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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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YALE-NEW HAVEN HOSPITAL	D Employer identification number 06-0646652
	Doing Business As	E Telephone number (203) 688-2069
	Number and street (or P O box if mail is not delivered to street address) 20 YORK STREET	Room/suite
	G Gross receipts \$ 2,010,103,014	
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06504	
	F Name and address of principal officer RICHARD D'AQUILA 20 YORK STREET NEW HAVEN,CT 06504	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.YNHH.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1826
		M State of legal domicile CT

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTH CARE SERVICES																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>20</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>9,540</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,883</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>5,166,976</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-794,538</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9,540	6 Total number of volunteers (estimate if necessary)	6	1,883	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,166,976	b Net unrelated business taxable income from Form 990-T, line 34	7b	-794,538						
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Part II	Signature Block
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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.

Sign Here	▶ _____ Signature of officer		2012-08-13 Date		
	▶ JAMES STATEN, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2012-08-13	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG LLP US				Firm's EIN ▶
	Firm's address ▶ 111 MONUMENT CIRCLE STE 2600 INDIANAPOLIS, IN 46204				Phone no ▶

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission
TO PROVIDE HEALTH CARE SERVICES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
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 501(c)(4) organizations and section 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 \$ 1,187,885,927 including grants of \$ 3,895,942) (Revenue \$ 1,456,382,103) SEE SCHEDULE O YALE-NEW HAVEN HOSPITAL (YNHH) IS A 1,008-BED TERTIARY REFERRAL CENTER WHICH INCLUDES SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN, YALE-NEW HAVEN CHILDREN'S HOSPITAL AND YALE-NEW HAVEN PSYCHIATRIC HOSPITAL. YALE-NEW HAVEN REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). RELYING ON THE SKILL AND EXPERTISE OF MORE THAN 3,600 UNIVERSITY AND COMMUNITY PHYSICIANS AND ADVANCED PRACTITIONERS, INCLUDING MORE THAN 600 RESIDENT PHYSICIANS, YALE-NEW HAVEN HOSPITAL PROVIDES COMPREHENSIVE, MULTIDISCIPLINARY, FAMILY-FOCUSED CARE IN MORE THAN 100 MEDICAL SPECIALTY AREAS. AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING OUR MEDICAL STAFF BY PROVIDING AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR MORE THAN 701,465 OUTPATIENT AND EMERGENCY VISITS AND 57,451 DISCHARGES IN FISCAL YEAR 2011. YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING OUR CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER. YALE-NEW HAVEN HOSPITAL WAS INCLUDED ON THE U.S. NEWS & WORLD REPORT'S ANNUAL "AMERICA'S BEST HOSPITALS" RANKINGS WITH 12 MEDICAL SPECIALTIES RANKED AMONG THE TOP IN THE COUNTRY, INCLUDING THREE IN THE NATION'S TOP 10: DIABETES AND ENDOCRINOLOGY, GERIATRICS AND PSYCHIATRY. IN ADDITION, YALE-NEW HAVEN CHILDREN'S HOSPITAL WAS RANKED IN FIVE SPECIALTIES, WITH DIABETES AND ENDOCRINE SERVICE IN THE TOP 10. DURING FISCAL YEAR 2011, YNHH PROVIDED 217.6 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES 141.1 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), 64.1 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 12.4 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL 3.1 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUSING. YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 1,187,885,927

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	652
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	9,540
b	If at least one is reported on line 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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
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	No
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ VINCENT TAMMARO 20 YORK STREET NEW HAVEN, CT 06504 (203) 688-2069

Check if Schedule O contains a response to any question in this Part VII ☒

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								11,719,500	2,502,126	3,747,405

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶540

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
NATIONWIDE ANESTHESIA SERVICE NATIONWIDE ANESTHESIA SERVICE 104 MALONE DRIVE SANDERSVILLE, GA 31082	MEDICAL	5,518,739
UNITEX TEXTILE RENTAL UNITEX TEXTILE RENTAL 115 SOUTH TERRACE AVE MOUNT VERNON, NY 10550	LAUNDRY	3,718,074
AMERICAN MOBILE HEALTHCARE AMERICAN MOBILE HEALTHCARE 2735 COLLECTION CENTER DR CHICAGO, IL 60693	NURSING	3,671,229
SHEPLEY BULFINCH RICHARDSON & ABBOT SHEPLEY BULFINCH RICHARDSON & ABBOT 40 BROAD STREET BOSTON, MA 02109	ARCHITECTURE	2,425,167
DVA RENAL HEALTHCARE INC DVA RENAL HEALTHCARE INC PO BOX 403008 ATLANTA, GA 30384	MEDICAL SRVS	2,366,162

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶62

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	562,714			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	6,410,001			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,752,748			
	g	Noncash contributions included in lines 1a-1f \$		286,653			
	h	Total. Add lines 1a-1f		26,725,463			
	Program Service Revenue			Business Code			
2a		INPATIENT SERVICES	612990	922,952,192	922,952,192		
b		OUTPATIENT SERVICES	621400	513,938,134	513,938,134		
c		LABORATORY SERVICES	621500	5,166,976		5,166,976	
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,442,057,302			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		499,508		499,508
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		23,431,018		23,431,018
	8a	Gross income from fundraising events (not including \$ 562,714 of contributions reported on line 1c) See Part IV, line 18					
		a		82,519			
		b	Less direct expenses	b	375,691		
	c	Net income or (loss) from fundraising events . .		-293,172			
	9a	Gross income from gaming activities See Part IV, line 19 . .	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 ANCILLIARY SERVICES		14,324,801	14,324,801			
	b	CAFETERIA/VENDING	900099	7,280,958		7,280,958	
	c	PARKING	900099	3,555,007		3,555,007	
	d	All other revenue		11,398		11,398	
	e	Total. Add lines 11a-11d		25,172,164			
12	Total revenue. See Instructions		1,517,592,283	1,451,215,127	5,166,976	34,777,889	

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	3,857,942	3,857,942		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	38,000	38,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	15,477,170		15,477,170	
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	511,757,000	438,239,182	72,317,288	1,200,530
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,073,019	27,580,833	4,420,406	71,780
9	Other employee benefits	90,776,710	81,022,130	9,543,618	210,962
10	Payroll taxes	40,192,150	34,562,788	5,539,411	89,951
a	Fees for services (non-employees) Management				
b	Legal	8,310,041		8,310,041	
c	Accounting	220,635		220,635	
d	Lobbying	422,377	422,377		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	294,882,542	207,706,462	86,195,323	980,757
12	Advertising and promotion	535,290	265,268	270,022	
13	Office expenses	274,084,775	263,626,785	10,425,456	32,534
14	Information technology				
15	Royalties				
16	Occupancy	29,133,566	26,239,533	2,894,033	
17	Travel	2,061,529	1,145,143	887,908	28,478
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	16,867,246	16,867,246		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,947,839	41,889,843	26,057,996	
23	Insurance	13,376,259	11,407,807	1,968,452	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	26,390,355	26,390,355		
b	LAUNDRY & LINEN SERVICES	4,149,467	4,147,643	1,824	
c	PROPERTY TAX	3,103,650		3,103,650	
d	DIETARY SERVICES	2,718,391	1,801,250	912,920	4,221
e	DUES,FEES & MEMBERSHIPS	2,228,362	230,079	1,950,946	47,337
f	All other expenses	1,076,836	445,261	504,419	127,156
25	Total functional expenses. Add lines 1 through 24f	1,441,681,151	1,187,885,927	251,001,518	2,793,706
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			467,030	1	598,263
	2	Savings and temporary cash investments			122,296,424	2	170,526,313
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			171,496,582	4	227,495,768
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			18,237,623	8	16,419,332
	9	Prepaid expenses and deferred charges			12,338,466	9	39,757,836
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,434,772,556			
	b	Less accumulated depreciation	10b	567,037,686	859,068,992	10c	867,734,870
	11	Investments—publicly traded securities			510,580,990	11	293,103,644
	12	Investments—other securities See Part IV, line 11				12	278,719,474
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			71,126,377	15	103,784,858
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,765,612,484	16	1,998,140,358	
Liabilities	17	Accounts payable and accrued expenses			209,412,191	17	220,390,187
	18	Grants payable				18	
	19	Deferred revenue			50,016,267	19	48,320,802
	20	Tax-exempt bond liabilities			385,415,095	20	479,206,567
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables 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			2,816,901	23	40,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			475,245,401	25	535,610,583
	26	Total liabilities. Add lines 17 through 25			1,122,905,855	26	1,323,528,139
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			567,637,293	27	604,710,244
	28	Temporarily restricted net assets			48,812,954	28	44,378,931
	29	Permanently restricted net assets			26,256,382	29	25,523,044
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			642,706,629	33	674,612,219
	34	Total liabilities and net assets/fund balances			1,765,612,484	34	1,998,140,358

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,517,592,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,441,681,151
3	Revenue less expenses Subtract line 2 from line 1	3	75,911,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	642,706,629
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-44,005,542
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	674,612,219

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
-----------------------------------------------------	----------------------------------------------

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))			14			
15 Public Support Percentage for 2009 Schedule A, Part II, line 14			15			
16a 33 1/3% support test—2010. 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% support test—2009. 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—2010. 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—2009. 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 June 30, 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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
-----------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				Yes
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?	Yes		500	
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		281,659	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV	Yes		140,218	
j Total lines 1c through 1i			422,377		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2011. THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES: GREENWICH HOSPITAL EIN 06-0646659 129,304; BRIDGEPORT HOSPITAL EIN 06-0646554 116,487.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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?	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

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 a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

1b

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	68,085,000	70,535,000	79,290,000		
b Contributions	2,000				
c Investment earnings or losses	2,814,000	5,501,000	-575,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	-8,040,000	-7,951,000	-8,180,000		
f Administrative expenses					
g End of year balance	62,861,000	68,085,000	70,535,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

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) Accumulated depreciation	(d) Book value
1a Land		19,439,601		19,439,601
b Buildings		235,459,756	64,090,999	171,368,757
c Leasehold improvements		17,031,145	11,313,412	5,717,733
d Equipment		1,119,608,153	491,608,532	627,999,621
e Other		43,233,901	24,743	43,209,158
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				867,734,870

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	1,517,592,283
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,441,681,151
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	75,911,132
4	Net unrealized gains (losses) on investments	4	-11,729,636
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,980,440
9	Total adjustments (net) Add lines 4 - 8	9	-8,749,196
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	67,161,936

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	1,502,968,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-11,729,636
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	16,293,186
e	Add lines 2a through 2d	2e	4,563,550
3	Subtract line 2e from line 1	3	1,498,404,935
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	19,187,348
c	Add lines 4a and 4b	4c	19,187,348
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,517,592,283

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

1	Total expenses and losses per audited financial statements	1	1,435,806,549
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,435,806,549
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	5,874,602
c	Add lines 4a and 4b	4c	5,874,602
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,441,681,151

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	NET ASSETS RELEASE FOR OPERATIONS 4,293,186 FUNDING OF CLINICAL PROGRAMS 12,000,000 BEQUEST, GIFTS & GRANTS -15,280,451 AUXILIARY SERVICES - 330,934 INVESTMENT INCOME RELEASED FROM RESTRICTIONS -3,575,963 AUXILIARY EXPENSES 199,701 EXPENSE RECLASS FROM INVESTMENT INCOME 6,050,592 SPECIAL EVENTS -375,691
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	NET ASSETS RELEASE FOR OPERATIONS 4,293,186 FUNDING OF CLINICAL PROGRAMS 12,000,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BEQUEST, GIFTS & GRANTS 15,280,451 AUXILIARY SERVICES 330,934 INVESTMENT INCOME RELEASED FROM RESTRICTIONS 3,575,963
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	AUXILIARY EXPENSES 199,701 EXPENSE RECLASS FROM INVESTMENT INCOME 6,050,592 SPECIAL EVENTS - 375,691
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE REPORTING ENTITY HAS DESIGNATED ITS INVESTMENTS AS TRADING IN ACCORDANCE WITH GAAP. ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT. FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS PROVIDED BY THE INTERNAL REVENUE SERVICE FOR FY2011 RETURN.

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ►						

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

CT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CLOSER TO FREE (event type)	GOLF/TENNIS (event type)	4 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	413,758	87,639	143,836
	2	Less Charitable contributions	413,758	58,780	90,176
	3	Gross income (line 1 minus line 2)		28,859	53,660
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	320,715	26,593	28,383
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>2.50000 %</u> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
5c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	1	27,670	46,381,251	26,866,251	19,515,000	1 380 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	184,625	332,340,000	210,726,000	121,614,000	8 590 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	212,295	378,721,251	237,592,251	141,129,000	9 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	64,317	7,980,990	119,871	7,861,119	0 560 %
f Health professions education (from Worksheet 5)	7	3,361	78,833,721	14,781,189	64,052,532	4 530 %
g Subsidized health services (from Worksheet 6)	1	13,794	5,011,790	2,008,299	3,003,491	0 210 %
h Research (from Worksheet 7)	1	582	379		379	
i Cash and in-kind contributions to community groups (from Worksheet 8)	12	25,034	1,544,822		1,544,822	0 110 %
j Total Other Benefits	45	107,088	93,371,702	16,909,359	76,462,343	5 410 %
k Total. Add lines 7d and 7j	47	319,383	472,092,953	254,501,610	217,591,343	15 380 %

Part IICommunity Building Activities

during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	2	93	454,630		454,630	0.030 %
2Economic development	1	475	480,824		480,824	0.030 %
3Community support	2	539	28,642		28,642	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	1	96	26,877		26,877	
7Community health improvement advocacy	1		975		975	
8Workforce development	3	40	320,164		320,164	0.020 %
9Other	1		1,789,631		1,789,631	0.130 %
10Total	11	1,243	3,101,743		3,101,743	0.210 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	23,669,000
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	416,298,667
6	Enter Medicare allowable costs of care relating to payments on line 5	6	446,935,435
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-30,636,768
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 NONE	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Schedule H (Form 990) 2010

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 28

Name and address	Type of Facility (Describe)
1 See Additional Data Table	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g, open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	BAD DEBT EXPENSES OF 26390355 WERE EXCLUDED FROM TOTAL EXPENSES BEFORE CALCULATING OF TOTAL EXPENSES IN PART I AND II COLUMN F

Identifier	ReturnReference	Explanation
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM TSI TO CALCULATE THE AMOUNTS PRESENTED IN PART I LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	<p>PART II YALENEW HAVEN HOSPITAL YNHH IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 8953 EMPLOYEES IN 2011 THE HOSPITAL PROVIDES INKIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW HAVEN MEMBERS OF THE HOSPITALS LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE GUILFORD CHAMBER OF COMMERCE ECONOMIC DEVELOPMENT CORPORATION OF NEW HAVEN REGIONAL GROWTH PARTNERSHIP REGIONAL LEADERSHIP COUNCIL ARTS COUNCIL OF GREATER NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS MARKET NEW HAVEN TWEED NEW HAVEN AND THE TENNIS FOUNDATION OF CONNECTICUT THROUGH THESE ORGANIZATIONS YNHH ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA YALENEW HAVEN HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY CBISA DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION CHA IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOTFORPROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS POVERTY HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING ECONOMIC DEVELOPMENT COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS COALITION BUILDING ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND WORKFORCE DEVELOPMENT WHILE YNHHS VISION IS TO PROVIDE HIGHQUALITY HEALTHCARE AND SERVICES THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES A PERSONS HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION INCOME NUTRITION HOUSING AND NEIGHBORHOODS DURING FISCAL YEAR 2011 YALENEW HAVEN HOSPITAL PROVIDED 31 MILLION IN FINANCIAL AND INKIND DONATIONS TO SUPPORT AFFORDABLE HOUSING PROGRAMS CHILD CARE JOB TRAINING ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS CREATING EDUCATIONAL OPPORTUNITIES AND WORKFORCE DEVELOPMENT INITIATIVES REVITALIZING OUR NEIGHBORHOODS OVER THE PAST SEVERAL YEARS YNHH HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN ADDRESSING THE AREAS OF ADEQUATE AFFORDABLE AND SAFE HOUSING ACCORDING TO THE LATEST CENSUS DATA 32 PERCENT OF HOMES IN NEW HAVEN WERE OWNEROCCUPIED COMPARED TO NEARLY 70 PERCENT IN THE STATE OF CONNECTICUT AS A RESULT THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE WITH ONLY 77 PERCENT OF RESPONDENTS INDICATING THAT THEY HAD RESIDED IN THE SAME HOUSE A YEAR AGO IN 2006 YALENEW HAVEN HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTIYEAR PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVENS HILL NEIGHBORHOOD FOR LOWINCOME FAMILIES TO DATE THIS COLLABORATION HAS JOINTLY BUILT THREE HOMES WITH TWO MORE SCHEDULED FOR COMPLETION IN 2012 NEARLY 230 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4000 HOURS IN THIS PROJECT WHILE YNHH SPONSORED THE BUILDING MATERIALS FOR EACH HOME TOTALING 150000 IN 2010 HABITAT PRESENTED THE HOSPITAL AND ITS MEDICAL STAFF WITH THE MASTER BUILDER AWARD ITS HIGHEST RECOGNITION ALSO IN 2006 YNHH LAUNCHED THE HOME OWNERSHIP MADE EASIER HOME PROGRAM WHICH PROVIDES EMPLOYEES WITH UP TO 10000 IN FORGIVABLE FIVEYEAR LOANS TO PURCHASE A HOME IN NEW HAVEN EMPLOYEES WHO BUY IN ONE OF FOUR NEIGHBORHOODS NEAR THE HOSPITAL ARE ELIGIBLE FOR A MONTHLY 200 TWOYEAR MORTGAGE SUBSIDY FIRST NIAGARA BANK PARTNERS WITH THE HOSPITAL TO EDUCATE EMPLOYEES ABOUT FINANCING AND MAINTENANCE ISSUES RELATED TO HOME OWNERSHIP IN THE FIRST FIVE YEARS OF THE PROGRAM 73 EMPLOYEES PURCHASED HOUSES THROUGH HOME YNHH COORDINATED WITH LOCAL STATE AND FEDERAL AGENCIES TO DEVELOP A 104UNIT MIXEDINCOME HOUSING COMPLEX IN THE HILL NEIGHBORHOOD ROWE RESIDENCES WHICH OPENED IN 2011 FEATURED A LAND SWAP OF HOSPITALOWNED PROPERTY AND INKIND STAFF SUPPORT PRIVATE INVESTORS DEVELOPERS BUILDERS AND THE TENANTS ASSOCIATION ALSO PARTICIPATED IN THIS PROJECT ROWE RESIDENCES ARE SUBSIDIZED AND MARKETRATE APARTMENTS WHICH HOUSE NEARLY 45 ELDERLY OR DISABLED TENANTS PREVIOUSLY LIVING IN AN ADJACENT OUTDATED HIGHRISE THE 36 MILLION PRIVATE DEVELOPMENT WAS PART OF A BROADER SYLVAN AVENUE REVITALIZATION PROJECT TO ESTABLISH A SAFER HEALTHIER COMMUNITY IN 2011 YNHH WORKED WITH ALDERWOMAN JACKIE</p>

