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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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YALE NEW HAVEN HEALTH SERVICES CORP

Doing Business As

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

Room/suite

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

D Employer identification number
22-2529464

E Telephone number
(203)688-2069

G Gross receipts $ 262,479,288

F Name and address of principal officer
MARNA BORGSTROM
789 HOWARD AVENUE
NEW HAVEN, CT 06519

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW YNHHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile CT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	880
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	660,104
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	58,346

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	158,105,995	192,670,800
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,588,405	2,790,928
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,782,004	14,748,447
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,476,404	210,210,175
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,466,280	94,587,331
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	76,634,500	109,836,138
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	156,100,780	204,423,469
19	Revenue less expenses Subtract line 18 from line 12	7,375,624	5,786,706

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	172,771,446	230,942,682
21	Total liabilities (Part X, line 26)	76,910,589	136,256,908
22	Net assets or fund balances Subtract line 21 from line 20	95,860,857	94,685,774

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-08-13

JAMES STATEN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
		2012-08-08		

Firm's name ▶ YALE NEW HAVEN HEALTH SVC — Firm's EIN ▶

Firm's address ▶ 789 HOWARD AVE RM 2031
NEW HAVEN, CT 065191300 — 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 PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 159,037,994 including grants of $) (Revenue $ 207,419,247)

