES ADHERING TO NATIONAL ASSOCIATION GUIDELINES A TOTAL OF 205 PEOPLE ATTENDED THIS PROGRAM IN FY 2009 PAIN EDUCATION FORUM IN FY 2009, 121 CHRONIC PAIN SUFFERERS AND THEIR CAREGIVERS MET QUARTERLY TO LEARN MORE ABOUT PAIN MANAGEMENT TECHNIQUES FROM A SPECIALIST IN THE FIELD OF MEDICINE PAIN SUPPORT GROUP THIS MONTHLY EDUCATION AND SUPPORT GROUP MEETS MONTHLY AND IN FY 2009, 191 PEOPLE ATTENDED MEETINGS PTA WELLNESS COMMITTEE TO PROMOTE POSITIVE SCHOOL CLIMATES AND STUDENT SUCCESS WE ASSISTS PTA AND BOE INITIATIVES IN PROMOTING WELLNESS AND HEALTH POL

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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

Identifier	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

Identifier	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 BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL 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, AND PROVIDED TO THE BOARD

Identifier	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 BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL 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, AND PROVIDED TO THE BOARD

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	PART VI, LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES DANIEL MIGLIO AND JAMES THOMAS 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 AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS AND TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS AND TRUSTEES SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE CARDIOVASCULAR SERVICES OF GREENWICH, P C , CENTURY FINANCIAL SERVICES, INC , GREENWICH FERTILITY AND IVF CENTER, P C , GREENWICH HEALTH SERVICES, INC , GREENWICH IM HOSPITALIST SERVICES, INC , GREENWICH INTEGRATIVE MEDICINE P C , GREENWICH PAIN CONSULTING SERVICES, INC , GREENWICH PEDIATRIC SERVICES, P C , MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC, MEDICAL CENTER REALTY, INC, QUINNIPIAC MEDICAL, P C , SHORELINE SURGERY CENTER, LLC, YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, YNH GERIATRIC SERVICES, P C , YNH MEDICAL SERVICES, P C , YNHH-MSO, INC , YNHH-PHYSICIANS CORP , AND YORK ENTERPRISES, INC SCHEDULE L, PART IV, COLUMN D BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS AND TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION PART IV,LINE 12 THE REPORTING ENTITY IS PART OF A CONSOLIDATED GROUP AUDITED FINANCIAL STATEMENT THERE WAS NO STAND ALONE AUDITED FINANCIAL STATEMENT PREPARED FOR THIS ENTITY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
SHORELINE SURGERY CENTER LLC SHORELINE SURGRY CENTER LLC 60 TEMPLE STREET 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No
SSC II SSC II 111 GOOSE LANE 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

		Yes	No
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	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

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)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

Additional Data

Software ID:
Software Version:
EIN: 22-2529464
Name: YALE-NEW HAVEN HEALTH SERVICES CORP

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARNA P BORGSTROM , CEO	20	X		X				900,696	900,696	586,232
THOMAS B KETCHUM , DIRECTOR	1	X						0	0	0
DANIEL L MOSLEY , DIRECTOR	1	X						0	0	0
RONALD B NORENESQ , DIRECTOR	1	X						0	0	0
ROBERT A HAVERSAT , DIRECTOR	1	X						0	0	0
RICHARD M HOYT , DIRECTOR	1	X						0	0	0
RICHARD C LEVIN , DIRECTOR	1	X						0	0	0
F PATRICK MCFADDEN JR , VICE CHAIR	1	X						0	0	0
MICHAEL H FLYNN , DIRECTOR	1	X						0	0	0
MARY C FARRELL , DIRECTOR	1	X						0	0	0
MARVIN K LENDER , VICE CHAIR	1	X						0	0	0
ARTHUR C MARTINEZ , DIRECTOR	1	X						0	0	0
JULIA M MCNAMARA , CHAIRWOMAN	1	X						0	0	0
JOSEPH R CRESPO , DIRECTOR	1	X						0	0	0
DANIEL J MIGLIO , DIRECTOR	1	X						0	0	0
JAMES A THOMAS , DIRECTOR	1	X						0	0	0
ROBERT J TREFRY , EXECUTIVE VP	1			X				0	1,490,411	148,956
RICHARD D'AQUILA , EXECUTIVE VP	4			X				121,103	1,089,924	294,358
GAYLE L CAPOZZALO , EXECUTIVE VP	40			X				1,039,490	0	316,593
PETER N HERBERT MD , SR VP	12			X				298,126	695,625	243,526
FRANK A CORVINO , EXECUTIVE VP	1			X				0	989,325	300,060
JAMES M STATEN , EXECUTIVE VP	20			X				474,807	474,807	319,876
WILLIAM S GEDGE , SR VP	40			X				816,657	0	275,984
MARK L ANDERSEN , SR VP	28			X				506,597	217,113	219,730
KEVIN A MYATT , SR VP	18			X				268,979	403,470	132,853
EUGENE J COLUCCI , VP	1			X				0	487,982	181,393
QUINTON F FRIESEN , VP	1			X				0	472,624	183,087
WILLIAM J ASELTYNE , VP	26			X				294,162	158,395	173,101
DAVID WURCEL , VP	26			X				287,067	154,574	170,353
STEPHEN A ALLEGRETTO , VP	40			X				0	437,919	171,996