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	PART II	<p>JAMES TO PROVIDE FINANCIAL SUPPORT FOR A SECOND COMPONENT OF THE SYLVAN AVENUE REVITALIZA TION PROJECT FOCUSING ON HOME IMPROVEMENTS THE PURPOSE OF THE PLANNED IMPROVEMENTS WAS TO ENGAGE OWNEROCCUPIED HOMEOWNERS ON SYLVAN AVENUE TO DEVELOP AN EXTERIOR REVITALIZATION PRO PERTY PLAN CONTRACTORS AND HOMEOWNERS ALONG WITH YOUTH WORKERS FROM THE CITYS YOUTH WORK P ROGRAM CREATED THE FINAL PLAN THE WORK WHICH WAS COMPLETED BY XTREME HOME IMPROVEMENTS INC LUDED DRIVEWAY REPAIRS ROOFING SIDING FENCING AND LANDSCAPING PROJECTS YNHH EMPLOYEES ANNU ALLY PARTICIPATE IN THE GREATER NEW HAVEN UNITED WAYS DAYS OF CARING WHICH IS NOW A WEEKLO NG SERIES OF VOLUNTEER OPPORTUNITIES IN THE NEW HAVEN COMMUNITY IN 2011 THESE OPPORTUNITIE S WHICH BENEFIT AREA NOTFORPROFIT AGENCIES INCLUDED LANDSCAPING AND PAINTING PROJECTS AS WELL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITALS ANNUAL SCHOOL READINESS DRIVE EMPLOYEE S DONATED 23000 SCHOOL ITEMS TO NEW HAVENS HILLHOUSE HIGH SCHOOL AND THE WASHINGTON ELEMEN TARY SCHOOL IN WEST HAVEN APPROXIMATELY 1179 STUDENTS ATTEND THE TWO SCHOOLS THE 20102011 HOSPITALSPONSORED EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER 172000 TO SUPPORT THE NONPROFIT S SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASI S THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT T EAMS IN EACH OF NEW HAVENS 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORT ANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS UTILIZING LOCAL RESOURCE S THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR BEAT OFFICERS BLOCK WATCH ME MBERS ALDERPERSONS REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES AND ANY CITIZEN WHO TAKE S AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE DISP ARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS THE HEALTH POLICY COMMUNITY AND THE GENERAL PUBLIC FOR EXAM PLE ADULTS AGED 2550 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGE R THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS ONLY 805 PERCENT OF INDIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATEWIDE P EERS ON THE CONNECTICUT MASTERY TEST REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COM MUNITY AND SUPPORT OF EDUCATION YALENEW HAVEN HOSPITAL ANNOUNCED IN MAY 2011 THAT IT WILL CONTRIBUTE 2 MILLION TO NEW HAVEN PROMISE OVER THE NEXT FOUR YEARS NEW HAVEN PROMISE IS A NEW COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITYS PUBLIC SCHOOL STUDENTS YALENEW H AVENS CONTRIBUTION WILL FUND THE INITIATIVES PARTNERSHIP COMPONENT ITS GOAL IS TO MAKE HIG HER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS THE PROGRAM IS ADMINI STERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS MORE THAN 100 SCHOLARSHIPS TOTAL ING APPROXIMATELY 93000 WERE PROVIDED FOR TUITION OVER THE FIRST YEAR OF THE PROGRAM FOR A THIRD YEAR YALENEW HAVEN PROVIDED SCHOLARSHIP OPPORTUNITIES FOR STUDENTS ATTENDING ACHIEV EMENT FIRSTS NEW HAVEN SCHOOLS IN 2011 THE DONATION WAS MATCHED DOLLAR FOR DOLLAR BY A GRA NT FROM THE PETER AND CARMEN LUCIA BUCK FOUNDATION ACHIEVEMENT FIRST OPERATES A NETWORK OF 17 PUBLIC CHARTER SCHOOLS IN NEW HAVEN</p>

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	FOOTNOTE TO AUDITED FINANCIAL STATEMENTS THE HOSPITALS COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED FOR FINANCIAL REPORTING PURPOSES THE HOSPITAL REPORTS CARE PROVIDED FOR WHICH NO PAYMENT WAS RECEIVED FROM THE PATIENT OR INSURER AS UNCOMPENSATED CARE UNCOMPENSATED CARE IS THE SUM OF THE HOSPITALS FREE CARE PROVIDED CHARITY CARE PROVIDED AND BAD DEBT EXPENSE IN DETERMINING UNCOMPENSATED CARE THE HOSPITAL EXCLUDES CONTRACTUAL ALLOWANCES THE COST OF UNCOMPENSATED CARE AMOUNTED TO APPROXIMATELY 559 MILLION AND 542 MILLION IN 2011 AND 2010 RESPECTIVELY ADDITIONALLY THE HOSPITAL INCURRED LOSSES RELATED TO THE STATE MEDICAID PROGRAM OF APPROXIMATELY 1278 MILLION AND 1133 MILLION IN 2011 AND 2010 RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE AND MEDICAID LOSSES WERE DETERMINED USING HOSPITALSPECIFIC DATA THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL DURING THE REGISTRATION BILLING AND COLLECTION PROCESS A PATIENTS ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE ANNUALLY THE HOSPITAL ACCRUES FOR THE POTENTIAL LOSSES RELATED TO ITS UNCOLLECTIBLE ACCOUNTS AND THE AMOUNTS THAT MEET THE DEFINITION OF CHARITY AND FREE CARE ALLOWANCES AT SEPTEMBER 30 2011 AND 2010 THE AMOUNT ESTIMATED BY MANAGEMENT TO REPRESENT THE HOSPITALS UNCOLLECTIBLE AND CHARITY AND FREE CARE ALLOWANCE WHICH IS INCLUDED IN THE ACCOMPANYING BALANCE SHEETS AS A REDUCTION OF ACCOUNTS RECEIVABLE FOR SERVICES TO PATIENTS WAS APPROXIMATELY 432 MILLION AND 342 MILLION RESPECTIVELY ADDITIONALLY THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY INTERNS AND RESIDENTS HEALTH SCREENINGS AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS SOME OF WHICH SERVICE NONENGLISH SPEAKING RESIDENTS DISABLED CHILDREN AND VARIOUS COMMUNITY SUPPORT GROUPS THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES THE HOSPITALS EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL DURING THE REGISTRATION BILLING AND COLLECTION PROCESS A PATIENTS ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITALS COST ACCOUNTING SYSTEM UTILIZES PATIENTSPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Identifier	ReturnReference	Explanation
MEDICARE EXPLANATION	PART III LINE 8	THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES IRS REVENUE RULING 69545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS REDUCING THE BURDEN ON THE GOVERNMENT AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITALS COST ACCOUNTING SYSTEM TSI

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	IF AT ANY TIME THE HOSPITAL OR A COLLECTION AGENCY OR LAW FIRM RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM THE HOSPITAL COLLECTION AGENCY OR LAW FIRM SHALL CONSISTENT WITH CONNECTICUT LAW CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENTS ELIGIBILITY FOR ASSITANCE

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	<p>PART VI LINE 2 YALENEW HAVEN HOSPITAL YNHH REGULARLY ASSESSES THE NEEDS OF THE COMMUNITIES ITS SERVES IN A VARIETY OF WAYS INCLUDING CONDUCTING INTERNAL ASSESSMENTS AND PARTICIPATING IN LOCAL INITIATIVES AND COLLABORATIVES COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT IN MAY 2007 REPRESENTATIVES FROM THE YNHH DEPARTMENT OF COMMUNITY HEALTH PARTICIPATED IN A TWODAY CONSENSUS CONFERENCE SPONSORED BY THE COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT CARE PART OF THE YALE SCHOOL OF PUBLIC HEALTH THE CONFERENCE INCLUDED MORE THAN 70 LEADERS FROM THE NEW HAVEN COMMUNITY TO DISCUSS THE QUESTION HOW CAN NEW HAVEN AND YALE UNIVERSITY OBTAIN RESEARCHRELATED RESOURCES TO ADVANCE CLINICAL RESEARCH THAT WILL IMPROVE HEALTH CARE AND STRENGTHEN THE HEALTH OF OUR COMMUNITY CARE FOLLOWED THIS INITIAL WORK WITH VARIOUS INITIATIVES TO ENGAGE THE COMMUNITY LEADING TO THE UNDERTAKING OF AN ASSET MAPPING EXERCISE AND DATA COLLECTION SURVEY IN 2009 AS PART OF THE ORGANIZATIONS COMMUNITY INTERVENTIONS FOR HEALTH WORK THE GOAL OF THE COMMUNITY INTERVENTIONS OF HEALTH CIH IS TO REDUCE THE THREE RISK FACTORS FOR THE FOUR DISEASES THAT ACCOUNT FOR 50 PERCENT OF PREVENTABLE DEATHS WORLDWIDE AND 70 PERCENT OF PREVENTABLE DEATHS IN THE UNITED STATES NEW HAVEN IS THE FIRST US CITY TO PARTICIPATE IN CIH THE ASSET MAPPING WAS PERFORMED OVER A SIXWEEK PERIOD BY HIGH SCHOOL STUDENTS PARTICIPATING IN THE YOUTH WORK PROGRAM IN SIX NEW HAVEN NEIGHBORHOODS IDENTIFIED AS PRIORITY WITHIN THE CITY AND INCLUDED THE AREAS OF FAIR HAVEN WEST RIVER DWIGHT DIXWELL NEWHALLVILLE HILL NORTH AND WEST ROCK USING HANDHELD COMPUTERS YOUTH WORK INTERNS COLLECTED DATA ABOUT THE STORES RESTAURANTS PARKS GARDENS AND RECREATIONAL FACILITIES IN THESE NEIGHBORHOODS IN SEVEN WEEKS DURING THE FALL OF 2009 CARE VOLUNTEERS SURVEYED 1205 RANDOMLY SELECTED HOUSEHOLDS IN THE SIX PRIORITY NEIGHBORHOODS WITH A RESPONSE RATE OF OVER 85 PERCENT RESULTS OF THE DOORTODOOR SURVEY INCLUDED FINDINGS IN THE AREAS OF GENERAL HEALTH AND STRESS NUTRITION EXERCISE AND SMOKING LEVELS IN THE SIX NEIGHBORHOODS RESIDENTS SURVEYED INDICATED HIGHER LEVELS OF HEART DISEASE DIABETES ASTHMA OBESITY AND HIGH BLOOD PRESSURE THAN THE NATIONAL AVERAGE MANY COMMON THEMES AROSE ACROSS ALL SIX NEIGHBORHOODS DURING COMMUNITY DIALOGUE SESSIONS HELD AT LOCAL COMMUNITY CENTERS IN EARLY 2010 THESE INCLUDED CONCERN ABOUT ACCESS TO HEALTHY FOODS LINKS BETWEEN SOCIOECONOMIC STATUS AND HEALTH AND NEIGHBORHOOD SAFETY YALENEW HAVEN HOSPITAL THROUGH PARTICIPATION ON A NEWLY FORMED NEW HAVEN COMMUNITY PARTNERSHIP IS PROVIDING INKIND AND FINANCIAL SUPPORT FOR CARES FOLLOWUP SURVEY SCHEDULED FOR THE FALL OF 2012 IN ADDITION TO CARE AND YALENEW HAVEN MEMBERS OF THE NEW HAVEN COMMUNITY PARTNERSHIP INCLUDE THE HOSPITAL OF SAINT RAPHAEL NEW HAVEN HEALTH DEPARTMENT FAIR HAVEN COMMUNITY HEALTH CENTER CORNELL SCOTTHILL HEALTH CENTER AND DATAHAVE N THROUGH DATAHAVENS EFFORTS THE FOLLOWUP SURVEY WILL INCLUDE PRIMARY DATA COLLECTION FOR THE REMAINING NEIGHBORHOODS IN NEW HAVEN AS WELL AS THE SURROUNDING SUBURBAN COMMUNITIES HEALTHMATTERS VISIONING A HEALTHIER NEW HAVEN IN THE SUMMER OF 2010 THE NEW HAVEN HEALTH DEPARTMENT NHHD BEGAN TO LOOK AT HOW TO ENGAGE COMMUNITIES ABOUT SOCIETAL FACTORS THAT IMPACT HEALTH IE LIVING CONDITIONS TRANSPORTATION AND EMPLOYMENT STATUS WITH RESOURCES OBTAINED THROUGH A GRANT FROM THE CONNECTICUT ASSOCIATION FOR DIRECTORS OF HEALTH AND INSPIRED BY PREVIOUS EFFORTS IN NEW HAVEN THE VISIONS OF A HEALTHIER NEW HAVEN CAMPAIGN WAS LAUNCHED AND WOULD BECOME A PRECURSOR TO HEALTH MATTERS THROUGH A JOINT EFFORT OF THE NHHD THE HEALTH MATTERS WORKING GROUP DATAHAVEN AND THE YALEGRIFFIN PREVENTION RESEARCH CENTER TWO QUESTIONS WERE ASKED OF THE NEW HAVEN COMMUNITY WHAT IS YOUR VISION FOR A HEALTHIER NEW HAVEN AND HOW DO WE BUILD IT OVER 800 SURVEYS AND INTERVIEWS WERE COMPLETED THIS WORK WAS FOLLOWED BY THE HEALTH MATTERS VISIONING A HEALTHIER NEW HAVEN CONFERENCE A JOINT EFFORT OF THE NEW HAVEN HEALTH DEPARTMENTS HEALTHY EQUITY ALLIANCE AND THE COMMUNITY SERVICES ADMINISTRATION THE CONFERENCE HELD IN MARCH 2011 BROUGHT TOGETHER 150 INDIVIDUALS INCLUDING LOCAL AND STATE GOVERNMENT OFFICIALS HEALTH CARE PROFESSIONALS ACADEMICS NONPROFIT LEADERS COMMUNITY ACTIVISTS EDUCATORS STUDENTS AND NEW HAVEN RESIDENTS THE PURPOSE OF THE CONFERENCE WAS TO BEGIN TO BROADLY ADDRESS THE SOCIETAL DETERMINANTS THAT IMPACT HEALTH PANEL DISCUSSIONS FOCUSED ON TWO KEY AREAS OBESITY AND PUBLIC POLICY AND COMMUNITY SAFETY YALENEW HAVEN HOSPITAL WAS A LEADING SPONSOR FOR THE CONFERENCE ALONG WITH THE CONNECTICUT ASSOCIATION OF DIRECTORS OF HEALTH ANTHEM AND AETNA HEALTH MATTERS WORK CONTINUES TO FOCUS ON POLICY ISSUES RELATED TO OBESITY AND COMMUNITY SAFETY A YALENEW HAVEN HOSPITAL STAFF MEMBER SERVES ON THE WORKING GROUP WHICH IS RUN THROUGH THE NEW HAVEN HEALTH DEPARTMENT NEW HAVEN CONSORTIUM FOR WOMEN AND GIRLS THE NEW HAVEN CONSORTIUM FOR WOMEN AND GIRLS IS A NEWLY FORMED TASK FORCE OF THE CITY OF NEW HAVENS COMMUNITY SERVICES</p>