SEE SCHEDULE O YALE NEW HAVEN HEALTH SYSTEM (YNHHS) FORMED IN 1996 TO ENHANCE THE QUALITY OF HEALTH CARE AND SCOPE OF SERVICES AVAILABLE TO RESIDENTS OF CONNECTICUT, EASTERN NEW YORK, SOUTHWESTERN RHODE ISLAND AND BEYOND YNHHS INCLUDES FOUR CORPORATE MEMBER DELIVERY NETWORKS YALE-NEW HAVEN HOSPITAL (YNHH), BRIDGEPORT HOSPITAL (BH), GREENWICH HOSPITAL (GH), AND THE NORTHEAST MEDICAL GROUP (NEMG), AS WELL AS A NETWORK PARTICIPANT, THE WESTERLY HOSPITAL IN RHODE ISLAND, AND SPECIALTY NETWORKS UNDER YNHHS'S SHARED GOVERNANCE MODEL, EACH DELIVERY NETWORK HAS ITS OWN BOARD OF DIRECTORS AND A SYSTEM BOARD OF DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM EACH DELIVERY NETWORK YALE NEW HAVEN HEALTH SYSTEM IS CONNECTICUT'S LEADING HEALTHCARE SYSTEM, WITH NEARLY 15,000 EMPLOYEES YNHHS PROVIDES COMPREHENSIVE, COST-EFFECTIVE, ADVANCED PATIENT CARE CHARACTERIZED BY SAFETY, QUALITY AND SERVICE YNHHS AND YALE UNIVERSITY HAVE A FORMAL AFFILIATION AGREEMENT TO SUPPORT PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH YALE NEW HAVEN HEALTH SYSTEM'S VISION IS TO BE A LEADING, INTEGRATED HEALTH SYSTEM RECOGNIZED FOR ADVANCING PATIENT CARE EXCELLENCE AND VALUE, PERFORMING IN A FINANCIALLY RESPONSIBLE MANNER AND PROVIDING LEADERSHIP TO IMPROVE HEALTHCARE ACCESS AND DELIVERY YALE NEW HAVEN HEALTH OFFERS PATIENTS A RANGE OF HEALTHCARE SERVICES, FROM PRIMARY PHYSICIAN CARE TO THE MOST COMPLEX CARE AVAILABLE ANYWHERE IN THE WORLD CLINICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE CARE, SPECIALTY, ACUTE AND SUB-ACUTE CARE, AND COORDINATION OF POST-HOSPITAL CARE, INCLUDING REHABILITATION, LONG-TERM AND HOME CARE PATIENT CARE SAFETY, CLINICAL QUALITY AND OPERATIONS IMPROVEMENT PATIENT CARE SAFETY AND CLINICAL QUALITY YNHHS MADE MAJOR STRIDES IN SYSTEM-WIDE STANDARDIZATION OF CLINICAL QUALITY AND PATIENT SAFETY PROCESSES THIS YEAR THE DELIVERY NETWORKS CONTINUED TO PERFORM WELL ON PATIENT SAFETY AND CLINICAL QUALITY METRICS, AND FOCUSED ON FOUR PRIORITIES FOR STANDARDIZATION, MEASUREMENT AND IMPROVEMENT IN 2011 - CATHETER-ASSOCIATED BLOODSTREAM INFECTIONS (CABSIS), CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTIS), HAND HYGIENE COMPLIANCE AND QUALITY OF PRE-PROCEDURE "TIME-OUTS" IN THE OPERATING ROOMS WE PERFORM VERY WELL COMPARED TO BOTH STATE AND NATIONAL BENCHMARKS ADDITIONALLY, WE CONTINUE TO MONITOR, REPORT AND IMPROVE ON MORE THAN 60 PATIENT SAFETY AND CLINICAL QUALITY MEASURES AND TO DEMONSTRATE OUTSTANDING RESULTS IN BOTH PROCESS AND OUTCOME MEASURES TO MOVE PATIENT SAFETY AND CLINICAL QUALITY EVEN HIGHER, THE SYSTEM QUALITY COUNCIL BEGAN A MAJOR EFFORT THIS YEAR TOWARD STANDARDIZATION OF CLINICAL QUALITY AND PATIENT SAFETY - BEYOND THE 60 MEASURES AND FOUR PRIORITIES MANAGEMENT LEADERSHIP INITIATED IDENTIFICATION OF BEST PRACTICES FOR REDUCING PREVENTABLE READMISSIONS, CREATING OPERATIONAL PERFORMANCE MEASURES, AND MULTIDISCIPLINARY EVALUATION OF SIGNIFICANT SAFETY EVENTS IN ADDITION, NURSING LEADERSHIP DEVELOPED A FIVE-YEAR PLAN TO STANDARDIZE NURSING WORKFLOWS, POLICIES AND PROCEDURES TO CREATE A SINGLE STANDARD OF NURSING CARE WHICH WILL ENHANCE QUALITY, REDUCE VARIATION AND REDUCE COSTS MORE THAN 400 EMPLOYEES ATTENDED THE JOSEPH A ZACCAGNINO PATIENT SAFETY AND CLINICAL QUALITY CONFERENCE IN MAY A RECORD HIGH NUMBER OF 91 TEAMS SUBMITTED ABSTRACTS ON PROJECTS COMPLETED DURING THE YEAR TO IMPROVE PATIENT CARE SAFETY AND CLINICAL QUALITY OPERATIONS IMPROVEMENT YNHHS INTRODUCED A COST AND VALUE POSITIONING INITIATIVE TO HELP THE SYSTEM AND ITS DELIVERY NETWORKS PREPARE FOR FUTURE CHANGES IN HEALTHCARE DELIVERY AND PAYMENT A COMPREHENSIVE ASSESSMENT OF YNHHS CLINICAL SERVICES, SUPPLIES, PRODUCTIVITY, HUMAN RESOURCES, PHYSICIAN RELATIONS AND INFRASTRUCTURE WILL BE CONDUCTED EARLY NEXT YEAR TO ENSURE YNHHS CONTINUES TO PROVIDE VALUE TO PATIENTS YNHHS HAS CONTINUED TO IMPLEMENT OPPORTUNITIES TO OPTIMIZE OPERATING EFFICIENCIES FOR EXAMPLE, INFORMATION TECHNOLOGY SERVICES AND MEDICAL RECORD CODING WERE CENTRALIZED AND THE SYSTEM BUSINESS OFFICE (SBO) CONSOLIDATED ALL BILLING OPERATIONS AND FINANCIAL SERVICES MODERN HEALTHCARE RANKED YNHHS 63RD AMONG THE NATION'S TOP 100 INTEGRATED HEALTHCARE NETWORKS IN 2011, REFLECTING THE SYSTEM'S ADVANCED INTEGRATION IN SERVICES, ACCESS AND TECHNOLOGY CLINICAL AND INFORMATION TECHNOLOGY THIS YEAR MARKED THE FIRST WAVE OF IMPLEMENTATION FOR THE SYSTEM'S NEW EPIC INFORMATION SYSTEM, WHICH PROVIDES ONE RECORD FOR EACH PATIENT, REGARDLESS OF WHERE THE PATIENT RECEIVES CARE EPIC WAS LAUNCHED IN SEVERAL PHYSICIAN PRACTICES IN 2011, INCLUDING YALE MEDICAL GROUP AND NORTHEAST MEDICAL GROUP EPIC IS A STATE-OF-THE ART INTEGRATED INFORMATION SYSTEM THAT COMBINES ALL AVAILABLE PATIENT INFORMATION IN A SINGLE DATABASE TO IMPROVE ALL CAREGIVERS' ABILITY TO REVIEW INFORMATION AND TREAT PATIENTS WHEN FULLY IMPLEMENTED IN 2013, PROVIDERS FROM THROUGHOUT THE YALE NEW HAVEN HEALTH SYSTEM WILL BE ABLE TO SEAMLESSLY INTEGRATE PATIENT INFORMATION PATIENTS WILL RECEIVE CARE FROM PHYSICIANS AND OTHER CLINICIANS WHO HAVE ACCESS TO THEIR DATA IN A COMPLETE WAY THAT HAS NEVER BEEN AVAILABLE BEFORE THE PATIENT'S MEDICAL HISTORY, ALLERGIES, CURRENT MEDICATIONS, AND ALL RESULTS ENTERED INTO EPIC WILL BE AVAILABLE TO HELP GUIDE THE CARE THEY RECEIVE THROUGH MYCHART, A PERSONAL HEALTH RECORD, PATIENTS HAVE CONTROLLED ACCESS TO THEIR MEDICAL RECORDS WITH MYCHART, PATIENTS WILL BE ABLE TO VIEW TEST RESULTS, VIEW UPCOMING AND PAST APPOINTMENTS, SCHEDULE ROUTINE APPOINTMENTS, PAY BILLS SECURELY, AND GET AUTOMATED HEALTH MAINTENANCE REMINDERS INFORMATION TECHNOLOGY AND HEALTH INFORMATION CODING SERVICES WERE INTEGRATED TO INCREASE FOCUS ON PATIENT CARE AND SAFETY, CLINICAL QUALITY AND OPERATIONAL EFFICIENCY INFORMATION TECHNOLOGY TEAMS ACROSS YNHHS WERE INTEGRATED INTO A SINGLE YNHHS INFORMATION TECHNOLOGY SERVICE (ITS) ALL THREE SYSTEM HOSPITALS RECEIVED NATIONAL RECOGNITION FOR THEIR ADVANCEMENTS IN INFORMATION TECHNOLOGY THROUGH THEIR INCLUSION IN THE 2011 HOSPITALS AND HEALTH NETWORKS "MOST WIRED" LIST ALONG WITH THE YALE SCHOOL OF MEDICINE, YNHHS LAUNCHED THE ONCORE CLINICAL TRIALS MANAGEMENT SYSTEM, WHICH ALLOWS BOTH ORGANIZATIONS TO JOINTLY MANAGE, REPORT ON AND BILL APPROPRIATELY FOR CLINICAL TRIALS PROVIDER OF CHOICE CLINICAL SERVICES FISCAL YEAR 2011 SET THE STAGE FOR UNPARALLELED GROWTH, EXPANSION AND CLINICAL INTEGRATION WITHIN YNHHS BRIDGEPORT AND YALE-NEW HAVEN HOSPITALS SUBMITTED A JOINT CERTIFICATE OF NEED TO INTEGRATE BRIDGEPORT HOSPITAL'S 42 PEDIATRIC INPATIENT BEDS WITH THE PEDIATRIC SERVICES AT YALE-NEW HAVEN CHILDREN'S HOSPITAL THIS INTEGRATION WILL ENHANCE ACCESS AND QUALITY, STANDARDIZE BEST PRACTICES AND CREATE A COORDINATED, EFFICIENT AND COST-EFFECTIVE PEDIATRIC DELIVERY SYSTEM IN ADDITION, YNHHS HOSPITALS BEGAN AN INITIATIVE TO ALIGN GERIATRIC SERVICES ACROSS THE SYSTEM TO BETTER MEET THE NEEDS OF ELDERLY PATIENTS AND REDUCE READMISSIONS FROM SKILLED NURSING FACILITIES YNHHS INTRODUCED A SMILOW CANCER HOSPITAL SATELLITE AT GREENWICH AND PLANNED ANOTHER ONE AT BRIDGEPORT HOSPITAL FOR 2012 YNHH AND THE HOSPITAL OF SAINT RAPHAEL (HSR) SIGNED A DEFINITIVE AGREEMENT FOR YNHH TO PURCHASE HSR'S ASSETS IN AN EFFORT TO ENHANCE ACCESS AND IMPROVE THE QUALITY AND COST EFFECTIVENESS OF PATIENT CARE STATE AND FEDERAL REGULATORY APPROVALS ARE IN PROCESS GREENWICH AND YALE-NEW HAVEN HOSPITALS PREPARED A CERTIFICATE OF NEED APPLICATION TO PROVIDE ELECTIVE ANGIOPLASTY SERVICES AT GREENWICH HOSPITAL UNDER THE DIRECTION OF YNHH AND YALE SCHOOL OF MEDICINE (YSM) BY USING THE EXISTING ONSITE CARDIOLOGY INFRASTRUCTURE AND EXPERTISE, THIS WILL SUPPORT COST-EFFECTIVENESS AND ENSURE THAT GH PATIENTS HAVE ACCESS TO NEEDED ANGIOPLASTY SERVICES PATIENT SATISFACTION YNHHS CREATED A SERVICE EXCELLENCE COUNCIL WHICH INCLUDES PATIENTS, PHYSICIANS AND SENIOR ADMINISTRATION FROM EACH HOSPITAL AND NEMG TO FOCUS ON IMPLEMENTING BEST PRACTICES TO IMPROVE PATIENT EXPERIENCES ACROSS THE SYSTEM THE SYSTEM IDENTIFIED BEST PRACTICES RELATED TO THE PUBLICLY-REPORTED HEALTH CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY THIS WILL HELP ENSURE THAT PATIENTS ENCOUNTER OPTIMAL EXPERIENCES ACROSS YNHHS AND DRIVE UP PATIENT SATISFACTION SURVEY SCORES HCAHPS SCORES FOR FY 2012 WILL AFFECT FEDERAL REIMBURSEMENT FOR U S HOSPITALS IN 2013 SERVICE GROWTH YALE NEW HAVEN HEALTH SYSTEM REMAINED THE LEADING HEALTH SYSTEM IN THE STATE OF CONNECTICUT IN FY 2011, ALTHOUGH OVERALL ADMISSIONS TO CONNECTICUT HOSPITALS DECREASED SLIGHTLY YNHHS DISCHARGED 89,998 PATIENTS - 21 2 PERCENT OF THE STATE'S INPATIENT DISCHARGES, COMPARED TO 20 9 PERCENT OF THE STATE'S VOLUME LAST YEAR ACCOUNTABLE CARE TASK FORCE IN RESPONSE TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010, YNHHS CREATED A TASK FORCE TO COORDINATE SYSTEM-WIDE EFFORTS TO BECOME EFFECTIVELY ACCOUNTABLE FOR THE HEALTH OF INDIVIDUALS AND PATIENT POPULATIONS, TO COMMUNICATE AND SHARE THESE INITIATIVES AND TO DEVELOP RECOMMENDATIONS ON HOW