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK MCCABE , VP	1			X				0	437,203	185,903
JOSEPH E JANELL , VP	1			X				0	348,626	107,785
LYN S SALSGIVER , VP	1			X				0	336,978	123,759
NANCY LEVITT-ROSENTHAL , VP	1			X				0	329,359	130,435
VINCENT TAMMARO , VP	4			X				29,822	268,393	50,654
JAMES B MORRIS , VP	2			X				9,451	226,824	59,655
MELISSA B TURNER , VP	1			X				0	190,707	58,543
MICHAEL J CEMENOJR , DIRECTOR	40					X		319,756	0	33,391
MICHAEL S DIMENSTEIN , DIRECTOR	40					X		314,771	0	46,298
MICHAEL D LOFTUS , DIRECTOR	40					X		233,539	0	33,756
PAMELA L SCAGLIARINI , DIRECTOR	40					X		230,817	0	33,558
ANDREA L BENIN ,	40					X		227,557	0	44,089

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MANAGEMENT SERVICE REVENUE	900,099	80,054,972	80,054,972		
b MCIC PREMIUMS	900,099	44,182,261	44,182,261		
c SYSTEM SUPPORT FEES	900,099	22,652,144	22,652,144		
d MANAGEMENT SERVICE REVENUE	621,990	455,617		455,617	
e NETWORK PARTICIPATING FEE	900,099	410,000	410,000		

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE-NEW HAVEN HEALTH SERVICES CORP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARNA P BORGSTROM	(I)	557,187	267,990	75,519	271,684	21,432	1,193,812	
	(II)	557,187	267,990	75,519	271,684	21,432	1,193,812	
ROBERT J TREFRY	(I)							
	(II)	618,365	189,371	682,675	134,373	14,583	1,639,367	10,531
RICHARD D'AQUILA	(I)	71,923	37,313	11,867	23,964	5,472	150,539	
	(II)	647,304	335,813	106,807	215,673	49,249	1,354,846	
GAYLE L CAPOZZALO	(I)	568,277	174,637	296,576	298,440	18,153	1,356,083	14,788
	(II)							
PETER N HERBERT MD	(I)	215,148	58,149	24,829	62,062	10,996	371,184	
	(II)	502,011	135,681	57,933	144,810	25,658	866,093	
FRANK A CORVINO	(I)							
	(II)	597,110	195,703	196,512	287,465	12,595	1,289,385	
JAMES M STATEN	(I)	328,772	106,760	39,275	151,078	8,860	634,745	17,739
	(II)	328,772	106,760	39,275	151,078	8,860	634,745	17,739
WILLIAM S GEDGE	(I)	430,167	158,110	228,380	219,840	56,144	1,092,641	
	(II)							
MARK L ANDERSEN	(I)	284,795	87,692	134,110	144,377	9,434	660,408	5,036
	(II)	122,055	37,582	57,476	61,876	4,043	283,032	2,158
KEVIN A MYATT	(I)	155,285	83,216	30,478	46,289	6,852	322,120	122
	(II)	232,928	124,824	45,718	69,434	10,278	483,182	182
EUGENE J COLUCCI	(I)							
	(II)	337,869	87,928	62,185	162,776	18,617	669,375	5,292
QUINTON F FRIESEN	(I)							
	(II)	325,977	86,184	60,463	168,585	14,502	655,711	1,125
WILLIAM J ASELTYNE	(I)	212,869	50,856	30,437	96,587	15,929	406,678	
	(II)	114,622	27,384	16,389	52,008	8,577	218,980	
DAVID WURCEL	(I)	191,210	55,115	40,742	100,368	10,362	397,797	
	(II)	102,959	29,677	21,938	54,044	5,579	214,197	
STEPHEN A ALLEGRETTO	(I)							
	(II)	316,487	79,749	41,683	153,539	18,457	609,915	13,541
PATRICK MCCABE	(I)							
	(II)	315,842	70,968	50,393	153,627	32,276	623,106	
JOSEPH E JANELL	(I)							
	(II)	231,023	59,253	58,350	94,484	13,301	456,411	4,909
LYN S SALSGIVER	(I)							
	(II)	200,235	95,366	41,377	103,952	19,807	460,737	
NANCY LEVITT-ROSENTHAL	(I)							
	(II)	234,029	59,330	36,000	120,802	9,633	459,794	
VINCENT TAMMARO	(I)	22,452	3,988	3,382	1,590	3,475	34,887	
	(II)	202,067	35,891	30,435	14,310	31,279	313,982	
JAMES B MORRIS	(I)	6,064	3,000	387	1,704	682	11,837	
	(II)	145,533	72,000	9,291	40,903	16,366	284,093	
MELISSA B TURNER	(I)							
	(II)	168,954	2,848	18,905	42,097	16,446	249,250	1,102
MICHAEL J CEMENOJR	(I)	224,019	43,622	52,115	15,900	17,491	353,147	9,287
	(II)							
MICHAEL S DIMENSTEIN	(I)	219,163	48,341	47,267	15,900	30,398	361,069	
	(II)							
MICHAEL D LOFTUS	(I)	186,426	23,568	23,545	15,971	17,785	267,295	2,323
	(II)							
PAMELA L SCAGLIARINI	(I)	166,420	34,034	30,363	15,918	17,640	264,375	938
	(II)							
ANDREA L BENIN	(I)	160,449	37,030	30,078	14,564	29,525	271,646	
	(II)							