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI	<p>ADMINISTRATION THE TASK FORCE WAS CONVENED TO CREATE THE INAUGURAL REPORT ON THE STATUS OF WOMEN AND GIRLS IN NEW HAVEN THE REPORT IS TARGETED TO PROVIDE HEALTH SAFETY CIVIC ENGAGEMENT EDUCATION AND ECONOMIC DETAIL FOR FEMALES AGE 10 AND OLDER THE REPORT DUE IN MAY 2012 WILL HELP THE CONSORTIUM PLAN INITIATIVES CONSISTENT WITH THEIR MISSION WHICH IS TO ENSURE THAT ALL WOMEN AND GIRLS IN NEW HAVEN CAN BE SAFE HEALTHY EDUCATED AND FINANCIALLY SECURE THE HOSPITAL PROVIDED FUNDING FOR THE REPORT ALONG WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND UNITED ILLUMINATING INTERNAL ASSESSMENT IN FISCAL YEAR 2011 YNHH CONTINUED AN INITIATIVE THAT ASSESSED UTILIZATION OF THE EMERGENCY DEPARTMENT SPECIFICALLY FOCUSING ON PREVENTABLE HOSPITALIZATIONS THE INITIATIVE IS A RESULT OF TWO EXTERNAL REPORTS FROM THE STATE OF CONNECTICUT ONE FROM THE HOSPITAL SYSTEM STRATEGIC TASK FORCE WHICH FOCUSED ON EMERGENCY DEPARTMENT UTILIZATION AND ACCESS TO PRIMARY CARE AND THE OFFICE OF HEALTH CARE ACCESS DATA BOOK PREVENTABLE HOSPITALIZATIONS IN CONNECTICUT AN UPDATED ASSESSMENT OF ACCESS TO COMMUNITY HEALTH SERVICES THE 2007 REPORT RELEASED BY THE STATE OF CONNECTICUTS HOSPITAL SYSTEM STRATEGIC TASK FORCE HIGHLIGHTED DISPARITIES IN EMERGENCY DEPARTMENT UTILIZATION BY PAYOR POPULATION THE REPORT FOUND THAT NEARLY ONE QUARTER OF EMERGENCY DEPARTMENT PATIENTS NEARLY 1000 PATIENTS ARE TREATED FOR NON URGENT CARE ON A DAILY BASIS AND THAT MEDICAID PATIENTS ARE FOUR TIMES MORE LIKELY AND THE UNINSURED TWO TIMES MORE LIKELY THAN PRIVATELY INSURED INDIVIDUALS TO VISIT THE EMERGENCY DEPARTMENT FOR NONURGENT CARE THE 2008 DATA BOOK RELEASED BY THE OFFICE OF HEALTH CARE ACCESS FOUND THAT ALTHOUGH THE STATE OF CONNECTICUT EXPERIENCED FEWER PREVENTABLE HOSPITALIZATIONS WHEN COMPARED WITH THE US ON A PER CAPITA BASIS WITHIN CONNECTICUT NEW HAVEN COUNTY HAD THE HIGHEST PER CAPITA RATES FOR 12 OF THE 19 PREVENTION QUALITY INDICATORS PQI AND HAD HIGHER THAN THE STATEWIDE AVERAGES FOR FIVE OF THE REMAINING SEVEN PQI CONDITIONS THESE INDICATORS INCLUDE HOSPITALIZATIONS RELATED TO DIABETES CONGESTIVE HEART FAILURE AND ASTHMA AS A RESULT OF THESE COMBINED REPORTS YNHH CONDUCTED AN INTERNAL REVIEW OF ITS EMERGENCY DEPARTMENT UTILIZATION WHICH AVERAGES OVER 136000 VISITS ANNUALLY AND IDENTIFIED AREAS OF FOCUS FOR THE PREVENTION OF HOSPITALIZATIONS TO BE LED BY THE COMMUNITY HEALTH SERVICE LINE OF THE HOSPITAL THE AREAS IDENTIFIED INCLUDE CONGESTIVE HEART FAILURE PEDIATRIC ASTHMA DIABETES STROKE FRACTURES HEPATITIS AND LOW BIRTH WEIGHT BABIES A WORK GROUP WAS DEVELOPED FOR EACH OF THE INDIVIDUAL AREAS INCLUDING COMMUNITY HEALTH PROFESSIONALS PHYSICIANS AND ADMINISTRATORS FROM YNHH AND THE YALE SCHOOL OF MEDICINE THE WORK GROUPS MET OVER THE COURSE OF FISCAL YEAR 2009 REVIEWING INTERNAL AND EXTERNAL TRENDS RELATED TO EACH OF THE FOCUS AREAS THIS WORK CULMINATED IN A STRATEGIC ACTION PLAN FOR THE HOSPITALS COMMUNITY HEALTH SERVICE LINE IN FY 2011 THE DATA WAS UPDATED AS PART OF THE COLLABORATIVE WORK BEING COMPLETED THROUGH THE NEW HAVEN COMMUNITY PARTNERSHIP ADDITIONAL EFFORTS BEING UNDERTAKEN BY THE MEMBERS OF THE NEW HAVEN COMMUNITY PARTNERSHIP DURING FY 2012 AND 2013 WILL FOCUS ON SYNTHESIZING THE VARIOUS DATA ELEMENTS TO PROVIDE A COMPREHENSIVE UNDERSTANDING OF THE COMMUNITY THIS WORK WILL ENABLE THE HOSPITAL AND ITS COMMUNITY PARTNERS TO DEVELOP IMPLEMENTATION STRATEGIES FOCUSED ON HAVING A COLLECTIVE IMPACT IN HIGH PRIORITY AREAS</p>

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	<p>PART VI LINE 3 THE YALE NEW HAVEN HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS THE YNNH WEB SITE NEWSPAPER ADVERTISEMENTS THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT THROUGH THE HOSPITALS FRONT ACCESS REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES AND THROUGH THE FREE CARE DEPARTMENT IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY THIRD MONDAY OF EACH MONTH IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM THERE ARE ALSO RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10 OR GREATER OF THEIR ANNUAL INCOME IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT IF A PATIENT IS MISSING INFORMATION OR DENIED A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN OFF TO THE APPROPRIATE ALLOWANCE CODE</p>

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	<p>PART VI LINE 4 THE PRIMARY GEOGRAPHIC AREA SERVED BY YALENEW HAVEN HOSPITAL YNHH INCLUDES 25 CONNECTICUT MUNICIPALITIES ACROSS MIDDLESEX AND NEW HAVEN COUNTIES THE ALPHABETICAL LISTING BELOW PROVIDES EACH MUNICIPALITY LOCATED WITHIN THE GEOGRAPHIC AREA THE ASSOCIATED ZIP CODES AND COUNTY ZIP CODE MUNICIPALITY COUNTY STATE</p> <p>06401 ANSONIA NEW HAVEN CT 06524 BETHANY NEW HAVEN CT 06405 BRANFORD NEW HAVEN CT 06408 CHESHIRE NEW HAVEN CT 06410 CHESHIRE NEW HAVEN CT 06411 CHESHIRE NEW HAVEN CT 06413 CLINTON MIDDLESEX CT 06417 DEEP RIVER MIDDLESEX CT 06418 DERBY NEW HAVEN CT 06512 EAST HAVEN NEW HAVEN CT 06409 ESSEX MIDDLESEX CT 06426 ESSEX MIDDLESEX CT 06442 ESSEX MIDDLESEX CT 06437 GUILFORD NEW HAVEN CT 06514 HAMDEN NEW HAVEN CT 06517 HAMDEN NEW HAVEN CT 06518 HAMDEN NEW HAVEN CT 06419 KILLINGWORTH MIDDLESEX CT 06443 MADISON NEW HAVEN CT 06450 MERIDEN NEW HAVEN CT 06451 MERIDEN NEW HAVEN CT 06454 MERIDEN NEW HAVEN CT 06460 MILFORD NEW HAVEN CT 06461 MILFORD NEW HAVEN CT 06501 NEW HAVEN NEW HAVEN CT 06502 NEW HAVEN NEW HAVEN CT 06503 NEW HAVEN NEW HAVEN CT 06504 NEW HAVEN NEW HAVEN CT 06505 NEW HAVEN NEW HAVEN CT 06506 NEW HAVEN NEW HAVEN CT 06507 NEW HAVEN NEW HAVEN CT 06508 NEW HAVEN NEW HAVEN CT 06509 NEW HAVEN NEW HAVEN CT 06510 NEW HAVEN NEW HAVEN CT 06511 NEW HAVEN NEW HAVEN CT 06513 NEW HAVEN NEW HAVEN CT 06515 NEW HAVEN NEW HAVEN CT 06519 NEW HAVEN NEW HAVEN CT 06520 NEW HAVEN NEW HAVEN CT 06521 NEW HAVEN NEW HAVEN CT 06530 NEW HAVEN NEW HAVEN CT 06531 NEW HAVEN NEW HAVEN CT 06532 NEW HAVEN NEW HAVEN CT 06533 NEW HAVEN NEW HAVEN CT 06534 NEW HAVEN NEW HAVEN CT 06535 NEW HAVEN NEW HAVEN CT 06536 NEW HAVEN NEW HAVEN CT 06537 NEW HAVEN NEW HAVEN CT 06538 NEW HAVEN NEW HAVEN CT 06540 NEW HAVEN NEW HAVEN CT 06471 NORTH BRANFORD NEW HAVEN CT 06472 NORTH BRANFORD NEW HAVEN CT 06473 NORTH HAVEN NEW HAVEN CT 06475 OLD SAYBROOK MIDDLESEX CT 06477 ORANGE NEW HAVEN CT 06478 OXFORD NEW HAVEN CT 06483 SEYMOUR NEW HAVEN CT 06492 WALLINGFORD NEW HAVEN CT 06493 WALLINGFORD NEW HAVEN CT 06494 WALLINGFORD NEW HAVEN CT 06495 WALLINGFORD NEW HAVEN CT 06516 WEST HAVEN NEW HAVEN CT 06498 WESTBROOK MIDDLESEX CT 06525 WOODBRIDGE NEW HAVEN CT</p> <p>IN 2010 THE TOTAL POPULATION OF THE HOSPITALS PRIMARY GEOGRAPHIC SERVICE AREA WAS ESTIMATED AT 704603 THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2010 WAS 712 WHITE 111 BLACK 119 HISPANIC 37 ASIAN PACIFIC AND 20 NATIVE AMERICAN MULTI RACE OR OTHER IN 2009 THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS 74906 IN MIDDLESEX COUNTY AND 61114 IN NEW HAVEN COUNTY IN ADDITION TO YNHH THERE ARE FOUR ACUTE CARE HOSPITALS LOCATED IN THE REGION INCLUDING THE HOSPITAL OF SAINT RAPHAEL GRIFFIN HOSPITAL MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL GAYLORD HOSPITAL A LONGTERM ACUTE CARE HOSPITAL IS ALSO LOCATED WITHIN THE GEOGRAPHIC AREA SERVED BY YALENEW HAVEN YNHH IS A DISPROPORTIONATE SHARE HOSPITAL AND ALSO QUALIFIES FOR 340B PHARMACY PRICING IN FISCAL YEAR 2011 THERE WERE 57451 DISCHARGES FROM YNHH AN ESTIMATED ONE IN SIX INPATIENTS WERE MEDICAID BENEFICIARIES OR LACKED HEALTH INSURANCE THE HOSPITALS EMERGENCY DEPARTMENT PROVIDES A HEALTHCARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS IN FISCAL YEAR 2011 THERE WERE 137911 VISITS TO YALENEW HAVENS ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD NEARLY 60 PERCENT OF THESE VISITS WERE ATTRIBUTED TO THE ADULT EMERGENCY DEPARTMENT WHICH ACCOUNTED FOR 81386 OF THE TOTAL VISITS INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS THE TREATED AND DISCHARGED PATIENTS MADE UP OVER 78 PERCENT OF THE TOTAL WITH OVER HALF ROUGHLY 44000 INDIVIDUALS IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE PATIENT ORIGIN DATA FOR FISCAL YEAR 2011 INDICATED THAT 55 PERCENT OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITALS ADULT EMERGENCY DEPARTMENT AND 41 PERCENT OF THE TREATED AND ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF NEW HAVEN THE MEDIAN HOUSEHOLD INCOME FOR THE CITY OF NEW HAVEN IS 38963 WHICH IS 28777 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF 67740 IN 2010 AN ESTIMATED 196 PERCENT OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO 65 PERCENT STATEWIDE</p>

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	<p>PART VI LINE 5 YALENEW HAVEN HOSPITAL YNHH IS A 1008BED TERTIARY REFERRAL CENTER WHICH INCLUDES SMILOW CANCER HOSPITAL AT YALENEW HAVEN YALENEW HAVEN CHILDRENS HOSPITAL AND YALENEW HAVEN PSYCHIATRIC HOSPITAL YALENEW HAVEN REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE US AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS JCAHO RELYING ON THE SKILL AND EXPERTISE OF MORE THAN 3600 UNIVERSITY AND COMMUNITY PHYSICIANS AND ADVANCED PRACTITIONERS INCLUDING MORE THAN 600 RESIDENT PHYSICIANS YALENEW HAVEN HOSPITAL PROVIDES COMPREHENSIVE MULTIDISCIPLINARY FAMILYFOCUSED CARE IN MORE THAN 100 MEDICAL SPECIALTY AREAS AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE YSM Y NHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING OUR MEDICAL STAFF BY PROVIDING AROUNDTHECLOCK COVERAGE AND INSIGHTFUL RESEARCHSUPPORTED PATIENT CARE YALENEW HAVEN HOSPITAL PROVIDED SERVICES FOR MORE THAN 701469 OUTPATIENT AND EMERGENCY VISITS AND 57451 DISCHARGES IN FISCAL YEAR 2011 YALENEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND IN CONJUNCTION WITH YSM AND YALE CANCER CENTER YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE INCLUDING OUR CANCER PREVENTION RESEARCH UNIT CANCER INFORMATION SERVICE CENTER COMPREHENSIVE CANCER SERVICE DIGESTIVE DISEASE RESEARCH CENTER CHILD HEALTH RESEARCH CENTER CHILDRENS AND ADULTS CLINICAL RESEARCH CENTERS AND CLAUDE D PEPPER OLDER AMERICANS INDEPENDENCE CENTER YALENEW HAVEN HOSPITAL WAS INCLUDED ON THE US NEWS WORLD REPORTS ANNUAL AMERICAS BEST HOSPITALS RANKINGS WITH 12 MEDICAL SPECIALTIES RANKED AMONG THE TOP IN THE COUNTRY INCLUDING THREE IN THE NATIONS TOP 10 DIABETES AND ENDOCRINOLOGY GERIATRICS AND PSYCHIATRY IN ADDITION YALENEW HAVEN CHILDRENS HOSPITAL WAS RANKED IN FIVE SPECIALTIES WITH DIABETES AND ENDOCRINE SERVICE IN THE TOP 10 EVERY YEAR AS PART OF OUR VITAL MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE GREATER NEW HAVEN REGION YALENEW HAVEN HOSPITAL SPONSORS DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITYBASED PROGRAMS AND SERVICES DURING FISCAL YEAR 2011 YNHH MANAGED 2176 MILLION IN FINANCIAL AND INKIND CONTRIBUTIONS THROUGH FOUR WIDERANGING PROGRAMS GUARANTEEING ACCESS TO CARE PROMOTING HEALTH AND WELLNESS ADVANCING CAREERS IN HEALTH CARE AND CREATING HEALTHIER COMMUNITIES A FIFTH CATEGORY BUILDING STRONGER NEIGHBORHOODS WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5 GUARANTEEING ACCESS TO CARE YALENEW HAVEN RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED NOT HAVE ADEQUATE INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY THE HOSPITAL PARTICIPATES IN GOVERNMENTSPONSORED PROGRAMS SUCH AS MEDICARE MEDICAID HUSKY CHAMP US AND TRICARE DURING 2011 YNHH PROVIDED SERVICES FOR 184625 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF 1216 MILLION AT COST YNHH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS AND EVEN FUNDS THE SALARIES OF THREE ONSITE STATE DEPARTMENT OF SOCIAL SERVICES EMPLOYEES DURING 2011 THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO NEARLY 27670 PERSONS AT A TOTAL EXPENSE OF 224 MILLION AT COST YALENEW HAVEN ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE BAD DEBT AND UNDERREIMBURSED MEDICAID SUBSIDIZED HEALTH SERVICES INCLUDE THE HOSPITALS PRIMARY CARE CENTERS WHICH INCLUDES ADULT ADOLESCENT PEDIATRIC AND WOMENS SERVICES THE HOSPITALS PRIMARY CARE CENTER PROVIDES OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY PRIMARILY SERVING THE UNINSURED OR UNDERINSURED POPULATION IT IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT IN FISCAL YEAR 2011 THE PRIMARY CARE CENTER HAD 30114 VISITS TO THE ADULT MEDICINE CLINIC 25659 VISITS TO THE PEDIATRICS CLINIC AND 18846 VISITS TO THE WOMENS CENTER FOR A TOTAL OF 74619 PATIENT VISITS ADDITIONALLY THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARDCERTIFIED PROFESSIONALS WITH VISITS NUMBERING 1700 ANNUALLY YNHH ALSO PROVIDED OUTREACH SERVICES WERE TO PATIENTS RECEIVING CARE IN THE PRIMARY CARE CENTER AND THE WOMENS CENTER TO FOLLOW UP ON MISSED APPOINTMENTS IMMUNIZATIONS AND OTHER HEALTHCARE NEEDS VITAL TO QUALITY OF LIFE AND THE HEALTH STATUS OF THE PATIENT MORE THAN 950 PATIENTS RECEIVED OUTREACH SERVICES APPROXIMATELY 281 PATIENTS RECEIVED A HOME VISIT OVER 1000 REFERRALS WERE MADE FOR RESOURCES WITHIN THE HOSPITAL AND IN THE COMMUNITY YALENEW HAVEN PROVIDES ONGOING FINANCIAL AND INKIND SUPPORT FOR PROJECT ACCESS WHICH PROVIDE TIMELY HIGH QUALITY SPECIALTY CARE FOR UNINSURED NEW HAVEN RESIDENTS NEARLY 300 PHYSICIANS SIGNED UP AS VOLUNTEERS AND 280 HAVE ALREADY DONATED THEIR SERVICES TO OVER 150 PATIENTS PROVIDING CARE WORTH AN ESTIMATED 7000</p>