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** ▶ $ 159,037,994

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the 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? *If "Yes," complete Schedule F, Parts I and IV*	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 ? *If "Yes," complete Schedule F, Parts II and IV*	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 ? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
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		

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? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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 . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	121		
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	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	880		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	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	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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

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

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

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

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

(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										

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)** . . . . . ▶								8,566,785	13,576,845	4,720,941

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 ▶ 125

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE & TOUCHE LLP DELOITTE & TOUCHE LLP PO BOX 12001 DALLAS, TX 75312	CONSULTING	1,204,013
HITACHI CONSULTING CORP HITACHI CONSULTING CORP 8015 IRVINE DRIVE IRVINE, CA 92618	CONSULTING	1,084,977
JONES DAY JONES DAY 51 LOUISIANA AVE WASHINGTON, DC 20001	LEGAL	685,610
ERNST & YOUNG LLP ERNST & YOUNGLLP PO BOX 404398 ATLANTA, GA 30384	ACCOUNTING	680,609
KURT SALMON ASSOCIATES INC KURT SALMON ASSOCIATES INC 650 FIFTH AVENUE NEW YORK, NY 10019	CONSULTING	671,778

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 ▶ 54

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶					
Program Service Revenue		Business Code				
	2a MANAGEMENT SERVICE REVENUE	900099	112,331,319	112,331,319		
	b MCIC PREMIUMS	900099	40,545,520	40,545,520		
	c SYSTEM SUPPORT FEES	900099	27,050,320	27,050,320		
	d EMERGENCY PREPAREDNESS PRGM	900099	11,673,537	11,673,537		
	e MANAGEMENT SERVICE REVENUE	621990	591,629		591,629	
	f All other program service revenue		478,475	410,000	68,475	
	g **Total.** Add lines 2a–2f . . . . . ▶		192,670,800			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		732,991			732,991
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	54,327,050				
	b Less cost or other basis and sales expenses	52,269,113				
	c Gain or (loss)	2,057,937				
	d Net gain or (loss) . . . . . ▶		2,057,937			2,057,937
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . 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 PHYSICIAN INTEGRATION REVENUE	900099	12,850,630	12,850,630		
	b OTHER INCOME-EXEMPT ORG	900099	1,897,817	1,897,817		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		14,748,447			
	12 **Total revenue.** See Instructions . . . ▶		210,210,175	206,759,143	660,104	2,790,928