Additional Data

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Software ID:
Software Version:
EIN: 22-2529464
Name: YALE-NEW HAVEN HEALTH SERVICES CORP

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income ($)	(E) End-of-year assets ($)	(F) Direct Controlling Entity
BRIDGEPORT RENEWAL LLC BRIDGEPORT RENEWAL LLC 267 GRANT AVE 267 GRANT AVE BRIDGEPORT, CT 06610 06-1452169	RENTAL	CT	74,164		SCHS PROP CONNECTICUT HEALTH SYSTEM PROPERTIE
GH REALTY HOLDING LLC GH REALTY HOLDING LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1623145	RENTAL	CT	256,309		PERRYRIDGE PERRYRIDGE CORPORATION
2015 WEST MAIN STREET ASSOC LLC 2015 WEST MAIN GREEASSOC LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD STAMFORD, CT 06830 73-1718563	RENTAL	CT	-79,403		PERRYRIDGE PERRYRIDGE CORPORATION
900 KING STREET ASSOCIATES LLC 900 KING STREET ASSOCIATES LLC 900 KING STREET 900 KING STREET RYE BROOK, NY 10573 26-0805259	RENTAL	CT			GH GREENWICH HOSPITAL
BREAST CARE SERVICES OF GREENWICH L BREAST CARE SERVICES OF GREENWICH 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 01-0798975	HEALTHCARE	CT	625,249		GH GREENWICH HOSPITAL
GREENWICH AMBULATORY SURGERY CENTER GREENWICH AMBULATORY SURGERY CTR L 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT			GH GREENWICH HOSPITAL
GREENWICH PATHLOGY ASSOCIATES LLC GREENWICH PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	3,585,490		GH GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT	2,194,309		GH GREENWICH HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
YNH NETWORK CORP YNH NETWORK CORP 789 HOWARD AVE 789 HOWARD AVENEW HAVEN, CT06519 06-1513687	SUPPORT	CT	501	11A	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP
YALE-NEW HAVEN HOSPITAL YALE-NEW HAVEN HOSPITAL 20 YORK STREET 20 YORK STREETNEW HAVEN, CT06504 06-0646652	HOSPITAL	CT	501	3	YNHNETWORK YNH NETWORK CORP
BRIDGEPORT HOSPITAL BRIDGEPORT HOSPITAL 267 GRANT STREET 267 GRANT STREETBRIDGEPORT, CT06610 06-0646559	HEALTHCARE	CT	501	3	BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE
AHLBIN CENTERS FOR REHABILITATION AHLBIN CENTERS FOR REHABILITATION 267 GRANT STREET 267 GRANT STREETBRIDGEPORT, CT06610 06-0646591	HEALTHCARE	CT	501	3	BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE
BRIDGEPORT HOSPITAL AND HEALTHCARE BRIDGEPORT HOSPITAL AND HEALTHCATRE 267 GRANT STREET 267 GRANT STREETBRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501	11A	NA
BRIDGEPORT HOSPITAL FOUNDATION BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET 267 GRANT STREETBRIDGEPORT, CT06610 22-2593399	SUPPORT	CT	501	7	BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE
NORMA F PFRIEM BREAST CENTER INC NORMA F PFRIEM BREAST CENTER INC 111 BEACH ROAD 111 BEACH ROADFAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501	11A	BH BRIDGEPORT HOSPITAL
MILL HILL MEDICAL CONSULTANTS MILL HILL MEDICAL CONSULTANTS 226 MILL HILL AVE 226 MILL HILL AVEBRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501	3	NA N/A
SOUTHERN CONNECTICUT HEALTH SYSTEM SOUTHERN CONNECTICUT HEALTH SYSTEM 267 GRANT STREET 267 GRANT STREETBRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501		BH BRIDGEPORT HOSPITAL