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	<p>00 PATIENTS ARE REFERRED TO PROJECT ACCESS FROM YALENEW HAVEN HOSPITAL HOSPITAL OF SAINT R APHAEL AND THE FAIR HAVEN COMMUNITY HEALTH CENTER PROJECT ACCESS CELEBRATED ITS ONEYEAR AN NIVERSARY IN AUGUST 2011 THE HOSPITALS ME MY BABY PROGRAM PROVIDES INCREASED ACCESS TO CARE FOR AN UNDERSERVED POPULATION THAT IS EITHER UNINSURED OR UNDERINSURED OUTREACH EFFORTS FOSTER EARLY ENTRY INTO CARE SCREENING AND DETECTION AND ALLOW PRENATAL CARE TO BEGIN AS E ARLY AS POSSIBLE IN THE FIRST TRIMESTER THE PROGRAM FEATURES MONTHLY SHOWERS TO PROVIDE PA RTICIPANTS WITH INFORMATION ON THE HOSPITALS MATERNITY PROGRAMS BASIC CHILDBIRTH PREPARATI ON AND TO ANSWER ANY QUESTIONS ME MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFF ER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE IN 2011 ME MY BABY GAVE 460 MOTHERS ACCESS TO PRENATAL AND PEDIATRIC CARE HEALTH EDUCATION CARE COORDINATION AND PRES CRIPTION DRUG COVERAGE DURING THIS TIME 290 ENROLLED MOTHERS GAVE BIRTH A NUMBER THAT DECR EASES ANNUALLY DUE TO CONTINUING OUTREACH AND EDUCATION EFFORTS NEARLY 100 PERCENT OF PROG RAM ENROLLEES ARE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITH OUT INSPECTION OR WERE ADMITTED ON NONIMMIGRANT TEMPORARY VISAS AND OVERSTAYED THE PRESCRI PTION ASSISTANCE PROGRAM HELPS YNHH PATIENTS WHO HAVE LITTLE OR NO HEALTH INSURANCE OR PHA RMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS THE 340B PROGRAM ASSISTS PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL INCLUDING THE EMERGENCY DEPARTMENT OR ANY HOSPITALBASED C LINIC RECEIVE DISCOUNTED PRESCRIPTIONS STUDIES SHOW THAT PATIENTS WHO CANNOT AFFORD OUTPAT IENT MEDICATIONS HAVE HIGHER HOSPITAL ADMISSION READMISSIONS AND EMERGENCY ROOM VISIT RATE S THAN THEIR COUNTERPARTS THE HOSPITAL QUALIFIES FOR THESE FEDERAL PHARMACEUTICAL PRICING DISCOUNTS BECAUSE IT TREATS A DISPROPORTIONATELY LARGE SHARE OF UNINSURED AND UNDER INSURE D PATIENTS THE HOSPITAL ALSO SERVES AS A KEY PARTNER IN THE NEW HAVEN ORAL HEALTH COALITIO N THE COALITION WAS FORMED TO ADDRESS THE SERIOUS ORAL HEALTH NEEDS OF THE UNDERSERVED AND PARTICULARLY CHILDREN COVERED THROUGH HUSKY A THIS NETWORK ALLOWS PARTNERS TO CONTINUOUSLY COLLABORATE AND DEVELOP STRATEGIC PLANS IN A MORE COHESIVE AND COMPREHENSIVE MANNER PROM OTING HEALTH AND WELLNESS DURING FY 2011 YALENEW HAVEN HOSPITAL PROVIDED 79 MILLION IN COM MUNITY HEALTH IMPROVEMENT SERVICES INCLUDING HEALTH EDUCATION PROGRAM SUPPORT GROUPS AND H EALTH FAIRS EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW CONNECTIC UT WAS ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO ADM INISTER THE WISEWOMAN WELLINTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION PROJECT YNHH WAS SELECTED AS ONE OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM W ISEWOMAN IS INTEGRATED WITHIN THE EXISTING YNHH CONNECTICUT BREAST AND CERVICAL CANCER AND EARLY DETECTION PROGRAM TO ASSESS CARDIOVASCULAR RISK FACTORS AND PROVIDE CARDIOVASCULAR DISEASE PREVENTIVE HEALTH SERVICES FOR ELIGIBLE MEDICALLY UNDERSERVED CONNECTICUT WOMEN OV ER THE AGE OF 40 WISEWOMAN SERVICES INCLUDE ASSESSING CARDIOVASCULAR RISK FACTORS THROUGH HEIGHT WEIGHT BLOOD PRESSURE CHOLESTEROL BLOOD GLUCOSE AND PERSONAL LIFESTYLE HISTORIES IN FY 2011 141 WOMEN WERE SCREENED THROUGH THE PROGRAM THE HOSPITAL IS ONE OF 18 SITES IN CO NNECTICUT OFFERING A COMPREHENSIVE BREAST CERVICAL AND COLORECTAL CANCER SCREENING PROGRAM FOR MEDICALLY UNDERSERVED WOMEN SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN THE AGES OF 19 AND 64 AND MAMMOGRAMS AR E OFFERED TO WOMEN WHO ARE AGE 40 TO 64 IN FY 2011 OVER 1000 WOMEN RECEIVED SCREENINGS THR OUGH THE PROGRAM YNHH IS A GRANT RECIPIENT OF THE KOMEN FOUNDATION PATIENT NAVIGATION FOR BREAST CANCER SCREENING THIS COLLABORATIVE OUTREACH INITIATIVE IS FOCUSED ON OFFERING BREA ST HEALTH EDUCATION AND SCREENING SERVICES TO AFRICAN AMERICAN HISPANIC AND ANY UNDERSERVE D WOMEN AGE 50 IN THE GREATER NEW HAVEN</p>

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE INFORMATION	PART VI	PART VI LINE 6 THE YALE NEW HAVEN HEALTH SYSTEMS FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN HOSPITAL EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY EACH DELIVERY NETWORKS MISSION VISION AND BUSINESS PLAN INCORPORATES THE CONCEPTS OF WORKING WITH ITS COMMUNITY TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTH PROVIDE SERVICE THAT PROMOTE HEALTH AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CANNOT AFFORD NECESSARY SERVICES

Identifier	ReturnReference	Explanation
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	CONNECTICUT

Identifier	ReturnReference	Explanation
ADDITIONAL INFORMATION	PART VI	<p>CONTINUED FROM PART VI LINE 5 TEACHING HOSPITALS LIKE YALE NEW HAVEN HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE EXPERIENCED PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS AND OFFER PATIENTS THE LATEST MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY'RE AVAILABLE ELSEWHERE CLINICAL TRIALS AT YALE NEW HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE INCLUDE PHASE ONE TRIALS WHICH TEST A NEW DRUGS SAFETY IN THE HUMAN BODY PHASE TWO TRIALS WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS PHASE THREE TRIALS WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT CLINICAL TRIALS ARE AVAILABLE IN SEVERAL DIFFERENT AREAS INCLUDING ADDICTIVE BEHAVIOR BRAIN SPINAL CORD AND NERVOUS SYSTEM CANCER CHILDRENS HEALTH DIABETES AND ENDOCRINE SYSTEM HEART AND CARDIOVASCULAR HIV/AIDS AND INFECTIOUS DISEASE AND WOMENS HEALTH THOUSANDS OF MEMBERS OF THE COMMUNITY MEMBERS SUPPORT YNHH THROUGH PHILANTHROPY AND VOLUNTEERING IN FY 2011 1883 VOLUNTEERS DEDICATED A TOTAL OF 142684 SERVICE HOURS TO THE HOSPITAL VOLUNTEERS WERE PLACED IN OVER 50 AREAS THROUGHOUT THE HOSPITAL INCLUDING ADMITTING ADULT EMERGENCY DEPARTMENT CHILD PSYCHIATRY COMMUNITY HEALTH DENTAL CLINIC HEART CENTER LABORATORY MEDICINE OCCUPATIONAL HEALTH REHABILITATION SERVICES RELIGIOUS MINISTRIES SHORELINE MEDICAL CENTER SOCIAL WORK AND WOMENS SERVICES</p>

Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 28	
Name and address	Type of Facility (Describe)
YNH SHORELINE MEDICAL CENTER 111 GOOSE LANE GUILFORD,CT 06437	VARIOUS
YNHASC WOMENS SURGICAL CENTER 40 TEMPLE STREET NEW HAVEN,CT 06511	VARIOUS
YNHASC TEMPLE SURGICAL CENTER 60 TEMPLE STREET NEW HAVEN,CT 06511	VARIOUS
WELLER BUILDING 425 GEORGE STREET NEW HAVEN,CT 06519	GENERAL MEDICAL & SURGICAL
YALE-NEW HAVEN PSYCHIATRIC HOSPITAL 184 LIBERTY STREET NEW HAVEN,CT 06519	PSYCHIATRIC HOSPITAL
PEDIATRIC DENTISTRY CENTER 860 HOWARD AVE NEW HAVEN,CT 06519	DENTAL CENTER
TEMPLE RADIOLOGY 2560 DIXWELL AVE HAMDEN,CT 06518	CANCER/LAB/DENTAL/EKG/GI/EDUCATION
HAMDEN HIGH SCHOOL 185 EAST MAIN STREET BRANFORD,CT 06405	SCHOOL BASED HEALTH CENTER
WALSH MIDDLE SCHOOL 185 DAMASCUS ROAD BRANFORD,CT 06405	SCHOOL BASED HEALTH CENTER
HILL REGIONAL CAREER HIGH SCHOOL 140 LEGION AVE NEW HAVEN,CT 06519	SCHOOL BASED HEALTH CENTER
MARY T MURPHY SCHOOL 14 BRUSHY LANE ROAD BRANFORD,CT 06405	SCHOOL BASED HEALTH CENTER
JAMES HILLHOUSE HIGH SCHOOL 480 SHERMAN PARKWAY NEW HAVEN,CT 06511	SCHOOL BASED HEALTH CENTER
MAURO-SHERIDAN SCHOOL 191 FOUNTAIN ROAD NEW HAVEN,CT 06515	SCHOOL BASED HEALTH CENTER
WELLA MOTHER'S PLACE 300 GEORGE STREET ROOM 138 NEW HAVEN,CT 06511	BREASTFEEDING/CHILDBIRTH/PREGN EDU
FOXTON URGENT CARE 317 FOXTON RD NEW HAVEN,CT 06513	DI/OCC HEALTH/URGENT CARE/LAB/EKG
ASC AT GREENWICH HOSPITAL 5 PERRRYRIDGE RD GREENWICH,CT 06830	SURGERY CENTER/PRIMARY CARE
YALE PEDIATRIC SPECIALITY CENTER 5 PERRYRIDGE RD GREENWICH,CT 06830	PEDIATRICS / PRIMARY CARE
YNHH DIAGNOSTIC RADIOLOGY 150 SARGEANT DRIVE NEW HAVEN,CT 06511	CANCER/PHARM/WOMENS HEALTH/LAB/IVF
PEDIATRIC SPECIALITY CENTER ONE LONG WHARF DRIVE NEW HAVEN,CT 06511	VARIOUS
OUTPATIENT CARDIAC SERVICES 11 HARRISON AVE BRANFORD,CT 06405	CARDIAC/LAB/NUC MED
OUTPATIENT PEDI FUSION 405 CHURCH STREET GUILFORD,CT 06437	CANCER/PEDIATRICS
TEMPLE RECOVERY CARE CENTER 229 GEORGE STREET NEW HAVEN,CT 06510	OCC HEALTH/PT/SPEECH THERAPY
YNHH TEMPLE RADIOLOGY 550 MAIN STREET EAST HAVEN,CT 06512	DI / LAB
YNHH TEMPLE RADIOLOGY 100 BROADWAY NORTH HAVEN,CT 06473	DI / LAB
YNHH TEMPLE RADIOLOGY 500 ELM STREET WEST HAVEN,CT 06516	DI / LAB
YNHH TEMPLE RADIOLOGY GUILFORD SPORTS MEDICINE 1445 POST ROAD GUILFORD,CT 06437	DI / LAB
ASD MOBILE IMAGING VARIOUS LOCATIONS MOBILE,CT 06504	MOBILE IMAGING
BRANFORD MEDICAL OFFICE LLC 954-960 MAIN STREET BRANFORD,CT 06405	LAB

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶ 38

3

Enter total number of other organizations

▶ 5

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	19	38,000		FMV	

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST403 JAMES STREET NEW HAVEN,CT 06511			12,000				SUPPORT MISSION
ANTI DEFAMATION LEAGUEWHITNEY AVE NEW HAVEN,CT 06511			10,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEULAH HEIGHT SOCIAL INTEGRATION PROGRAM782 ORCHARD STREET NEW HAVEN,CT 06511	06-1290930	C-3	7,500				SPONSORSHIP
CITY OF NEW HAVEN165 CHURCH STREET NEW HAVEN,CT 06511		GOV	2,112,592				COMMUNTY BENEFIT DEV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CENTER FOR ARTS & TECHNOLOGY70 AUDUBON STREET NEW HAVEN,CT 06510	45-1257955	C-3	100,000				SUPPORT MISSION
CT SPORTS FOUNDATION AGAINST CANCER129 MAIN STREET OLD SAYBROOK,CT 06475	06-1240574	C-3	20,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CT STATE MISSIONARY BAPTIST CONVENT10 CHERRY DRIVE DANBURY,CT 06812	06-1421410	C-3	6,500				SUPPORT MISSION
CT COMMISSION OF CULTURE & TOURISMONE CONSTITUTION PLAZA HARTFORD,CT 06103		GOV	15,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN,CT 06511	23-7431264	C-3	5,350				SUPPORT MISSION
GATEWAY COMMUNITY COLLEGE60 SARGENT DRIVE NEW HAVEN,CT 06511	22-3135128	C-3	205,000				SUPP NURSING CAREER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW HAVEN CHAMBER OF COMMER900 CHAPEL STREET NEW HAVEN,CT 06510	06-0646890	C-6	13,000				SPONSORSHIP
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN,CT 06511	06-1178712	C-3	77,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOMEN CT RACE FOR THE CURE350 CHURCH STREET HARTFORD,CT 06102	75-2844629	C-3	7,500				SPONSORSHIP
LONG WHARF THEATER 222 SARGENT DRIVE NEW HAVEN,CT 06511	06-6073063	C-3	12,500				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARKET NEW HAVEN900 CHAPEL STREET NEW HAVEN,CT 06510	06-1578847	C-6	250,000				COMMUNITY DEVELOPMEN
MISSION POSITIVA INTERNACIONAL17 FARREN AVE NEW HAVEN,CT 06511			175,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP NEW HAVEN BRANCH545 WHALLEY AVE NEW HAVEN,CT 06511	06-6099313	C-4	25,000				SPONSORSHIP
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS & IDEAS195 CHURCH STREET 12TH FLOOR NEW HAVEN,CT 06511	06-1444222	C-3	21,250				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CORPORATION 540 ELLA T GRASSO BLVD NEW HAVEN,CT 06519	06-1443579	C-3	6,000				SUPPORT MISSION
PROMISING SCHOLARSHIP FUND INC44 UPPER STATE STREET NORTH HAVEN,CT 06473	80-0112325	C-3	7,500				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE501 GEORGE STREET NEW HAVEN,CT 06511	06-1063758	C-3	17,500				SUPPORT MISSION
SHUBERT THEATRE247 COLLEGE STREET NEW HAVEN,CT 06510	06-1625278	C-3	7,750				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIVE-NEW HAVEN746 CHAPEL STREET NEW HAVEN,CT 06510	38-3667019	C-3	15,000				SUPPORT MISSION
THE CHAIN FUND INC91 SHELTON AVENUE SUITE 105 NEW HAVEN,CT 06511	52-2375279	C-3	6,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TOMMY FUND FOR CHILDHOOD20 YORK STREET NEW HAVEN,CT 06504	06-1245787	C-3	6,000				SUPPORT MISSION
TENNIS FOUNDATION OF CT45 YALE AVE NEW HAVEN,CT 06515	06-1287098	C-3	125,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION SOUTHONE LONG WHARF DRIVE NEW HAVEN,CT 06511	06-0646941	C-3	15,000				SUPPORT MISSION
YALE UNIVERSITYPO BOX 6028 NEW HAVEN,CT 06521	06-0646973	C-3	6,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER NEW HAVEN28 LINCOLN WAY NEW HAVEN,CT 06510	06-6032106	C-3	500,000				SUPPORT MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	
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	
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	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		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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 accrued 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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 0 330,914 0 RICHARD D'AQUILA 0 200,290 0 JAMES M. STATEN 0 170,497 0 NORMAN G. ROTH 0 116,916 0 KEVIN A. MYATT 0 114,949 0 WILLIAM J. ASELTINE 0 96,201 0 JOHN C. SKELLY 0 89,193 0 VINCENT PETRINI 0 75,977 0 THOMAS J. BALCEZAK 0 77,760 0 KEVIN F. WALSH 0 67,924 0 THOMAS D. LEARY 0 70,158 0 PAUL N. PATTON 0 18,748 0 PATRICK M. LUDDY 0 60,343 0 STEPHEN M. MERZ 0 58,683 0 MICHAEL APKON 0 67,125 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 THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS. INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2010 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2010 CALENDAR YEAR FORM W-2S: PETER HERBERT 252,382; PATRICIA FITZSIMONS 138,126. TWO FORMER OFFICERS, EDWARD J. DOWLING AND ALVIN R. JOHNSON RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN. THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C. THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE TRUST: EDWARD DOWLING 172,934; ALVIN JOHNSON 61,302.