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,411,608		7,411,608	
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	66,852,781	50,195,207	16,657,574	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,739,938	2,527,819	1,212,119	
9 Other employee benefits	11,203,454	7,572,400	3,631,054	
10 Payroll taxes	5,379,550	3,636,031	1,743,519	
a Fees for services (non-employees) Management				
b Legal	7,280,682		7,280,682	
c Accounting	244,839		244,839	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	8,671,633	8,424,847	246,786	
12 Advertising and promotion				
13 Office expenses	11,974,917	6,826,818	5,148,099	
14 Information technology				
15 Royalties				
16 Occupancy	11,877,927	10,902,223	975,704	
17 Travel	2,721,972	2,540,130	181,842	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,085,103	5,085,103		
23 Insurance	39,230,404	39,230,404		
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 CLINICAL PROGRAM EXPENSES	12,000,000	12,000,000		
b DUES FEES & MEMBERSHIPS	6,949,800	6,459,104	490,696	
c MISCELLANEOUS EXPENSES	2,346,947	2,312,780	34,167	
d TELEPHONE & DATA COMM	1,334,346	1,226,147	108,199	
e BOOKS & SUBSCRIPTIONS	117,568	98,981	18,587	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	204,423,469	159,037,994	45,385,475	0
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		8,899,771	2	3,600,172
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,346,016	4	64,320,239
	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			8	
	9	Prepaid expenses and deferred charges		3,348,130	9	8,387,070
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 129,096,072			
	b	Less accumulated depreciation	10b 66,306,466	21,481,069	10c	62,789,606
	11	Investments—publicly traded securities		39,443,051	11	18,795,786
	12	Investments—other securities See Part IV, line 11		57,253,409	12	73,049,809
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		172,771,446	16	230,942,682
Liabilities	17	Accounts payable and accrued expenses		55,895,253	17	67,404,519
	18	Grants payable			18	
	19	Deferred revenue		9,240,161	19	57,077,214
	20	Tax-exempt bond liabilities			20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		11,775,175	25	11,775,175
	26	**Total liabilities.** Add lines 17 through 25		76,910,589	26	136,256,908
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		95,860,857	27	94,685,774
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		95,860,857	33	94,685,774
	34	Total liabilities and net assets/fund balances		172,771,446	34	230,942,682

Part XI Reconcilliation 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	210,210,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	204,423,469
3	Revenue less expenses Subtract line 2 from line 1	3	5,786,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	95,860,857
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,961,789
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	94,685,774

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a	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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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 HEALTH SERVICES CORP

Employer identification number
22-2529464

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?

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

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) YALE-NEW HAVEN HOSPITAL INC YALE-NEW HAVEN HOSPITAL INC	060646652	3	Yes			No	Yes		0
Total									16,877,000

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 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).

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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 HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV 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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,870,104	161,471	1,708,633
d Equipment		90,076,724	66,144,995	23,931,729
e Other		37,149,244		37,149,244
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				62,789,606

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN MCIC- VERMONT	41,388,291	C
(B) INVESTMENT IN YALE ENDOWMENT FUND	15,606,653	F
(C) CASH SURRENDER VALUE OF LIFE INSURAN	12,474,365	F
(D) ALTERNATIVE INVESTMENTS	3,360,500	F
(E) INVESTMENT IN NEPC	220,000	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	73,049,809	

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

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

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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 III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	MARNA P BORGSTROM 0 330,914 0 RICHARD D'AQUILA 0 200,290 0 JAMES M STATEN 0 170,497 0 WILLIAM S GEDGE 0 125,706 0 KEVIN A MYATT 0 114,949 0 WILLIAM J ASELTYNE 0 96,201 0 EUGENE J COLUCCI 0 89,357 0 JOHN SKELLY 0 89,193 0 PATRICK MCCABE 0 89,275 0 STEPHEN A ALLEGRETTO 0 83,948 0 VINCENT TAMMARO 0 71,613 0 DAVID WURCEL 0 78,559 0 NANCY LEVITT-ROSENTHAL 0 67,597 0 JOSEPH E JANELL 0 65,466 0 JAMES B MORRIS 0 58,560 0 LYN S SALSGIVER 0 56,942 0 WILLIAM JENNINGS 0 34,300 0 MELISSA B TURNER 0 49,832 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 THESE AMOUNTS INCLUDE ACCUMULATIONS OF FUTURE BENEFITS THAT FOR CERTAIN INDIVIDUALS INCLUDE MULTIPLE YEARS OF SERVICE LEADING UP TO THE VESTING OF BENEFITS THAT OCCURRED IN THE 2010 CALENDAR YEAR ACCORDINGLY, THOSE AMOUNTS INCLUDED IN COLUMN B (III) THAT WERE RECOGNIZED AS 2010 CALENDAR YEAR VESTED AMOUNTS THAT WERE PREVIOUSLY REPORTED ON PRIOR YEARS' FORM 990 AS DEFERRED COMPENSATION HAVE BEEN IDENTIFIED IN COLUMN F PETER HERBERT 252,382 GAYLE CAPOZZALO 189,156 ROBERT TREFRY 447,587 FRANK CORVINO 363,022 QUINTON FRIESEN 139,236 MARK ANDERSEN 1,783,813 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARNA P BORGSTROM	(I)	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	
FRANK A CORVINO	(I)							
	(II)	821,286	309,793	457,558	123,254	16,871	1,728,762	89,859
PETER N HERBERT MD	(I)	247,948	68,136	99,270	5,880	4,558	425,792	20,056
	(II)	578,549	158,983	231,631	13,720	10,635	993,518	46,797
RICHARD D'AQUILA	(I)	77,584	33,508	14,793	35,244	4,115	165,244	
	(II)	698,259	301,568	133,136	317,196	37,037	1,487,196	
GAYLE L CAPOZZALO	(I)	655,732	188,910	279,037	140,600	15,203	1,279,482	65,864
	(II)							
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	
WILLIAM S GEDGE	(I)	481,248	164,400	79,037	230,899	19,724	975,308	
	(II)							
QUINTON F FRIESEN	(I)							
	(II)	391,361	108,129	199,301	77,050	15,203	791,044	37,242
KEVIN A MYATT	(I)	172,383	75,293	26,895	84,024	12,533	371,128	
	(II)	258,575	112,939	40,343	126,037	18,800	556,694	
WILLIAM J ASELTYNE	(I)	76,640	21,021	13,569	32,660	8,630	152,520	
	(II)	306,560	84,084	54,275	130,641	34,519	610,079	
EUGENE J COLUCCI	(I)							
	(II)	371,685	112,752	65,868	166,307	19,992	736,604	23,586
JOHN SKELLY	(I)	69,518	19,868	11,341	31,186	7,792	139,705	
	(II)	278,072	79,472	45,362	124,745	31,170	558,821	
PATRICK MCCABE	(I)							
	(II)	329,826	89,032	52,697	160,334	33,048	664,937	
STEPHEN A ALLEGRETTO	(I)							
	(II)	324,608	96,028	44,083	153,898	22,663	641,280	
VINCENT TAMMARO	(I)	48,026	12,084	6,801	19,614	3,073	89,598	4,908
	(II)	272,147	68,478	38,540	111,148	17,413	507,726	27,809
DAVID WURCEL	(I)							
	(II)	285,986	90,307	60,577	152,509	28,091	617,470	
NANCY LEVITT-ROSENTHAL	(I)							
	(II)	254,165	77,505	36,388	127,547	11,875	507,480	
JOSEPH E JANELL	(I)							
	(II)	234,879	74,492	53,335	92,416	26,642	481,764	
JAMES B MORRIS	(I)	9,542	2,570	1,485	4,389	983	18,969	
	(II)	229,006	61,677	35,642	105,336	23,586	455,247	
MICHAEL S DIMENSTEIN	(I)	24,014	5,150	4,399	1,707	1,960	37,230	3,072
	(II)	216,125	46,348	39,589	15,359	17,643	335,064	27,650
LYN S SALSGIVER	(I)							
	(II)	207,232	64,737	42,751	106,732	29,638	451,090	
WILLIAM JENNINGS	(I)							
	(II)	117,079	170,000	10,161	35,167	3,150	335,557	
MELISSA B TURNER	(I)							
	(II)	178,752	55,586	40,978	90,732	21,569	387,617	
ROBERT NORDGREN	(I)							
	(II)	70,903	103,000	10,847	19,785	3,564	208,099	
DANIEL BARCHI	(I)	73,887	17,500	5,347	20,100	2,520	119,354	
	(II)	31,666	7,500	2,292	8,614	1,080	51,152	
MICHAEL J CEMENOJR	(I)	254,492	49,201	44,138	17,079	14,928	379,838	2,176
	(II)							
DONALD WAGGAMAN	(I)	242,224	43,350	39,499	17,150	3,315	345,538	
	(II)							
ANDREA L BENIN	(I)	233,692	41,903	34,501	15,561	24,496	350,153	
	(II)							
MICHAEL D LOFTUS	(I)	238,020	34,237	27,570	17,185	21,656	338,668	
	(II)							
PAMELA L SCAGLIARINI	(I)	200,315	38,438	33,559	19,685	26,047	318,044	
	(II)							
MARK L ANDERSEN	(I)	467,592	146,681	1,856,189	68,437	11,402	2,550,301	964,411
	(II)							
ROBERT J TREFRY	(I)							
	(II)	879,883	535,259	282,970	105,379	11,403	1,814,894	376,312