GREENWICH HOSPITAL AND HEALTHCARE GREENWICH HOSPITAL AND HEALTHCARE 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROADGREENWICH, CT06830 22-2593399	SUPPORT	CT	501	11B	NA
GREENWICH HOSPITAL GREENWICH HOSPITAL 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROADGREENWICH, CT06830 06-0646659	HEALTHCARE	CT	501	3	GHHCS GREENWICH HOSPITAL AND HEALTHCARE
PERRYRIDE CORP PERRYRIDGE CORP 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROADGREENWICH, CT06830 06-1207316	SUPPORT	CT	501	11B	GHHCS GREENWICH HOSPITAL AND HEALTHCARE
GREENWICH HOSPITAL FOUNDATION GREENWICH HOSPITAL FOUNDATION 5 PERRY RIDGE ROAD 5 PERRYRIDGE ROADGREENWICH, CT06830 06-1526642	SUPPORT	CT	501	11A	GHHCS GREENWICH HOSPITAL AND HEALTHCARE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
YORK ENTERPRISES INC YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
NEDICAL CENTER PHARMACY MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
MEDICAL CENTER REALTY MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
YNH MSO INC YNH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SRVS	CT	N/A				
YALE NEW HAVEN AMBULATORY SERVICES YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	N/A				
QUINIPIAC MEDICAL PC QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	N/A				
YNH GERIATRICS PC YNH GERIATRICS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	N/A				
YNH MEDICAL SERVICES PC YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	N/A				
CHC PHYSICIANS CORP CHC PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	N/A				
SOUTHERN CONNECTICUT HEALTH NETWORK SOUTHERN CONNECTICUT HEALTH NETWORK 267 GRANT STREET BRIDGEPORT, CT06610 06-1448697	HEALTHCARE	CT	N/A				
SOUTHERN PHYSICIAN CORP SOUTHERN CONNECTICUT PHYSICIANS COR 267 GRANT STREET BRIDGEPORT, CT06610 06-1448696	HEALTHCARE	CT	N/A				
GREENWICH HEALTH SERVICES INC GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH PAIN CONSULTING SERVICES GREENWICH PAIN CONSULTING SERVICES 5 PERRYRIDGE ROAD GREENWICH, CT06830 54-2161514	HEALTHCARE	CT	N/A				
GREENWICH IM HOSPITAL INC GREENWICH IM HOSPITAL INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 54-2161520	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES PC GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE GREENWICH INTEGRATIVE MEDICINE PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 26-0236411	HEALTHCARE	CT	N/A				
CARDIOVASCULAR SERVICES OF GREENWICH PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 35-2190799	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF PC GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	BRIDGEPORT HOSPITAL	K	23,982,050
(2)	BRIDGEPORT HOSPITAL	P	9,813,000
(3)	YALE-NEW HAVEN HOSPITAL	K	78,565,000
(4)	YALE-NEW HAVEN HOSPITAL	P	21,329,000
(5)	YALE-NEW HAVEN HOSPITAL	J	2,471,000
(6)	YALE-NEW HAVEN HOSPITAL	R	14,000,000
(7)	GREENWICH HOSPITAL	K	12,343,810
(8)	YALE NEW HAVEN AMBULATORY CORP	K	286,326
(9)	YNH NETWORK CORP	K	65,997
(10)	YORK ENTERPRISES INC	K	427,797
(11)	QUINNIAPIAC MEDICAL PC	K	64,278