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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)	602,886	326,368	25,250	298,791	22,398	1,275,693	
	(ii)	602,886	326,368	25,250	298,791	22,398	1,275,693	
PETER N HERBERT MD	(i)	578,549	158,983	231,631	13,720	10,635	993,518	46,797
	(ii)	247,949	68,136	99,270	5,880	4,558	425,793	20,056
RICHARD D'AQUILA	(i)	698,259	301,568	133,136	317,196	37,037	1,487,196	
	(ii)	77,584	33,508	14,793	35,244	4,115	165,244	
JAMES M STATEN	(i)	337,778	122,589	39,377	155,324	12,041	667,109	
	(ii)	337,778	122,589	39,377	155,324	12,041	667,109	
NORMAN G ROTH	(i)	486,760	183,188	66,215	195,866	15,206	947,235	23,359
	(ii)							
KEVIN A MYATT	(i)	258,575	112,939	40,343	126,037	18,800	556,694	
	(ii)	172,383	75,293	26,895	84,024	12,533	371,128	
PATRICIA S FITZSIMONS	(i)	324,374	127,132	195,002	85,558	19,499	751,565	
	(ii)							
WILLIAM J ASELTYN	(i)	306,560	84,084	54,275	130,641	34,519	610,079	
	(ii)	76,640	21,021	13,569	32,660	8,630	152,520	
JOHN C SKELLY	(i)	278,072	79,472	45,362	124,745	31,170	558,821	
	(ii)	69,518	19,868	11,341	31,186	7,792	139,705	
VINCENT PETRINI	(i)	313,535	112,883	50,388	141,127	20,568	638,501	14,261
	(ii)							
THOMAS J BALCEZAK	(i)	303,742	96,468	51,303	137,360	42,611	631,484	
	(ii)							
KEVIN F WALSH	(i)	287,266	76,048	46,184	126,074	19,648	555,220	10,175
	(ii)							
THOMAS D LEARY	(i)	277,253	72,515	32,323	136,998	24,687	543,776	
	(ii)	14,592	3,817	1,701	7,210	1,299	28,619	
PAUL N PATTON	(i)	282,932	35,490	40,203	73,815	33,493	465,933	
	(ii)							
PATRICK M LUDDY	(i)	243,577	64,820	35,104	122,293	14,680	480,474	2,646
	(ii)							
STEPHEN M MERZ	(i)	220,222	64,905	43,982	100,211	20,092	449,412	2,842
	(ii)							
RICHARD S STAHL	(i)	396,091	120,537	72,802	22,050	48,032	659,512	
	(ii)							
ABE LOPMAN	(i)	341,698	147,991	52,075	16,019	14,510	572,293	
	(ii)							
SUHER BAKER	(i)	362,441	44,800	23,405	13,758	19,346	463,750	
	(ii)							
MARJORIE G GUGLIN	(i)	259,831	78,056	52,221	16,867	52,387	459,362	
	(ii)							
MARK B RUSSI	(i)	282,061	29,956	23,575	21,697	22,683	379,972	
	(ii)							
MICHAEL APKON	(i)	289,972	101,010	38,073	101,616	11,915	542,586	101,612
	(ii)							
ALVIN R JOHNSON	(i)			27,518			27,518	
	(ii)							
EDWARD J DOWLING	(i)			25,517			25,517	
	(ii)							

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA SERIES J-1	06-0806186	20774UFP5	09-25-2006	184,574,134	CANCER HOSPITAL CONSTRUCTION		X		X		X
B CHEFA- SERIES K-1	06-0806186	20774UVY8	05-14-2008	54,555,000	REFUND OF SERIES I		X		X		X
C CHEFA- SERIES K-2	06-0806186	20774UVZ5	05-14-2008	54,550,000	REFUND OF SERIES I-2		X		X		X
D CHEFA-SERIES L1	06-0806186	20774UWA9	05-14-2008	53,730,000	REFUND OF SERIES J-2		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	203,907,795		54,555,000		54,550,000		53,754,048	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	3,297,523		291,973		291,973		286,645	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	200,610,272							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2009		2008		2008		2008	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 620 %		2 620 %		2 620 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	2 620 %		2 620 %		2 620 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X		X		X
b	Name of provider	MORGAN STANLEY MORGAN STANLEY							
c	Term of GIC	2 0							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE K	CHEFA SERIES K1 PART III LINE 3C THE ORGANIZATION HAS INHOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS INHOUSE COUNSEL CONSULT WITH THE HOSPITALS OUTSIDE BOND COUNSEL AS NEEDED INCLUDING ON NONROUTINE ISSUES

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA SERIES J-1	06-0806186	20774UFP5	09-25-2006	184,574,134	CANCER HOSPITAL CONSTRUCTION		X		X		X
B CHEFA- SERIES K-1	06-0806186	20774UVY8	05-14-2008	54,555,000	REFUND OF SERIES I		X		X		X
C CHEFA- SERIES K-2	06-0806186	20774UVZ5	05-14-2008	54,550,000	REFUND OF SERIES I-2		X		X		X
D CHEFA-SERIES L1	06-0806186	20774UWA9	05-14-2008	53,730,000	REFUND OF SERIES J-2		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	203,907,795		54,555,000		54,550,000		53,754,048	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	3,297,523		291,973		291,973		286,645	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	200,610,272							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2009		2008		2008		2008	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 620 %		2 620 %		2 620 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	2 620 %		2 620 %		2 620 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X		X		X
b	Name of provider	MORGAN STANLEY MORGAN STANLEY							
c	Term of GIC	2 0							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE K	CHEFA SERIES K1 PART III LINE 3C THE ORGANIZATION HAS INHOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS INHOUSE COUNSEL CONSULT WITH THE HOSPITALS OUTSIDE BOND COUNSEL AS NEEDED INCLUDING ON NONROUTINE ISSUES

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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.
Complete if the organization 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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization 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 IVBusiness Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTURY FINANCIALS SERVICES INC	SEE SCHEDULE O	655,538	SEE PART V		No
(2) PETRA CONSTRUCTION CO	SEE SCHEDULE O	4,564,207	SEE PART V		No
(3) UNITED ILLUMINATING CO	SEE SCHEDULE O	3,225,258	SEE PART V		No
(4) LAURA LOMBARDO-BOYLE	SEE SCHEDULE O	93,789	SEE PART V		No

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	NAME OF INTERESTED PERSON LAURA LOMBARDOBOYLE THE HOSPITAL EMPLOYS LAURA LOMBARDOBOYLE THE DAUGHTER OF TRUSTEE ANNEMARIE LINDSKOG AS A REGISTERED NURSE MS LOMBARDOBOYLE HAD BEEN AN EMPLOYEE OF THE HOSPITAL BEFORE MS LINDSKOGS APPOINTMENT TO THE HOSPITALS BOARD OF TRUSTEES DURING THE HOSPITALS TAX YEAR AMOUNT OF TRANSACTION 93789 NAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES INC OFFICERS JOHN SKELLY AND JAMES STATEN ARE OFFICERS ANDOR DIRECTORS OF CENTURY FINANCIAL SERVICES INC CENTURY FINANCIAL SERVICES INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL A PORTION OF CENTURY FINANCIAL SERVICES INC IS INDIRECTLY OWNED BY THE HOSPITALS CORPORATE PARENT AMOUNT OF TRANSACTION 655538 NAME OF INTERESTED PERSON PETRA CONSTRUCTION CO PETRA CONSTRUCTION CO IS OWNED BY THE SPOUSE OF DIANE PETRA WHO WAS A TRUSTEE DURING THE HOSPITALS TAX YEAR ALTHOUGH NOT AS OF THE END OF THE HOSPITALS TAX YEAR AFTER PERFORMING AN OBJECTIVE REVIEW PROCESS WHICH INCLUDED A COMPARISON TO COMPETITIVE ALTERNATIVES AVAILABLE IN THE MARKETPLACE AND IN WHICH MS PETRA WAS NEITHER DIRECTLY NOR INDIRECTLY INVOLVED THE HOSPITAL ENGAGED PETRA CONSTRUCTION CO TO PROVIDE CONSTRUCTION SERVICES AMOUNT OF TRANSACTION 456420665 NAME OF INTERESTED PERSON UNITED ILLUMINATING CO TRUSTEE JOHN LAHEY IS A DIRECTOR OF UIL HOLDINGS CORPORATION THE PARENT COMPANY OF UNITED ILLUMINATING CO THE HOSPITAL PURCHASED ELECTRICITY AND GAS SERVICES FROM UNITED ILLUMINATING CO THE ONLY SUPPLIER OF ELECTRICITY AND GAS AVAILABLE TO THE HOSPITAL RATES CHARGED BY UNITED ILLUMINATING CO ARE REVIEWED AND APPROVED BY THE CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL AMOUNT OF TRANSACTION 322525816 SOME OF THE HOSPITALS CURRENT OFFICERS SERVE AS OFFICERS ANDOR DIRECTORS OF RELATED ORGANIZATIONS OR AFFILIATES WITHIN THE HOSPITALS CORPORATE SYSTEM THE HOSPITAL ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE RELATED ORGANIZATIONS AND AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE RELATED ORGANIZATIONS OR AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE HOSPITAL

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		16,269	COMPARABLE SALE PRICE
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded	X	7	115,638	STOCK EXCHANGE QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . . .				
18 Collectibles	X	1	7,000	COMPARABLE MARKET VALUE
19 Food inventory	X	1	9,600	COMPARABLE MARKET VALUE
20 Drugs and medical supplies	X	2	10,988	COMPARABLE MARKET VALUE
21 Taxidermy				
22 Historical artifacts . . .				
23 Scientific specimens . . .				
24 Archeological artifacts .				
SPECIAL				
25 Other ► (<u>EVENTS</u>)	X	4	61,858	COMPARABLE SALE PRICE
26 Other ► (<u>ELECTRONICS</u>)	X	3	49,650	COMPARABLE SALE PRICE
EVENT				
27 Other ► (<u>TICKETS</u>)	X	1	5,790	COMPARABLE SALE PRICE
GIFT				
28 Other ► (<u>CARDS/BAGS</u>)	X	1	9,860	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2010

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE HOSPITAL SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE HOSPITAL AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE HOSPITAL WAS ABLE TO CONFIRM THAT 20 VOTING MEMBERS ARE INDEPENDENT

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>YALE-NEW HAVEN HOSPITAL (YNHH) IS A 1,008-BED TERTIARY REFERRAL CENTER WHICH INCLUDES SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN, YALE-NEW HAVEN CHILDREN'S HOSPITAL AND YALE-NEW HAVEN PSYCHIATRIC HOSPITAL. YALE-NEW HAVEN REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). RELYING ON THE SKILL AND EXPERTISE OF MORE THAN 3,600 UNIVERSITY AND COMMUNITY PHYSICIANS AND ADVANCED PRACTITIONERS, INCLUDING MORE THAN 600 RESIDENT PHYSICIANS, YALE-NEW HAVEN HOSPITAL PROVIDES COMPREHENSIVE, MULTIDISCIPLINARY, FAMILY-FOCUSED CARE IN MORE THAN 100 MEDICAL SPECIALTY AREAS. AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING OUR MEDICAL STAFF BY PROVIDING AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR MORE THAN 701,465 OUTPATIENT AND EMERGENCY VISITS AND 57,451 DISCHARGES IN FISCAL YEAR 2011. YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING OUR CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER. YALE-NEW HAVEN HOSPITAL WAS INCLUDED ON THE U.S. NEWS & WORLD REPORT'S ANNUAL "AMERICA'S BEST HOSPITALS" RANKINGS WITH 12 MEDICAL SPECIALTIES RANKED AMONG THE TOP IN THE COUNTRY, INCLUDING THREE IN THE NATION'S TOP 10: DIABETES AND ENDOCRINOLOGY, GERIATRICS AND PSYCHIATRY. IN ADDITION, YALE-NEW HAVEN CHILDREN'S HOSPITAL WAS RANKED IN FIVE SPECIALTIES, WITH DIABETES AND ENDOCRINE SERVICE IN THE TOP 10. DURING FISCAL YEAR 2011, YNHH PROVIDED 217.6 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES 141.1 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), 64.1 MILLION IN HEALTH PROFESSIONS EDUCATION, AND 12.4 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL 3.1 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUSING. YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.</p>

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEE BISHOP THEODORE L. BROOKS IS A BOARD MEMBER OF THE SAME TAX-EXEMPT ORGANIZATION THAT EMPLOYES TRUSTEE WILLIAM GINSBERG. SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS 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 SERVE ALSO AS OFFICERS/AND OR DIRECTORS INCLUDE: MEDICAL CENTER REALTY, INC., MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC., YALE- NEW HAVEN AMBULATORY SERVICES CORPORATION, AND YORK ENTERPRISES, INC.

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

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

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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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	<p>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.</p>

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	<p>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.</p>

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
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	CHANGE IN NET UNREALIZED GAINS & LOSSES (319,456) PENSION & OTHER POSTRETIREMENT LIABILITY ADJMNT 28,727,000 CHANGE IN INTEREST IN PERPETUAL TRUST 733,000 NET ASSETS RELEASED FOR OPERATIONS 5,002,790 TRANSFER TO YNHHC (2,900,000) TRANSFER TO YNH NETWORK CORP (6,250,000) NET ASSETS RELEASED FOR OPERATIONS (5,147,265) NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN (4,037,453) NET ASSETS RELEASED FOR CLINICAL PROGRAMS 4,194,768 CPI ADJUSTMENT (814,628) OTHER RELEASE FOR OPERATIONS 272,522 CHANGE IN MARKET VALUE OF INVESTMENTS 2,763,384 NEW CLINICAL PROGRAM DEVELOPMENT CORP 12,000,000 SWAP MARKET VALUE ADJUSTMENT 9,780,880 _____ TOTAL CHANGES IN NET ASSETS & SCHEDULE D RECON 44,005,542

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

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

(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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

Yes

No

Yes

No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

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

Software ID:
Software Version:
EIN: 06-0646652
Name: YALE-NEW HAVEN 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT06519 22-2529464	SUPPORT	CT	501C 3	11A	NA		No
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1513867	SUPPORT	CT	501C 3	11A	YNHHSC		No
BRIDGEPORT HOSP & HEALTHCARE SERVIC 267 GRANT STREET BRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501C3	11A	YNHHSC		No
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT06610 06-0646554	HEALTHCARE	CT	501C3	3	BHHS	Yes	
SOUTHERN CT HEALTH SYSTEM PROP INC 267 GRANT STREET BRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501C2		BHHS	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT06610 06-6042500	SUPPORT	CT	501C3	11A	BHHS	Yes	
BRIDGEPORT HOSP FUNDATION INC 267 GRANT STREET BRIDGEPORT, CT06610 22-2593399	SUPPORT	CT	501C3	7	BHHS	Yes	
NORMA F PFREIM BREAST CANCER INC 111 BEACH ROAD FAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501C3	11A	BH	Yes	
GREENWICH HOSP ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1526642	SUPPORT	CT	501C3	11B	GHHCS	Yes	
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 22-2593399	SUPPORT	CT	501C3	11B	YNHHSC		No
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-0646659	HEALTHCARE	CT	501C3	3	YNHHSC	Yes	
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1207316	SUPPORT	CT	501C3	11B	GHHCS	Yes	

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501C3	9	YNHHSC	Yes	
NORTHEASR MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 35-2380180	HEALTHCARE	CT	501C3	11A	NEMG	Yes	

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CTR LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GRENWICH LLC 55 HOLLY LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CTR LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GRENWICH LLC 55 HOLLY LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CTR LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	

Form 990, Schedule R, 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ORTHO & NEURO CTR OF GRENWICH LLC 55 HOLLY LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	
SHORELINE SURGERY CTR LLC 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	N/A					No			No	
SSC II LLC 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	N/A					No			No	
ORTHO & NEURO CTR OF GRENWICH LLC 55 HOLLY LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	N/A					No			No	

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
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06511 06-1398526	HEALTHCARE	CT	N/A				
QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	NA	C CORP		1,000	100 000 %
YNH GERIATRICS SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	NA	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	NA	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	NA	C CORP	-650	17,580	100 000 %
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUP HEALTH SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06511 06-1398526	HEALTHCARE	CT	N/A				
QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	NA	C CORP		1,000	100 000 %
YNH GERIATRICS SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	NA	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	NA	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	NA	C CORP	-650	17,580	100 000 %

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
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUP HEALTH SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06511 06-1398526	HEALTHCARE	CT	N/A				
QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	NA	C CORP		1,000	100 000 %
YNH GERIATRICS SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	NA	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	NA	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	NA	C CORP	-650	17,580	100 000 %
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				

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
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUP HEALTH SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	N/A				
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06511 06-1398526	HEALTHCARE	CT	N/A				
QUINIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	NA	C CORP		1,000	100 000 %
YNH GERIATRICS SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	NA	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	NA	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	NA	C CORP	-650	17,580	100 000 %
YNHH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SVCS	CT	N/A				
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	N/A				
YNHH PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	N/A				
MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	N/A				
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	N/A				
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	N/A				
GREENWICH FERTILITY & IVF CTR PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	N/A				
GREENWICH INTEGRATIVE MEDICINE PC 35 RIVER ROAD COS COB, CT06807 26-0236411	HEALTHCARE	CT	N/A				
GREENWICH OCCUP HEALTH SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	N/A				
GREENWICH PEDIATRIC SERVICES P C 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	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 (\$)	(d) Method of determining amount involved
(1)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	I	2,736,000	COMPARABLE MARKET VALUE
(2)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	O	20,653,668	TRANSACTION REVIEW
(3)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	L	100,140,689	COMPARABLE MARKET VALUE
(4)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	Q	12,000,000	CASH
(5)	YALE NEW HAVEN AMBULATORY SERVICES YALE NEW HAVEN AMBULATORY SERVICES CORP	L	116,828	COMPARABLE MARKET VALUE
(6)	MEDICAL CENTER REALTY INC MEDICAL CENTER REALTY INC	L	49,209	COMPARABLE MARKET VALUE
(7)	YORK ENTERPRISES INC YORK ENTERPRISES INC	O	14,216	COMPARABLE MARKET VALUE
(8)	MEDICAL CENTER PHARMACY INC MEDICAL CENTER PHARMACY	L	116,828	COMPARABLE MARKET VALUE
(9)	YALE NEW HAVEN MEDICAL CENTER INC YALE NEW HAVEN MEDICAL CENTER INC	L	14,004	COMPARABLE MARKET VALUE
(10)	YALE NEW HAVEN MEDICAL CENTER INC YALE NEW HAVEN MEDICAL CENTER INC	J	307,583	COMPARABLE MARKET VALUE
(11)	NORTHEAST MEDICAL GROUP INC NORTH EAST MEDICAL GROUP INC	L	22,322,424	TRANSACTION REVIEW
(12)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	I	2,736,000	COMPARABLE MARKET VALUE
(13)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	O	20,653,668	TRANSACTION REVIEW
(14)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	L	100,140,689	COMPARABLE MARKET VALUE
(15)	YALE NEW HAVEN HEALTH SERVICES CORP YALE NEW HAVEN HEALTH SERVICES CORP	Q	12,000,000	CASH
(16)	YALE NEW HAVEN AMBULATORY SERVICES YALE NEW HAVEN AMBULATORY SERVICES CORP	L	116,828	COMPARABLE MARKET VALUE
(17)	MEDICAL CENTER REALTY INC MEDICAL CENTER REALTY INC	L	49,209	COMPARABLE MARKET VALUE
(18)	YORK ENTERPRISES INC YORK ENTERPRISES INC	O	14,216	COMPARABLE MARKET VALUE
(19)	MEDICAL CENTER PHARMACY INC MEDICAL CENTER PHARMACY	L	116,828	COMPARABLE MARKET VALUE
(20)	YALE NEW HAVEN MEDICAL CENTER INC YALE NEW HAVEN MEDICAL CENTER INC	L	14,004	COMPARABLE MARKET VALUE
(21)	YALE NEW HAVEN MEDICAL CENTER INC YALE NEW HAVEN MEDICAL CENTER INC	J	307,583	COMPARABLE MARKET VALUE
(22)	NORTHEAST MEDICAL GROUP INC NORTH EAST MEDICAL GROUP INC	L	22,322,424	TRANSACTION REVIEW

FINANCIAL STATEMENTS

Yale-New Haven Hospital, Inc.
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP



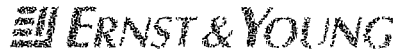
Yale-New Haven Hospital, Inc.