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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 HEALTH SERVICES CORP

Employer identification number
22-2529464

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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 IV Business 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) SEE PART V					No

Part V Supplemental 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	PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS SOME OF THE ORGANIZATIONS CURRENT OFFICERS SERVE AS OFFICERS ANDOR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATIONS CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

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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	Employer identification number
YALE NEW HAVEN HEALTH SERVICES CORP	22-2529464

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	YALE NEW HAVEN HEALTH SYSTEM (YNHHS) FORMED IN 1996 TO ENHANCE THE QUALITY OF HEALTH CARE AND SCOPE OF SERVICES AVAILABLE TO RESIDENTS OF CONNECTICUT, EASTERN NEW YORK, SOUTHWESTER N RHODE ISLAND AND BEYOND YNHHS INCLUDES FOUR CORPORATE MEMBER DELIVERY NETWORKS YALE-NE W HAVEN HOSPITAL (YNHH), BRIDGEPORT HOSPITAL (BH), GREENWICH HOSPITAL (GH), AND THE NORTHE AST MEDICAL GROUP (NEMG), AS WELL AS A NETWORK PARTICIPANT, THE WESTERLY HOSPITAL IN RHODE ISLAND, AND SPECIALTY NETWORKS UNDER YNHHS'S SHARED GOVERNANCE MODEL, EACH DELIVERY NETW ORK HAS ITS OWN BOARD OF DIRECTORS AND A SYSTEM BOARD OF DIRECTORS IS COMPRISED OF REPRESE NTATIVES FROM EACH DELIVERY NETWORK YALE NEW HAVEN HEALTH SYSTEM IS CONNECTICUT'S LEADING HEALTHCARE SYSTEM, WITH NEARLY 15,000 EMPLOYEES YNHHS PROVIDES COMPREHENSIVE, COST-EFFEC TIVE, ADVANCED PATIENT CARE CHARACTERIZED BY SAFETY, QUALITY AND SERVICE YNHHS AND YALE U NIVERSITY HAVE A FORMAL AFFILIATION AGREEMENT TO SUPPORT PATIENT CARE, MEDICAL EDUCATION A ND CLINICAL RESEARCH YALE NEW HAVEN HEALTH SYSTEM'S VISION IS TO BE A LEADING, INTEGRATED HEALTH SYSTEM RECOGNIZED FOR ADVANCING PATIENT CARE EXCELLENCE AND VALUE, PERFORMING IN A FINANCIALLY RESPONSIBLE MANNER AND PROVIDING LEADERSHIP TO IMPROVE HEALTHCARE ACCESS AND DELIVERY YALE NEW HAVEN HEALTH OFFERS PATIENTS A RANGE OF HEALTHCARE SERVICES, FROM PRIMA RY PHYSICIAN CARE TO THE MOST COMPLEX CARE AVAILABLE ANYWHERE IN THE WORLD CLINICAL SERVI CES INCLUDE PRIMARY AND PREVENTIVE CARE, SPECIALTY, ACUTE AND SUB-ACUTE CARE, AND COORDIN ATION OF POST-HOSPITAL CARE, INCLUDING REHABILITATION, LONG-TERM AND HOME CARE PATIENT CA RE SAFETY, CLINICAL QUALITY AND OPERATIONS IMPROVEMENT PATIENT CARE SAFETY AND CLINICAL QU ALITY YNHHS MADE MAJOR STRIDES IN SYSTEM-WIDE STANDARDIZATION OF CLINICAL QUALITY AND PATI ENT SAFETY PROCESSES THIS YEAR THE DELIVERY NETWORKS CONTINUED TO PERFORM WELL ON PATIENT SAFETY AND CLINICAL QUALITY METRICS, AND FOCUSED ON FOUR PRIORITIES FOR STANDARDIZATION, MEASUREMENT AND IMPROVEMENT IN 2011 - CATHETER-ASSOCIATED BLOODSTREAM INFECTIONS (CABSIS), CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTIS), HAND HYGIENE COMPLIANCE AND QUALIT Y OF PRE-PROCEDURE "TIME-OUTS" IN THE OPERATING ROOMS WE PERFORM VERY WELL COMPARED TO BO TH STATE AND NATIONAL BENCHMARKS ADDITIONALLY, WE CONTINUE TO MONITOR, REPORT AND IMPROVE ON MORE THAN 60 PATIENT SAFETY AND CLINICAL QUALITY MEASURES AND TO DEMONSTRATE OUTSTANDI NG RESULTS IN BOTH PROCESS AND OUTCOME MEASURES TO MOVE PATIENT SAFETY AND CLINICAL QUALI TY EVEN HIGHER, THE SYSTEM QUALITY COUNCIL BEGAN A MAJOR EFFORT THIS YEAR TOWARD STANDARDI ZATION OF CLINICAL QUALITY AND PATIENT SAFETY - BEYOND THE 60 MEASURES AND FOUR PRIORITIES MANAGEMENT LEADERSHIP INITIATED IDENTIFICATION OF BEST PRACTICES FOR REDUCING PREVENTABL E READMISSIONS, CREATING OPERATIONAL PERFORMANCE MEASURES, AND MULTIDISCIPLINARY EVALUATIO N OF SIGNIFICANT SAFETY EVENTS IN ADDITION, NURSING LEADERSHIP DEVELOPED A FIVE-YEAR PLAN TO STANDARDIZE NURSING WORKFLOWS, POLICIES AND PROCEDURES TO CREATE A SINGLE STANDARD OF NURSING CARE WHICH WILL ENHANCE QUALITY, REDUCE VARIATION AND REDUCE COSTS MORE THAN 400 EMPLOYEES ATTENDED THE JOSEPH A ZACCAGNINO PATIENT SAFETY AND CLINICAL QUALITY CONFERENCE IN MAY A RECORD HIGH NUMBER OF 91 TEAMS SUBMITTED ABSTRACTS ON PROJECTS COMPLETED DURING THE YEAR TO IMPROVE PATIENT CARE SAFETY AND CLINICAL QUALITY OPERATIONS IMPROVEMENT YNHH S INTRODUCED A COST AND VALUE POSITIONING INITIATIVE TO HELP THE SYSTEM AND ITS DELIVERY N ETWORKS PREPARE FOR FUTURE CHANGES IN HEALTHCARE DELIVERY AND PAYMENT A COMPREHENSIVE ASS ESSMENT OF YNHHS CLINICAL SERVICES, SUPPLIES, PRODUCTIVITY, HUMAN RESOURCES, PHYSICIAN REL ATIONS AND INFRASTRUCTURE WILL BE CONDUCTED EARLY NEXT YEAR TO ENSURE YNHHS CONTINUES TO P ROVIDE VALUE TO PATIENTS YNHHS HAS CONTINUED TO IMPLEMENT OPPORTUNITIES TO OPTIMIZE OPERA TING EFFICIENCIES FOR EXAMPLE, INFORMATION TECHNOLOGY SERVICES AND MEDICAL RECORD CODING WERE CENTRALIZED AND THE SYSTEM BUSINESS OFFICE (SBO) CONSOLIDATED ALL BILLING OPERATIONS AND FINANCIAL SERVICES