Financial Statements

Years Ended September 30, 2011 and 2010

Contents

Report of Independent Auditors.....	1
Balance Sheets	2
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows.....	6
Notes to Financial Statements.....	7



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Report of Independent Auditors

Board of Trustees
Yale-New Haven Hospital, Inc.

We have audited the accompanying balance sheets of Yale-New Haven Hospital, Inc. (the "Hospital") as of September 30, 2011 and 2010, and the related statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Yale-New Haven Hospital, Inc. at September 30, 2011 and 2010, and the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

December 21, 2011

Yale-New Haven Hospital, Inc.

Balance Sheets

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 65,883	\$ 66,556
Short-term investments	402,559	342,847
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$43,206,000 in 2011 and \$34,215,000 in 2010	167,383	135,445
Other receivables	56,201	36,050
Other current assets	24,630	24,351
Amounts on deposit with trustee in debt service fund	6,320	4,624
Total current assets	722,976	609,873
Assets limited as to use	129,997	65,651
Long-term investments	141,525	153,223
Deferred financing costs, less accumulated amortization	5,488	3,849
Other assets	129,845	73,503
Property, plant, and equipment:		
Land and land improvements	19,467	19,467
Buildings and fixtures	952,346	932,937
Equipment	419,565	414,471
	1,391,378	1,366,875
Less accumulated depreciation	566,850	525,368
	824,528	841,507
Construction in progress	43,207	17,563
	867,735	859,070
Total assets	<u>\$ 1,997,566</u>	<u>\$ 1,765,169</u>

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 99,381	\$ 100,978
Accrued expenses	120,959	108,385
Current portion of long-term debt	10,185	11,012
Current portion of capital lease obligation	2,862	2,622
Other current liabilities	3,848	3,586
Total current liabilities	237,235	226,583
Long-term debt, net of current portion	509,022	377,220
Long-term capital lease obligation, net of current portion	107,529	110,391
Accrued pension and postretirement benefit obligations	240,901	201,403
Other long-term liabilities	180,471	157,244
Deferred revenue	48,321	50,016
Total liabilities	1,323,479	1,122,857
Commitments and contingencies		
Net assets:		
Unrestricted	604,617	567,531
Temporarily restricted	43,947	48,525
Permanently restricted	25,523	26,256
Total net assets	674,087	642,312
Total liabilities and net assets	<u>\$ 1,997,566</u>	<u>\$ 1,765,169</u>

See accompanying notes

Yale-New Haven Hospital, Inc.

Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Operating revenue:		
Net patient service revenue	\$ 1,442,057	\$ 1,318,578
Other revenue	46,640	48,425
Total operating revenue	1,488,697	1,367,003
Operating expenses:		
Salaries and benefits	690,314	625,473
Supplies and other expenses	620,912	564,303
Depreciation	67,948	51,660
Insurance	13,376	16,754
Bad debts	26,390	27,440
Interest	16,867	12,306
Total operating expenses	1,435,807	1,297,936
Income from operations	52,890	69,067
Non-operating gains and losses, net	14,272	15,633
Excess of revenue over expenses	67,162	84,700

(Continued on next page)

Yale-New Haven Hospital, Inc.

Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenue over expenses (continued)	\$ 67,162	\$ 84,700
Other changes in net assets	(273)	(84)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(12,000)	(19,000)
Transfer from Yale-New Haven Health Services Corporation	2,900	–
Transfer from Yale-New Haven Network Corporation	6,250	3,079
Net assets released from restrictions for purchases of fixed assets	1,774	2,287
Pension and other postretirement liability adjustments	(28,727)	(17,755)
Increase in unrestricted net assets	37,086	53,227
Temporarily restricted net assets:		
Income from investments	512	502
Net realized gains on investments	3,065	1,365
Change in net unrealized gains and losses on investments	319	3,494
Bequests, contributions, and grants	15,280	25,361
Net assets released from restrictions for purchases of fixed assets	(1,774)	(2,287)
Net assets released from restrictions for free care	(782)	(835)
Net assets released from restrictions for operations	(5,003)	(3,846)
Net assets released from restrictions for clinical programs	(16,195)	(22,734)
(Decrease) increase in temporarily restricted net assets	(4,578)	1,020
Permanently restricted net assets:		
Change in beneficial interest in perpetual trusts	(733)	534
(Decrease) increase in permanently restricted net assets	(733)	534
Increase in net assets	31,775	54,781
Net assets at beginning of year	642,312	587,531
Net assets at end of year	\$ 674,087	\$ 642,312

See accompanying notes.

Yale-New Haven Hospital, Inc.

Statements of Cash Flows

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Cash flows from operating activities		
Increase in net assets	\$ 31,775	\$ 54,781
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation	67,948	51,660
Net realized and change in net unrealized gains and losses on investments	(21,801)	(34,397)
Change in fair value of interest rate swap agreements	(4,444)	9,168
Amortization of long-term debt premium	(885)	(734)
Amortization of deferred financing costs	317	105
Bad debts	26,390	27,440
Change in perpetual trusts	733	(534)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	12,000	19,000
Transfer from Yale-New Haven Health Services Corporation	(2,900)	–
Transfer from YNH- Network Corporation	(6,250)	(3,079)
Bequests, contributions and grants, net of restricted pledges	(16,941)	(27,691)
Pension and other postretirement liability adjustments	28,727	17,755
Changes in operating assets and liabilities		
Accounts receivable, net	(58,328)	(39,232)
Other receivables	(20,152)	(5,712)
Other assets	(56,621)	(19,611)
Accounts payable	(1,597)	22,312
Accrued expenses	12,574	(6,600)
Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue	37,987	(3,804)
Net cash provided by operating activities	28,532	60,827
Cash flows from investing activities		
Net acquisitions of property, plant, and equipment	(79,667)	(144,489)
Capitalized interest	3,054	382
Net change in investments	(27,189)	76,707
Increase in debt service fund	(1,696)	(166)
Assets whose use is limited	(65,079)	22,794
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(12,000)	(19,000)
Transfer from YNH Network Corporation	6,250	3,079
Transfer from Yale-New Haven Health Services Corporation	2,900	–
Net cash used in investing activities	(173,427)	(60,693)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	105,436	–
Proceeds from note payable	40,000	–
Payments on capital lease obligation	(2,622)	(1,998)
Repayments of long-term debt	(13,577)	(11,075)
Deferred financing costs	(1,956)	–
Bequests, contributions and grants, net of pledges	16,941	27,691
Net cash provided by financing activities	144,222	14,618
Net (decrease) increase in cash and cash equivalents	(673)	14,752
Cash and cash equivalents at beginning of year	66,556	51,804
Cash and cash equivalents at end of year	\$ 65,883	\$ 66,556

See accompanying notes

Yale-New Haven Hospital, Inc.

Notes to Financial Statements

September 30, 2011

1. Organization and Significant Accounting Policies

Organization

Yale-New Haven Hospital, Inc. (the "Hospital") is a voluntary association incorporated under the General Statutes of the State of Connecticut. YNH Network Corporation ("YNHNC"), a Connecticut not-for-profit corporation, is the sole member of the Hospital, and serves as the sole member/parent for a delivery network of regional healthcare providers and related entities.

Yale-New Haven Health Services Corporation ("YNHHSC") is the sole member of YNHNC and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional healthcare providers and related entities. The Hospital continues to operate with a separate Board of Trustees, management staff and medical staff; however, YNHNC approves the Hospital's strategic plans, operating and capital budgets, and Board of Trustees appointments.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated net settlements with third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

During fiscal 2011 and 2010, the Hospital recorded a change in estimate of approximately \$10.6 million and \$9.0 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2011 and 2010, respectively.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose and appreciation on permanently restricted net assets. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these trusts is unrestricted and the assets are classified as permanently restricted.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The restricted funds investments are pooled with unrestricted investments to facilitate their management. Investment income is allocated to the restricted funds using the market value unit method. The Board of Trustees approves spending for certain pooled funds based on total return. Realized gains and losses from the sale of securities are computed using the average cost method.

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions receivable at September 30, 2011 and 2010 were comprised primarily of amounts contributed for the construction of the Yale-New Haven Smilow Cancer Hospital ("Cancer Hospital").

Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions.

Contributions receivable, included in other receivables and other assets in the accompanying balance sheets at September 30, 2011 and 2010, are expected to be received as follows (in thousands):

	September 30	
	2011	2010
Less than one year	\$ 1,187	\$ 1,527
One to five years	1,662	3,138
Thereafter	–	52
	2,849	4,717
Less unamortized discount on contributions receivable (0.3% to 4.2%)	(174)	(329)
	2,675	4,388
Allowance for uncollectible contributions	(80)	(132)
	\$ 2,595	\$ 4,256

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use and which are not maintained in the short-term or long-term investment portfolios.

Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

Investments

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

Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value (quoted market prices) in the accompanying balance sheets.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Certain alternative investments (non-traditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for under the equity method and utilizing Yale University's (the "University") reported net asset value per unit for measurement of the units' fair value for the Yale University investment. Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately \$84.6 million in these alternative investments, of which approximately \$76.6 million has been funded as of September 30, 2011.

Effective January 1, 2010, the Hospital transferred all of its Endowment and Operating invested assets, excluding operating cash, into the newly formed Yale New Haven Health System Investment Trust (the "Trust"), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools: the Long-Term Investment Pool ("L-TIP") and the Intermediate-Term Investment Pool ("I-TIP"). Governance of the Trust is performed by the Yale New Haven Health System Investment Committee.

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2011, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2012. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool"). Under the terms of the agreement for the years ended September 30, 2011 and 2010, the Trust transferred \$100.0 million and \$55.0 million, respectively, to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real assets, fixed income and cash.

Under the terms of the investment management agreement with the University, withdrawals of the Trust's investment in the Pool can be made annually by the Trust on July 1. For withdrawals of amounts less than \$150.0 million or 75% of the Trust's investment in the Pool, \$100.0 million or 50% of the Trust's investment in the Pool, and \$50.0 million or 25% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 180 days, 90 days, and 30 days, respectively, prior to the University's fiscal year ending June 30. For withdrawals greater than \$150.0 million or more than 75% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 270 days prior to the University's fiscal year end of June 30.

Short-term investments represent those securities that are available for the Hospital's operations and can be converted to cash within one year.

Inventories

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method with the exception of pharmacy inventories, which are valued at average cost.

Assets Limited as to Use

Assets so classified represent assets held by trustees under indenture agreements, beneficial interest in perpetual trusts and designated assets set aside by the Board of Trustees for future capital improvements and other Board approved uses. The Board of Trustees retains control and, at its discretion, may use for other purposes assets limited as to use for plant improvements and expansion. Amounts required to meet current liabilities are reported as current assets. These funds primarily consist of U.S. government securities, mutual funds, and money market funds.

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital. These Board-designated assets are commingled in the University's endowment pool. At September 30, 2011 and 2010, the carrying value of assets managed by the University under this arrangement was approximately \$8.6 million and \$7.5 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Perpetual Trusts

The Hospital is the beneficiary of certain perpetual trusts held and administered by others. The present values of the estimated future cash receipts, which are measured based on the fair value of the assets held by the trust, are recognized as assets and contribution revenues at the dates the trusts are established. Distributions from the trusts related to earnings and investment income are recorded as contributions and the carrying value of the assets is adjusted for changes in the fair value.

Interest Rate Swap Agreements

The Hospital utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. Interest rate swap agreements are reported at fair value. The Hospital is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Hospital is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable rate payments do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees. The Hospital makes annual contributions to the YNHHS Voluntary Employee Beneficiary Association ("VEBA") plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits. Annually, premiums are set to reflect the estimated cost of benefits. During the years ended September 30, 2011 and 2010, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$89.3 million and \$77.8 million, respectively.

The Hospital is self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported ("IBNR") and are based on Hospital-specific experience. At September 30, 2011 and 2010, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$13.4 million, discounted at 3.5%, and \$12.0 million, discounted at 4.0%, respectively, and are included in accrued expenses in the accompanying balance sheets.

Professional Liability Insurance

The Hospital participates in the YNHHS coordinated professional liability program. Based on the terms of the agreement with YNHHS, the Hospital records the actuarially determined liabilities for IBNR professional and general liabilities and has recorded a deposit (asset) for liabilities transferred in the year ended September 30, 1998 (see Note 9).

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Property, Plant, and Equipment

Property, plant, and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at date of contribution. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in income from operations. Depreciation of property, plant, and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 50 years. The cost of additions and improvements are capitalized and expenditures for repairs and maintenance, including the cost of replacing minor items not considered substantial enhancements, are expensed as incurred.

The Hospital and the Housing Authority of New Haven (“HANH”) have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut. As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of \$5.7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of \$5.2 million, unless the pledged account is extended with an annual increase of approximately \$180,000. As of September 30, 2011, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account.

Deferred Revenue

Deferred revenue includes amounts which have been received that relate to future years (see Note 10). Amounts will be reduced as revenue is earned.

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely related to ongoing operations are included in other revenue; other gains and losses are classified as non-operating (see Note 14). Included in non-operating expenses are amounts related to the proposed acquisition with the Saint Raphael Healthcare System (see Note 10).

Consistent with industry practice, contributions of, or restricted to, property, plant, and equipment, transfers of assets to and from affiliates for other than goods and services, and pension and other post-retirement liability adjustments are excluded from the performance indicator but are included in the changes in net assets.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the “Code”), and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital also is exempt from state income tax.

Operating Expenses

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses. For the years ended September 30, 2011 and 2010, the Hospital recorded approximately \$52.9 million and \$51.1 million, respectively, as reductions to expenses.

Deferred Financing Costs

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method (see Note 7).

Impairment of Assets

The Hospital reviews property, equipment and intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If such impairment indicators are present, the Hospital recognizes a loss on the basis of whether these amounts are fully recoverable.

New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (“FASB”) issued amended guidance relating to measuring charity care for disclosures. The amended guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The Hospital will be required to adopt the disclosures required by the amended guidance for periods beginning after December 15, 2010.

In August 2010, FASB issued Accounting Standard Update 2010-24, “*Topic 954 – Presentation of Insurance Claims and Related Insurance Recoveries*” The amendments in this update clarify that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The Hospital will adopt the presentation changes to the statement of financial position for periods beginning after December 15, 2010.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

In July 2011, the FASB also issued Accounting Standards Update No. 2011-07, "*Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*" ("ASU 2011-07"). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations for periods beginning after December 15, 2011.

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2010 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2011 presentation.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

Third-party payor receivables included in other receivables were \$31.1 million and \$16.1 million at September 30, 2011 and 2010, respectively. Third-party payor receivables included in other long-term assets were \$12.3 million and \$7.7 million at September 30, 2011 and 2010, respectively. Third-party payor liabilities included in other current liabilities were \$1.3 million and \$1.1 million at September 30, 2011 and 2010, respectively. Third-party payor liabilities included in other long-term liabilities were \$28.3 million and \$29.5 million at September 30, 2011 and 2010, respectively.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

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

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets. Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Revenue from Medicare and Medicaid programs accounted for approximately 29% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011 and approximately 31% and 13%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2010. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 31% and 28%, respectively, for the year ended September 30, 2011 and approximately 31% and 27%, respectively, for the year ended September 30, 2010. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2005 for Medicare and 1995 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 30% from Medicare, 8% from Medicaid, and 62% from non-governmental payors at September 30, 2011 and 26% from Medicare, 8% from Medicaid, and 66% from non-governmental payors at September 30, 2010.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

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

Net patient service revenue is comprised of the following for the years ended September 30, 2011 and 2010 (in thousands):

	<u>2011</u>	<u>2010</u>
Gross revenue from patients	\$ 4,443,296	\$ 3,902,060
Deductions:		
Contractual allowances	2,939,940	2,520,876
Charity and free care (at charges)	61,299	62,606
Net patient service revenue	<u>\$ 1,442,057</u>	<u>\$ 1,318,578</u>

3. Uncompensated Care and Community Benefit Expense

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

For financial reporting purposes, the Hospital reports care provided for which no payment was received from the patient or insurer as uncompensated care. Uncompensated care is the sum of the Hospital's free care provided, charity care provided and bad debt expense. In determining uncompensated care, the Hospital excludes contractual allowances. The cost of uncompensated care amounted to approximately \$55.9 million and \$54.2 million in 2011 and 2010, respectively. Additionally, the Hospital incurred losses related to the State Medicaid program of approximately \$127.8 million and \$113.3 million in 2011 and 2010, respectively. The estimated cost of uncompensated care and Medicaid losses were determined using Hospital-specific data.