MODERN HEALTHCARE RANKED YNHHS 63RD AMONG THE NATION'S TOP 100 INT EGRATED HEALTHCARE NETWORKS IN 2011, REFLECTING THE SYSTEM'S ADVANCED INTEGRATION IN SERVI CES, ACCESS AND TECHNOLOGY CLINICAL AND INFORMATION TECHNOLOGY THIS YEAR MARKED THE FIRST WAVE OF IMPLEMENTATION FOR THE SYSTEM'S NEW EPIC INFORMATION SYSTEM, WHICH PROVIDES ONE R ECORD FOR EACH PATIENT, REGARDLESS OF WHERE THE PATIENT RECEIVES CARE EPIC WAS LAUNCHED I N SEVERAL PHYSICIAN PRACTICES IN 2011, INCLUDING YALE MEDICAL GROUP AND NORTHEAST MEDICAL GROUP EPIC IS A STATE-OF-THE ART INTEGRATED INFORMATION SYSTEM THAT COMBINES ALL AVAILABL E PATIENT INFORMATION IN A SINGLE DATABASE TO IMPROVE ALL CAREGIVERS' ABILITY TO REVIEW IN FORMATION AND TREAT PATIENTS WHEN FULLY IMPLEMENTED IN 2013, PROVIDERS FROM THROUGHOUT TH E YALE NEW HAVEN HEALTH SYSTEM WILL BE ABLE TO SEAMLESSLY INTEGRATE PATIENT INFORMATION P ATIENTS WILL RECEIVE CARE FROM PHYSICIANS AND OTHE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	R CLINICIANS WHO HAVE ACCESS TO THEIR DATA IN A COMPLETE WAY THAT HAS NEVER BEEN AVAILABLE BEFORE. THE PATIENT'S MEDICAL HISTORY, ALLERGIES, CURRENT MEDICATIONS, AND ALL RESULTS EN TERED INTO EPIC WILL BE AVAILABLE TO HELP GUIDE THE CARE THEY RECEIVE. THROUGH MYCHART, A PERSONAL HEALTH RECORD, PATIENTS HAVE CONTROLLED ACCESS TO THEIR MEDICAL RECORDS. WITH MYC HART, PATIENTS WILL BE ABLE TO VIEW TEST RESULTS, VIEW UPCOMING AND PAST APPOINTMENTS, SCH EDULE ROUTINE APPOINTMENTS, PAY BILLS SECURELY, AND GET AUTOMATED HEALTH MAINTENANCE REMIN DERS. INFORMATION TECHNOLOGY AND HEALTH INFORMATION CODING SERVICES WERE INTEGRATED TO INC REASE FOCUS ON PATIENT CARE AND SAFETY, CLINICAL QUALITY AND OPERATIONAL EFFICIENCY. INFOR MATION TECHNOLOGY TEAMS ACROSS YNHHS WERE INTEGRATED INTO A SINGLE YNHHS INFORMATION TECHN OLOGY SERVICE (ITS). ALL THREE SYSTEM HOSPITALS RECEIVED NATIONAL RECOGNITION FOR THEIR AD VANCEMENTS IN INFORMATION TECHNOLOGY THROUGH THEIR INCLUSION IN THE 2011 HOSPITALS AND HEA LTH NETWORKS "MOST WIRED" LIST. ALONG WITH THE YALE SCHOOL OF MEDICINE, YNHHS LAUNCHED THE ONCORE CLINICAL TRIALS MANAGEMENT SYSTEM, WHICH ALLOWS BOTH ORGANIZATIONS TO JOINTLY MANA GE, REPORT ON AND BILL APPROPRIATELY FOR CLINICAL TRIALS PROVIDER OF CHOICE CLINICAL SERV ICES FISCAL YEAR 2011 SET THE STAGE FOR UNPARALLELED GROWTH, EXPANSION AND CLINICAL INTEGR ATION WITHIN YNHHS. BRIDGEPORT AND YALE-NEW HAVEN HOSPITALS SUBMITTED A JOINT CERTIFICATE OF NEED TO INTEGRATE BRIDGEPORT HOSPITAL'S 42 PEDIATRIC INPATIENT BEDS WITH THE PEDIATRIC SERVICES AT YALE-NEW HAVEN CHILDREN'S HOSPITAL. THIS INTEGRATION WILL ENHANCE ACCESS AND Q UALITY, STANDARDIZE BEST PRACTICES AND CREATE A COORDINATED, EFFICIENT AND COST-EFFECTIVE PEDIATRIC DELIVERY SYSTEM. IN ADDITION, YNHHS HOSPITALS BEGAN AN INITIATIVE TO ALIGN GERIA TRIC SERVICES ACROSS THE SYSTEM TO BETTER MEET THE NEEDS OF ELDERLY PATIENTS AND REDUCE RE ADMISSIONS FROM SKILLED NURSING FACILITIES. YNHHS INTRODUCED A SMILOW CANCER HOSPITAL SATE LLITE AT GREENWICH AND PLANNED ANOTHER ONE AT BRIDGEPORT HOSPITAL FOR 2012. YNHH AND THE H OSPITAL OF SAINT RAPHAEL (HSR) SIGNED A DEFINITIVE AGREEMENT FOR YNHH TO PURCHASE HSR'S AS SETS IN AN EFFORT TO ENHANCE ACCESS AND IMPROVE THE QUALITY AND COST EFFECTIVENESS OF PATI ENT CARE. STATE AND FEDERAL REGULATORY APPROVALS ARE IN PROCESS. GREENWICH AND YALE-NEW HA VEN HOSPITALS PREPARED A CERTIFICATE OF NEED APPLICATION TO PROVIDE ELECTIVE ANGIOPLASTY S ERVICES AT GREENWICH HOSPITAL UNDER THE DIRECTION OF YNHH AND YALE SCHOOL OF MEDICINE (YSM). BY USING THE EXISTING ONSITE CARDIOLOGY INFRASTRUCTURE AND EXPERTISE, THIS WILL SUPPORT COST-EFFECTIVENESS AND ENSURE THAT GH PATIENTS HAVE ACCESS TO NEEDED ANGIOPLASTY SERVICES. PATIENT SATISFACTION YNHHS CREATED A SERVICE EXCELLENCE COUNCIL WHICH INCLUDES PATIENTS, PHYSICIANS AND SENIOR ADMINISTRATION FROM EACH HOSPITAL AND NEMG TO FOCUS ON IMPLEMENTING BEST PRACTICES TO IMPROVE PATIENT EXPERIENCES ACROSS THE SYSTEM. THE SYSTEM IDENTIFIED BE ST PRACTICES RELATED TO THE PUBLICLY-REPORTED HEALTH CONSUMER ASSESSMENT OF HEALTHCARE PRO VIDERS AND SYSTEMS (HCAHPS) SURVEY. THIS WILL HELP ENSURE THAT PATIENTS ENCOUNTER OPTIMAL EXPERIENCES ACROSS YNHHS AND DRIVE UP PATIENT SATISFACTION SURVEY SCORES. HCAHPS SCORES FO R FY 2012 WILL AFFECT FEDERAL REIMBURSEMENT FOR U S. HOSPITALS IN 2013. SERVICE GROWTH YAL E NEW HAVEN HEALTH SYSTEM REMAINED THE LEADING HEALTH SYSTEM IN THE STATE OF CONNECTICUT I N FY 2011, ALTHOUGH OVERALL ADMISSIONS TO CONNECTICUT HOSPITALS DECREASED SLIGHTLY. YNHHS DISCHARGED 89,998 PATIENTS - 21 2 PERCENT OF THE STATE'S INPATIENT DISCHARGES, COMPARED TO 20 9 PERCENT OF THE STATE'S VOLUME LAST YEAR. ACCOUNTABLE CARE TASK FORCE IN RESPONSE TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010, YNHHS CREATED A TASK FORCE TO COORDINATE SYSTEM-WIDE EFFORTS TO BECOME EFFECTIVELY ACCOUNTABLE FOR THE HEALTH OF IND IVIDUALS AND PATIENT POPULATIONS, TO COMMUNICATE AND SHARE THESE INITIATIVES AND TO DEVELO P RECOMMENDATIONS ON HOW YNHHS AND ITS D

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART VI	LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES DIRECTORS DANIEL J MIGLIO AND JOHN LAHEY ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY 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 INTERERTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES FOR WHCH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICER AND/OR DIRECTORS INCLUDE CARDIOVASCULAR SERVICES OF GREENWICH, P C , CENTURY FINANCIAL SERVICES, INC , COMMUNITY HEALTH CARE PHYSICIANS, P C , GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC , GREENWICH HEALTH SERVICES, INC , GREENWICH IM HOSPITALIST SERVICES, INC , GREENWICH INTEGRATIVE MEDICINE, P,C , GREENWICH PAIN CONSULTING SERVICES, INC , GREENWICH PEDIATRIC SERVICES, P C , MEDICAL CENTER REALTY, INC , MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC , QUINNIPIAC MEDICAL, P C , SHORELINE SURGERY CENTER, LLC, SSC II, LLC, YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, YNH GERIATRICS SERVICES, P C , YNH MEDICAL SERVICES, P C , YNHH-MSO, INC , YNHH PHYSICIANS CORP , AND YORK ENTERPRISES, INC

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	SEE ABOVE

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	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	TRANSFER FROM YNH NETWORK & BHHS & AFFILIATES (13,425,000) OTHER CHANGES (1,370) PROGRAM FUNDING- CARDIOLOGY PROGRAM 548,000 PROGRAM FUNDING- NEMG 16,329,000 TRANSFER TO YNH NETWORK CORP 2,900,000 CHANGE IN MARKET VALUE OF INVESTMENTS 611,159 _____ TOTAL CHANGE IN NET ASSETS (6,961,789)