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

Annually, the Hospital accrues for the potential losses related to its uncollectible accounts and the amounts that meet the definition of charity and free care allowances. At September 30, 2011 and 2010, the amount estimated by management to represent the Hospital's uncollectible and charity and free care allowance, which is included in the accompanying balance sheets as a reduction of accounts receivable for services to patients, was approximately \$43.2 million and \$34.2 million, respectively.

Additionally, the Hospital provides benefits for the broader community which includes services provided to other needy populations that may not qualify as poor but need special services and support. Benefits include the cost of health promotion and education of the general community, interns and residents, health screenings, and medical research. The benefits are provided through the community health centers, some of which service non-English speaking residents, disabled children, and various community support groups. The Hospital voluntarily assists with the direct funding of several City of New Haven programs, including an economic development program and a youth initiative program.

In addition to the quantifiable services defined above, the Hospital provides additional benefits to the community through its advocacy of community service by employees. The Hospital's employees serve numerous organizations through board representation, membership in associations and other related activities. The Hospital also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

4. Investments and Assets Limited as to Use

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

	2011	2010
Money market funds	\$ 108,579	\$ 55,764
U.S. equity securities	11,113	11,573
U.S. equity securities –common collective trusts	33,319	59,551
International equity securities (a)	37,523	70,445
Fixed income:		
U.S. government	41,719	28,038
U.S. government – common collective trusts	58,205	64,101
International government (b)	31,704	8,134
Commodities	1,010	1,038
Hedge funds:		
Absolute return (c)	44,783	59,740
Long/short equity (d)	12,653	11,909
Real estate (e)	10,168	9,081
Interest in Yale University endowment pool (f)	278,719	175,332
Perpetual trusts (g)	10,906	11,639
Total	\$ 680,401	\$ 566,345

- (a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.
- (b) Investments with external commodities futures manager.
- (c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions
- (d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.
- (e) Investments with external direct real estate managers and fund of funds managers. Investment vehicles include both closed end REITs and limited partnerships.
- (f) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.
- (g) Investments consist of several domestic and international equity and fixed income mutual funds, REITs, commodities and money market funds. There is also an investment in a hedge fund of funds.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

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

The Hospital's ownership percentage of the Trust was approximately 85.2% and 81.2% as of September 30, 2011 and 2010, respectively. The Hospital's prorata portion of the Trust's investments are included above in the table.

Included in assets limited as to use at September 30, 2011 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7). These funds consisted of money market funds of approximately \$60.7 million at September 30, 2011.

The composition and presentation of unrestricted investment income, gains from investments, and the net change in unrealized gains and losses, are as follows for the years ended September 30, 2011 and 2010 (in thousands):

	<u>2011</u>	<u>2010</u>
Interest and dividend income, net	\$ 2,835	\$ 3,024
Realized gains on investments, net	20,366	7,493
Change in fair value of swap, including counterparty payments	(9,781)	(16,515)
Change in unrealized gains and losses on investments	(1,949)	22,044
	<u>\$ 11,471</u>	<u>\$ 16,046</u>

5. Endowment

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

5. Endowment (continued)

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (“CUPMIFA”) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment related to the Hospital’s beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

Changes in endowment net assets for the year ended September 30, 2011 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 41,829	\$ 26,256	\$ 68,085
Investment return:			
Investment income	443	—	443
Net appreciation (realized and unrealized)	3,104	—	3,104
Total investment return	3,547	—	3,547
Contributions	2	—	2
Appropriation of endowment assets for expenditure	(8,040)	—	(8,040)
Other changes:			
Change in value of beneficial interest trusts	—	(733)	(733)
Endowment net assets, end of year	\$ 37,338	\$ 25,523	\$ 62,861

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2010 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 44,813	\$ 25,722	\$ 70,535
Investment return:			
Investment income	444	—	444
Net appreciation (realized and unrealized)	4,523	—	4,523
Total investment return	4,967	—	4,967
Appropriation of endowment assets for expenditure	(7,951)	—	(7,951)
Other changes:			
Change in value of beneficial interest trusts	—	534	534
Endowment net assets, end of year	<u>\$ 41,829</u>	<u>\$ 26,256</u>	<u>\$ 68,085</u>

	September 30,	
	2011	2010
	<i>(in thousands)</i>	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA:		
Without purpose restrictions	\$ 8,478	\$ 9,429
With purpose restrictions	28,860	32,400
Total endowment funds classified as temporarily restricted net assets	<u>\$ 37,338</u>	<u>\$ 41,829</u>

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation. Actual returns in any given year may vary from this amount.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

5. Endowment (continued)

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Hospital has a policy of appropriating for distribution each year based on a combination of the weighted average of the prior year spending adjusted for inflation and the amount that would have been spent using a predetermined percentage of the current market value of the endowment fund. In establishing this policy, the Hospital considered the long-term expected return on its endowment.

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes (in thousands):

	September 30	
	2011	2010
Plant improvement and expansion	\$ 441	\$ 457
Specific hospital operations, teaching, research, free care, and training	43,506	48,068
	\$ 43,947	\$ 48,525

Permanently restricted net assets of approximately \$25.5 million and \$26.3 million at September 30, 2011 and 2010, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care, and other services.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

7. Long-Term Debt

A summary of long-term debt is as follows (in thousands):

	September 30	
	2011	2010
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority ("CHEFA"):		
Series J (5.12% effective interest rate)	\$ 164,295	\$ 169,390
Series K (3.11% effective interest rate)	98,305	101,405
Series L (3.68% effective interest rate)	107,460	107,460
Series M (5.24% effective interest rate)	101,825	—
Capital lease obligation – November 2010	55,309	56,631
Capital lease obligation – December 2010	55,082	56,382
Note payable (0.07% effective interest rate)	40,000	—
Other (6.50% effective interest rate)	—	2,817
	622,276	494,085
Add premium	7,322	7,160
Less current portion	(13,047)	(13,634)
	\$ 616,551	\$ 487,611

In September 2006, the Hospital issued Series J revenue bonds totaling approximately \$280.9 million. The proceeds, including a premium of approximately \$10.1 million, were used to finance a portion of the construction costs of the Cancer Hospital, and to pay for bond issuance costs. The bond premium was being amortized and was included in capitalized interest through March 2010. As of the opening of the Cancer Hospital, the bond premium was amortized in the statement of operations. The Series J revenue bonds were issued in three sub-series as follows: (1) Series J-1, approximately \$174.4 million, consisting of approximately \$83.7 million of serial bonds and approximately \$90.7 million in term bonds bearing interest at 5% per annum; (2) Series J-2, approximately \$40.0 million of revenue bonds bearing interest at 3.65% at September 30, 2007; (3) Series J-3, approximately \$66.5 million of revenue bonds bearing interest 3.70% at September 30, 2007. Series J-2 and J-3 revenue bonds were refunded during the year ended September 30, 2008 by the issuance of Series L revenue bonds.

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately \$216.6 million. The Series K revenue bonds were issued as Variable Rate Demand Bonds ("VRDBs") in two sub-series, Series K-1 and K-2, approximately \$54.6 million each, with an effective rate of 1.1% in 2011 and 2010. The proceeds from the Series K issuance were used to refund the Series I revenue bonds. The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately \$53.7 million each, with an effective rate of 0.8% in 2011 and 2010. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

7. Long-Term Debt (continued)

Both the Series K and Series L VRDBs are required to be supported by letter of credit facilities (“LOCs”) which have been executed with two financial institutions. These LOCs are scheduled to expire on May 2, 2016 and May 14, 2016.

In December 2010, the Hospital issued Series M revenue bonds totaling approximately \$104.4 million. The proceeds, including a premium of approximately \$1.0 million, are being used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital’s infrastructure, and to pay for bond issuance costs. The bond premium is being amortized and is included in capitalized interest. The Series M revenue bonds were issued as one series consisting of approximately \$33.9 million of serial bonds bearing interest at 4.69%, and approximately \$17.6 million, \$17.8 million, and \$35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum.

On October 4, 2007, the Hospital and the City of New Haven, Connecticut (the “City”) entered into an agreement (the “Agreement”) relating to each party’s performance under a development agreement for the construction of the Cancer Hospital. As part of the Agreement, the Hospital secured an irrevocable standby LOC in the amount of \$2.0 million in favor of the City to ensure completion of one component of the project by the Hospital. Having met the terms of the Agreement, the LOC was cancelled on July 30, 2010.

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N.A. (“Bank”) for \$40.0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of \$8.0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0.50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made.

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital’s debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others. As of September 30, 2011 and 2010, the Hospital was in compliance with such covenants.

Sinking fund installment amounts are to be made in accordance with the Series J, K, L, and M financing agreements. Required monthly payments on the revenue bonds by the Hospital to a trustee are in amounts sufficient to provide for the payments of principal, interest, and sinking fund installments, in accordance with the terms of the agreements, and certain other annual costs of CHEFA.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

7. Long-Term Debt (continued)

Scheduled principal payments on all long-term debt, including capital lease obligations, are as follows (in thousands):

	Long- Term Debt	Capital Lease Obligations
2012	\$ 10,185	\$ 9,052
2013	18,640	5,150
2014	19,070	4,647
2015	19,445	4,821
2016	19,945	4,879
Thereafter	424,600	68,691
	<u>\$ 511,885</u>	<u>97,240</u>
Less interest		(40,454)
		56,786
2 Howe Street 2013 purchase obligation		53,605
Total capital lease obligation		<u>\$ 110,391</u>

The Hospital has entered into interest rate swap agreements with financial institutions related to the Hospital's Series K and Series L debt. The swap agreements were carried over as part of the refunding of the Series I and Series J debt. The agreements require the Hospital to pay a fixed rate and receive a floating rate based on LIBOR. The change in market value, as well as the net interest paid or received under the swap agreement, for the Series J/Series L swap has been capitalized as part of the interest costs related to construction of the Cancer Hospital until construction was complete. Once the Cancer Hospital became operational these amounts were recorded in the statements of operations.

Capitalized interest at September 30, 2011 and 2010 totaled \$24.9 million and \$21.8 million, respectively.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized. At September 30, 2011 and 2010, the fair value of swap agreements based on current interest rates was approximately \$31.9 million and \$27.5 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

7. Long-Term Debt (continued)

For the Series K swap, there was an unfavorable change in fair value of approximately \$0.9 million and \$4.4 million for the years ended September 30, 2011 and 2010, respectively, which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap, \$4.2 million has been collateralized by the Hospital and is being held by the financial institution as of September 30, 2011, as required by the swap agreement. No collateral is required under the Series L swap agreement.

In 2011, the Hospital transferred the original Series L Swap and replaced it with a new counterparty, under identical terms and conditions. For the Series L swaps, there was an unfavorable change in fair value of approximately \$3.5 million and \$4.7 million for the years ended September 30, 2011 and 2010, respectively, which was recorded in the excess of revenue over expenses.

The following table summarizes the Hospital's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Hospital Receives	Hospital Pays	Notional Amount at	
				September 30 2011	September 30 2010
Series K – Fixed to Floating	July 1, 2025	LIBOR	3.11%	\$ 66,269	\$ 68,365
Series L – Fixed to Floating	July 1, 2036	LIBOR	3.68%	44,505	44,505
				<u>\$ 110,774</u>	<u>\$ 112,870</u>

For the years ended September 30, 2011 and 2010, the Hospital paid approximately \$15.8 million and \$13.7 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

Arbitrage rules apply for Series J-1 and Series M tax-exempt debt. The rules require that, in specified circumstances, earnings from the investment of tax-exempt bond proceeds which exceed the yield on the bonds must be remitted to the Federal government.

In December 2008, the Hospital purchased property strategically located near the Cancer Hospital for future development on Howard and Legion Avenues in New Haven, Connecticut. The purchase price was approximately \$14.0 million. As part of the transaction, the Hospital assumed a note payable in the amount of \$6.0 million. The final installment for this debt was paid in December 2010.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

7. Long-Term Debt (continued)

The Hospital has entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced December 2009. This lease has a term of twenty years from the commencement date with the option to extend the lease for four successive terms of ten years. Rental payments will increase by 5% every five years. The Hospital is also subject to additional rent for its share of expenses, as defined in the contract. The Hospital has the option to purchase the property at the end of the fifth, tenth, or twentieth years or at the end of each of the first three ten-year extension periods.

The Hospital has entered into an agreement to lease space in a building located at 2 Howe Street, New Haven, Connecticut. The Hospital's rental obligation commenced during the first quarter of fiscal 2010. The Hospital will lease these spaces for three years after which the Hospital has the obligation to purchase the property for approximately \$53.6 million.

Assets recorded under the capital lease obligations totaled \$115.8 as of September 30, 2011 and 2010. Accumulated depreciation for the capital lease obligations totaled \$4.2 million and \$1.1 million at September 30, 2011 and 2010, respectively.

8. Pensions and Postretirement Benefits

The Hospital has qualified and non-qualified defined benefit pension plans covering substantially all employees and executives. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees. The Hospital's contributions for the 403(b) plan are determined based on employee contributions and years of service. The Hospital contributed approximately \$10.9 million and \$10.2 million for the years ended September 30, 2011 and 2010, respectively. The Hospital maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2011 and 2010 in other assets and other long-term liabilities were \$18.4 million and \$17.0 million, respectively.

The Hospital also provides certain health care and life insurance benefits upon retirement to substantially all its employees. The Hospital's policy is to fund these annual costs as they are incurred from the general assets of the Hospital. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Included in unrestricted net assets at September 30, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of \$0.3 million and \$0.5 million, respectively, and unrecognized actuarial losses of \$129.7 million and \$101.3 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2012 are \$0.8 million and \$4.3 million, respectively.

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2011 and 2010 (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation at prior measurement date	\$ 374,050	\$ 349,674	\$ 58,103	\$ 51,756
Service cost	18,385	15,931	3,092	3,075
Interest cost	17,407	18,418	3,014	2,793
Actuarial loss	13,409	13,517	818	1,780
Benefits paid	(17,609)	(23,490)	(1,340)	(1,301)
Benefit obligation at current measurement date	405,642	374,050	63,687	58,103
Change in plan assets				
Fair value of assets at prior measurement date	228,281	216,433	—	—
Actual return on plan assets	2,338	16,037	—	—
Employer contributions	12,885	19,301	1,340	1,301
Benefits paid	(17,609)	(23,490)	(1,340)	(1,301)
Fair value of assets at current measurement date	225,895	228,281	—	—
Accrued benefit cost	\$ (179,747)	\$ (145,769)	\$ (63,687)	\$ (58,103)

Benefit Obligation and Assumptions

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets for the defined benefit plans were as follows (in thousands):

	September 30,	
	2011	2010
Projected benefit obligation	\$ (405,642)	\$ (374,050)
Accumulated benefit obligation	(301,241)	(276,266)
Fair value of plan assets	225,895	228,281

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

At September 30, 2011 and 2010, the underfunded status of the qualified defined benefit pension plan was approximately \$136.8 million and \$105.8 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$43.0 million and \$40.0 million, respectively. Additionally, there are assets limited as to use of approximately \$58.4 million and \$54.0 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2011 and 2010, respectively.

The net periodic benefit cost for the years ended September 30, 2011 and 2010 is as follows (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2011	2010	2011	2010
Service cost	\$ 18,385	\$ 15,931	\$ 3,092	\$ 3,075
Interest cost	17,407	18,418	3,014	2,793
Expected return on plan assets	(19,350)	(19,528)	—	—
Amortization of prior service cost	(462)	(462)	264	264
Recognized net actuarial loss	2,711	1,230	—	—
Net periodic benefit cost	\$ 18,691	\$ 15,589	\$ 6,370	\$ 6,132

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2011 and 2010 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2011	2010	2011	2010
Discount rate for determining benefit obligations at year-end, qualified plan	4.80%	4.80%	5.10%	5.30%
Discount rate for determining benefit obligations at year end, non-qualified plan	5.10	5.30	—	—
Rate of compensation increase	5.00	5.00	—	—

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2011 and 2010 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2011	2010	2011	2010
Discount rate for determining benefit obligations at year-end, qualified plan	4.80%	5.50%	5.30%	5.50%
Discount rate for determining benefit obligations at year end, non-qualified plan	5.30	5.50	—	—
Expected rate of return on plan assets	7.75	7.75	—	—
Rate of compensation increase	5.00	5.00	—	—

For measurement purposes relating to the postretirement benefits plan, an 8.0% and 9.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2011 and fiscal 2010, respectively. Rates are assumed to decline to 4.0% through fiscal 2014.

Assumed health care cost trend rate assumptions have a significant effect on the amounts reported. A 1% change in the assumed healthcare cost trend rate would have the following effects (in thousands):

	1% Increase	1% Decrease
Effect on total of service and interest cost components	\$ 18	\$ (21)
Effect on postretirement benefit obligation	192	(193)

The asset allocation of the Hospital's qualified pension plan at September 30, 2011 and 2010 was as follows:

Asset Category	Target Allocation	Percentage of Plan Assets	
	2012	2011	2010
Equity securities	39%	41%	47%
Debt securities	26	28	25
Real estate/ oil and gas	11	12	9
All other assets	24	19	19
Total	100%	100%	100%

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Financial assets carried at fair value, as of September 30, 2011 and 2010 are classified in the following tables (see Footnote 14 for description) (in thousands):

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 4,673	\$ —	\$ —	\$ 4,673
U S equity securities	47,070	—	—	47,070
International equity securities	45,118	—	—	45,118
Fixed income				
U S government	51,551	—	—	51,551
International government	13,260	—	—	13,260
Commodities	4,923	—	5,745	10,668
Private equity	—	—	331	331
Hedge funds				
Absolute return	—	29,362	—	29,362
Long/short equity	—	8,235	—	8,235
Real estate	—	—	15,627	15,627
Total investments	\$ 166,595	\$ 37,597	\$ 21,703	\$ 225,895

	September 30, 2010			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 3,455	\$ —	\$ —	\$ 3,455
U S equity securities	52,257	—	—	52,257
International equity securities	53,714	—	—	53,714
Fixed income				
U S government	55,305	—	—	55,305
Commodities	5,790	—	5,852	11,642
Hedge funds				
Absolute return	—	29,546	—	29,546
Long/short equity	—	7,763	—	7,763
Real estate	—	—	14,599	14,599
Total investments	\$ 170,521	\$ 37,309	\$ 20,451	\$ 228,281

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The following is a rollforward of the pension assets classified as Level 3 of the valuation hierarchy as described in Note 15:

	Commodities	Private Equity	Real Estate	Total
Fair value at September 30, 2009	\$ 3,249	\$ —	\$ 14,507	\$ 17,756
2010 Realized and unrealized gains and losses	2,237	—	(2,473)	(236)
2010 Purchases, sales, transfers, issuances and settlements, net	366	—	2,565	2,931
Fair value at September 30, 2010	5,852	—	14,599	20,451
2011 Realized and unrealized gains and losses	686	—	3,049	3,735
2011 Purchases, sales, transfers, issuances and settlements, net	(793)	331	(2,021)	(2,483)
Fair value at September 30, 2011	\$ 5,745	\$ 331	\$ 15,627	\$ 21,703

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. The Hospital's pension portfolio return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan for the years ended September 30, 2011 and 2010 was 2.7% and 7.1%, respectively.

The future cash flows of the Hospital relative to retirement benefits are expected to be as follows (in thousands):

	Defined Benefit Pension Plans	Postretirement Benefits Plan
Estimated benefit payments related to years ending September 30:		
2012	\$ 32,597	\$ 2,535
2013	32,753	2,734
2014	33,501	2,926
2015	35,347	3,181
2016	35,049	3,437
2017 to 2021	188,438	22,249

The Hospital expects to contribute approximately \$42.6 million for pension benefits and \$2.5 million for postretirement benefits payments in fiscal 2012.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

9. Professional Liability Insurance

In 1978, the Hospital and a number of other academic medical centers formed The Medical Centre Insurance Company, Ltd. (the “Captive”) to insure for professional and comprehensive general liability risks. In 1997, the Captive formed MCIC Vermont, Inc. to write direct insurance for the professional and general liability risks of the shareholders. Since 1997, the Captive has acted as a reinsurer for varying levels of per claim limit exposure. MCIC Vermont, Inc. has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, the Captive and MCIC Vermont, Inc.

In fiscal 1998, the Hospital entered into a purchase and sales management agreement with YNHHS that transferred the Hospital’s participation in the Captive to YNHHS for its book value as calculated by the Captive. Under the terms of the agreement, the Hospital retains certain elements of control and assumes limited risk associated with the ongoing operation of the Captive. The Hospital pays insurance premiums to YNHHS.

Additionally, because the purchase and sales management agreement entered into with YNHHS in 1998 meet the criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately \$11.8 million).

The estimated undiscounted IBNR liability for professional and general claims at September 30, 2011 and 2010 was approximately \$30.4 million and \$28.9 million, respectively, and is recorded at the actuarially determined present value of approximately \$25.5 million and \$23.3 million, respectively, based on a discount rate of 3.5% in 2011 and 4.0% in 2010.

10. Commitments and Contingencies

Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2012 through 2023. Future minimum lease payments under these leases are as follows (in thousands):

2012	\$ 8,486
2013	7,293
2014	6,582
2015	3,913
2016	3,829
Thereafter	15,024
	<u>\$ 45,126</u>

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

10. Commitments and Contingencies (continued)

The Hospital incurred net rent and parking expense under these leases of approximately \$10.1 million and \$9.6 million for each of the years ended September 30, 2011 and 2010, respectively.

Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue. Deferred revenue, from this agreement, at September 30, 2011 and 2010 was \$48.3 million and \$50.0 million, respectively.

In connection with the Cancer Hospital, the Hospital and the University entered into a joint fundraising agreement. As of September 30, 2011 and 2010, the joint fund raising efforts for the new facility had successfully raised \$98.5 million and \$98.4 million, respectively, of the \$100.0 million joint target. As of September 30, 2011 and 2010, the Hospital had attained approximately \$49.2 million related to the fundraising activity which includes the Hospital's shares of amounts raised by the University.

Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

Proposed Acquisition

The Hospital entered into an agreement on September 26, 2011 to acquire certain assets and assume certain liabilities of the Saint Raphael Healthcare System for \$160 million. The regulatory review of the proposed transaction by appropriate state and federal agencies has been initiated. During the regulatory approval process, the Connecticut Attorney General's Office, the Connecticut Office of Health Care Access and the Federal Trade Commission will review the proposed transaction. Upon regulatory approval completion, the proposed transaction would be completed.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

11. Functional Expenses

The Hospital provides general acute health care services to residents within its geographic area. Net expenses related to providing these services are as follows (in thousands):

	Year Ended September 30	
	2011	2010
Health care services	\$ 1,234,794	\$ 1,116,225
General and administrative	201,013	181,711
	<u>\$ 1,435,807</u>	<u>\$ 1,297,936</u>

12. Related Party Transactions

The Hospital provided facility space and certain services to related parties as follows (in thousands):

	Year Ended September 30	
	2011	2010
Recovery of expenses:		
YNHHSC:		
Facility rental	\$ 2,736	\$ 2,672
Shared services	2,322	2,421
Other	1,190	2,136
	<u>\$ 6,248</u>	<u>\$ 7,229</u>
Bridgeport Hospital:		
Resident fees	\$ 2,444	\$ 2,357
Other	1,000	921
	<u>\$ 3,444</u>	<u>\$ 3,278</u>
Ambulatory Services Corporation:		
Salaries and benefits	\$ 4,993	\$ 5,188
Other	185	166
	<u>\$ 5,178</u>	<u>\$ 5,354</u>

YNHHSC is the sole member of Bridgeport Hospital Healthcare Services, Inc., which is the sole member of Bridgeport Hospital.

YNHNC is the parent organization of Yale-New Haven Ambulatory Services Corporation, a Connecticut, non-stock taxable corporation.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

12. Related Party Transactions (continued)

The Hospital purchased certain services from YNHHSC as follows (in thousands):

	Year Ended September 30	
	2011	2010
Operating expenses:		
Professional and general liability insurance	\$ 20,654	\$ 21,380
Information systems	18,805	17,433
System business office	15,198	14,214
Other business services	47,529	38,412
	<u>\$ 102,186</u>	<u>\$ 91,439</u>

Amounts receivable from and payable to related organizations included in other receivables, accounts payable and other long-term liabilities, respectively, in the accompanying balance sheets are as follows (in thousands):

	September 30	
	2011	2010
Other receivables:		
YNHHSC	\$ 2,974	\$ 776
Bridgeport Hospital	362	433
York Enterprises, Inc.	133	187
Ambulatory Services Corporation	894	777
Greenwich Hospital	23	33
Northeast Medical Group, Inc.	340	245
	<u>\$ 4,726</u>	<u>\$ 2,451</u>
Accounts payable:		
YNHHSC	\$ 23,960	\$ 12,154
Greenwich Hospital	51	—
Quinnipiac Medical P.C. (“QMPC”)	—	193
York Enterprises, Inc.	19	7
Other long-term liabilities:		
YNHHSC	38,162	35,678
	<u>\$ 62,192</u>	<u>\$ 48,032</u>

The Hospital maintains certain investments for YNHHSC employees that participate in the Hospital’s sponsored benefit plans. The costs associated with the YNHHSC employees that participate in benefit plans are recovered by the Hospital.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

12. Related Party Transactions (continued)

The Hospital funds certain capital assets purchased by YNHHS. Included in prepaid expenses and other assets were approximately \$2.7 million and \$30.7 million, respectively, at September 30, 2011 and approximately \$1.1 million and \$5.8 million, respectively, at September 30, 2010.

Additionally, for the years ended September 30, 2011 and 2010, the Hospital funded YNHHS approximately \$12.0 million and \$19.0 million, respectively, as part of its participation in the New Clinical Program Development Corporation ("NCPDC"). The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs. The NCPDC Board approves the funding of initiatives.

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2011	2010
Cafeteria and vending	\$ 7,129	\$ 6,407
Contributions	2,667	1,949
Parking income	3,555	2,930
Net assets released from restrictions for operations	5,003	3,846
Net assets released from restrictions for free care	782	835
Net assets released from restrictions for medical research and clinical programs (including \$12.0 million and \$19.0 million, for 2011 and 2010, respectively, for amounts restricted for New Clinical Program Development)	16,195	22,734
Grants	7,432	6,201
Other	3,877	3,523
	\$ 46,640	\$ 48,425

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

14. Non-Operating Gains and Losses, Net

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

	Year Ended September 30	
	2011	2010
Income from investments, donations and other, net	\$ 21,138	\$ 10,104
Change in unrealized gains and losses on investments	(1,949)	22,044
Change in fair value of swap, including counterparty payments	(9,781)	(16,515)
Acquisition costs related to Saint Raphael Healthcare System	(6,051)	—
Medical residents FICA tax refund	10,915	—
	\$ 14,272	\$ 15,633

15. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2011 and 2010 are classified in the following tables in two of the three categories described above (in thousands):

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 65,883	\$ —	\$ —	\$ 65,883
Money market funds	108,579	—	—	108,579
U S equity securities	11,113	—	—	11,113
International equity securities	37,523	—	—	37,523
Fixed income				
U S government	41,719	—	—	41,719
International government	31,704	—	—	31,704
Interest in Yale University endowment pool	—	278,719	—	278,719
Investments at fair value	<u>\$ 296,521</u>	<u>\$ 278,719</u>	<u>\$ —</u>	<u>575,240</u>
Common collective trusts				91,524
Alternative investments				68,614
Perpetual trusts				10,906
Investments not at fair value				171,044
Total investments				<u>\$ 746,284</u>
Liabilities				
Interest rate swaps	<u>\$ —</u>	<u>\$ (31,951)</u>	<u>\$ —</u>	<u>\$ (31,951)</u>

	September 30, 2010			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 66,556	\$ —	\$ —	\$ 66,556
Money market funds	55,764	—	—	55,764
U S equity securities	11,573	—	—	11,573
International equity securities	70,445	—	—	70,445
Fixed income				
U S government	28,038	—	—	28,038
International government	8,134	—	—	8,134
Interest in Yale University endowment pool	—	175,332	—	175,332
Investments at fair value	<u>\$ 240,510</u>	<u>\$ 175,332</u>	<u>\$ —</u>	<u>415,842</u>
Common collective trusts				123,652
Alternative investments				81,768
Perpetual trusts				11,639
Investments not at fair value				217,059
Total investments				<u>\$ 632,901</u>
Liabilities				
Interest rate swaps	<u>\$ —</u>	<u>\$ (27,530)</u>	<u>\$ —</u>	<u>\$ (27,530)</u>

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

15. Fair Value Measurements (continued)

The fair value of long-term debt was approximately \$528.9 million and \$404.2 million at September 30, 2011 and 2010, respectively. The fair value of the capital leases was approximately \$118.7 million and \$116.8 million at September 30, 2011 and 2010, respectively.

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan. In addition, included in the table above are investments at September 30, 2011 and 2010 in common collective trusts totaling approximately \$91.5 million and \$123.7 million, respectively, other alternative investments totaling approximately \$68.6 million and \$81.8 million, respectively, and perpetual trusts totaling approximately \$10.9 million and \$11.6 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2011 and 2010.

The following is a summary of total investments as of September 30, 2011 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

Description of Investment	Carrying Value	Unfunded Commitments	Redemption Frequency	Notice Period	Funds Availability
Hedge funds					
Long/short equity	12,653	—	Annually	100 days	December 31
Absolute return	44,783	—	Annually	100 days	December 31
Real estate	10,168	4,261	N/A	N/A	N/A
Commodities	1,010	4,087	N/A	N/A	N/A

Yale-New Haven Hospital, Inc.

Notes to Financial Statements (continued)

16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service (“IRS”) announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act (“FICA”) taxes. Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2011, the Hospital has recorded estimated net revenue of approximately \$10.9 million, in non-operating gains and losses, related to FICA medical resident refunds claims that are expected to meet the IRS requirements to be eligible for refunds. At September 30, 2011, the Hospital has recorded a net receivable of approximately \$24.7 million included in other assets and a payable of approximately \$13.8 million included in other long-term liabilities. The Hospital has established its estimate based on information presently available; the estimate is subject to change as the IRS adjudicates the claims.

17. Subsequent Events

Subsequent events have been evaluated through December 21, 2011, which is the date the financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the financial statements.

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quality, personalized service to
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needs. We provide a wide range of
services, including tax, assurance,
transactions, and advisory. Our
experts are experienced in all
aspects of business and can
help you achieve your goals.

Additional Data

Software ID:
Software Version:
EIN: 06-0646652
Name: YALE-NEW HAVEN HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARNA P BORGSTROM PRESIDENT &	20 00	X		X				954,504	954,504	642,378
PETER N HERBERT MD CHIEF OF STA	28 00	X		X				969,163	415,355	34,793
BETTY RUTH HOLLANDER TRUSTEE-TERM	1 00	X						0	0	0
BISHOP THEODORE L BROOKS TRUSTEE	1 00	X						0	0	0
JOHN L LAHEY TRUSTEE	1 00	X						0	0	0
JOSEPH R CRESPO CHAIRMAN	1 00	X		X				0	0	0
JULIA M MCNAMARA VICE CHAIR	1 00	X		X				0	0	0
THOMAS M HANSON TRUSTEE	1 00	X						0	0	0
WILLIAM W GINSBERG TRUSTEE	1 00	X						0	0	0
CARLTON L HIGHSMITH TRUSTEE	1 00	X						0	0	0
SUSAN WHETSTONE TRUSTEE	1 00	X						0	0	0
LINDA KOCH LORIMER TRUSTEE	1 00	X						0	0	0
MARVIN K LENDER TRUSTEE	1 00	X						0	0	0
MICHAEL H FLYNN TRUSTEE	1 00	X						0	0	0
PEYTON R PATTERSON TRUSTEE	1 00	X						0	0	0
RICHARD C LEVIN TRUSTEE	1 00	X						0	0	0
ROBERT A HAVERSAT TRUSTEE	1 00	X		X				0	0	0
ROBERT J ALPERN TRUSTEE	1 00	X						0	0	0
HON BARRINGTON D PARKER JR TRUSTEE	1 00	X						0	0	0
THOMAS B KETCHUM TRUSTEE	1 00	X						0	0	0
THANASIS M MOLOKOTOS TRUSTEE	1 00	X						0	0	0
DIANE F PETRA TRUSTEE-TERM	1 00	X						0	0	0
BRUCE ALEXANDER TRUSTEE	1 00	X						0	0	0
MARY FARRELL TRUSTEE	1 00	X						0	0	0
MILES LASATER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNEMARIE LINDSKOG TRUSTEE	1 00	X						0	0	0
RICHARD D'AQUILA EXEC VP	36 00			X				1,132,963	125,885	393,592
JAMES M STATEN SR VP	20 00			X				499,744	499,744	334,730
NORMAN G ROTH SR VP	40 00			X				736,163	0	211,072
KEVIN A MYATT SR VP	24 00			X				411,857	274,571	241,394
PATRICIA S FITZSIMONS SR VP	40 00			X				646,508	0	105,057
WILLIAM J ASELTYN VP	12 00			X				444,919	111,230	206,450
JOHN C SKELLY VP	32 00			X				402,906	100,727	194,893
VINCENT PETRINI SR VP	40 00			X				476,806	0	161,695
THOMAS J BALCEZAK VP	40 00			X				451,513	0	179,971
KEVIN F WALSH VP	40 00			X				409,498	0	145,722
THOMAS D LEARY VP	38 00			X				382,091	20,110	170,194
PAUL N PATTON VP	40 00			X				358,625	0	107,308
PATRICK M LUDDY VP	40 00			X				343,501	0	136,973
STEPHEN M MERZ VP	40 00			X				329,109	0	120,303
RICHARD S STAHL VP	40 00					X		589,430	0	70,082
ABE LOPMAN VP/EXEC DIRE	40 00					X		541,764	0	30,529
SUHER BAKER CHIEF DENTIS	40 00					X		430,646	0	33,104
MARJORIE G GUGLIN VP	40 00					X		390,108	0	69,254
MARK B RUSSI DIRECTOR	40 00					X		335,592	0	44,380
MICHAEL APKON VP	40 00						X	429,055	0	113,531
ALVIN R JOHNSON FORMER VP							X	27,518	0	0
EDWARD J DOWLING FORMER VP							X	25,517	0	0