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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 HEALTH SERVICES CORP

Employer identification number
22-2529464

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
See Additional Data Table					

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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 Data Return to Form

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
BRIDGEPORT RENEWAL LLC BRIDGEPORT RENEWAL LLC 267 GRANT AVE 267 GRANT AVE BRIDGEPORT, CT 06610 06-1452169	RENTAL	CT	82,850	392,256	SCHS PROP CONNECTICUT HEALTH SYSTEM PROPERTIE
900 KING STREET ASSOCIATES LLC 900 KING STREET ASSOCIATES LLC 5 PERRYRIDGE ROAD 5 PERYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILD OPER	CT			GREEN HOP GREENWICH HOSPITAL
GREENWICH PATHLOGY ASSOCIATES LLC GREENWICH PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT		194,625	GREEN HOP GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT		627,117	GREEN HOP GREENWICH HOSPITAL
GREENWICH ENDOSCOPY CENTER LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805473	HEALTHCARE	CT			GHS INC GREENWICH HOSPITAL AND HEALTH CARE
2015 WEST MAIN STREET ASSOC LLC 2015 WEST MAIN GREEASSOC LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 73-1718563	RENTAL	CT	540,088	5,359,096	PERRYRIDGE PERRYRIDGE CORPORATION
GH REALTY HOLDING LLC GH REALTY HOLDING LLC 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1623145	RENTAL	CT	1,268,236	9,363,777	PERRYRIDGE PERRYRIDGE CORPORATION
GREENWICH AMBULATORY SURGERY CENTER GREENWICH AMBULATORY SURGERY CTR L 5 PERRYRIDGE ROAD 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE	CT	5,649,000	2,064,000	GHSC INC GREENWICH HOSPITAL AND HEALTH CARE

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
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1513687	SUPPORT	CT	501C3	11A	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT06504 06-0646652	HEALTHCARE	CT	501C3	3	YNHNETWORK YNH NETWORK CORP	Yes	
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT06610 06-0646554	HEALTHCARE	CT	501C3	3	BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE	Yes	
BRIDGEPORT HOSPITAL AND HEALTHCARE 267 GRANT STREET BRIDGEPORT, CT06610 06-1066729	SUPPORT	CT	501C3	11A	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET BRIDGEPORT, CT06610 22-2593399	SUPPORT	CT	501C3	7	BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE	Yes	
NORMA F PFRIEM BREAST CENTER INC 111 BEACH ROAD FAIRFIELD, CT06430 06-0567752	HEALTHCARE	CT	501C3	11A	BH BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVE BRIDGEPORT, CT06610 06-1330992	HEALTHCARE	CT	501C3	9	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
SOUTHERN CONNECTICUT HEALTH SYSTEM 267 GRANT STREET BRIDGEPORT, CT06610 06-1297708	TITLE HOLD	CT	501C2		BHHS BRIDGEPORT HOSPITAL AND HEALTHCARE	Yes	
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 22-2593399	SUPPORT	CT	501C3	11B	YNHHSC YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-0646659	HEALTHCARE	CT	501C3	3	GHHCS GREENWICH HOSPITAL AND HEALTHCARE	Yes	
PERRYRIDGE CORP 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1207316	SUPPORT	CT	501C3	11B	GHHCS GREENWICH HOSPITAL AND HEALTHCARE	Yes	
GREENWICH HOSP ENDOW FUND INC 5 PERRY RIDGE ROAD GREENWICH, CT06830 06-1526642	SUPPORT	CT	501C3	11B	GHHCS GREENWICH HOSPITAL AND HEALTHCARE	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
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT06610 06-6042500	SUPPORT	CT	501C3	11A	N/A	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT06610 35-2380180	HEALTHCARE	CT	501C3	11A	NEMG NORTHEAST MEDICAL GROUP INC	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) Disproprtionate 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 CENTER LLC SHORELINE SURGRY CENTER LLC 60 TEMPLE STREET 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	YNHASC	RELATED	1,423,893	898,691		No			No	51 000 %
SSC II SSC II 111 GOOSE LANE 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	YNHASC	RELATED	2,230,713	1,763,403		No			No	51 000 %
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	GRWCH ASC	RELATED	1,419,531	722,594		No			No	35 000 %
SHORELINE SURGERY CENTER LLC SHORELINE SURGRY CENTER LLC 60 TEMPLE STREET 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	YNHASC	RELATED	1,423,893	898,691		No			No	51 000 %
SSC II SSC II 111 GOOSE LANE 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	YNHASC	RELATED	2,230,713	1,763,403		No			No	51 000 %
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	GRWCH ASC	RELATED	1,419,531	722,594		No			No	35 000 %
SHORELINE SURGERY CENTER LLC SHORELINE SURGRY CENTER LLC 60 TEMPLE STREET 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	YNHASC	RELATED	1,423,893	898,691		No			No	51 000 %
SSC II SSC II 111 GOOSE LANE 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	YNHASC	RELATED	2,230,713	1,763,403		No			No	51 000 %

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) Disproprtionate 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 GREENWICH LLC 55 HOLLY HILL LANE 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	GRWCH ASC	RELATED	1,419,531	722,594		No			No	35 000 %
SHORELINE SURGERY CENTER LLC SHORELINE SURGRY CENTER LLC 60 TEMPLE STREET 60 TEMPLE STREET NEW HAVEN, CT06510 90-0110459	HEALTHCARE	CT	YNHASC	RELATED	1,423,893	898,691		No			No	51 000 %
SSC II SSC II 111 GOOSE LANE 111 GOOSE LANE GUILFORD, CT06437 26-1709383	HEALTHCARE	CT	YNHASC	RELATED	2,230,713	1,763,403		No			No	51 000 %
ORTHO & NEURO CTR OF GREENWICH LLC 55 HOLLY HILL LANE 55 HOLLY HILL LANE GREENWICH, CT06830 27-3411797	HEALTHCARE	CT	GRWCH ASC	RELATED	1,419,531	722,594		No			No	35 000 %

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
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	YORK	C CORP	1,451,055	6,677,075	100 000 %
YNH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SRVS	CT	NA	C CORP	785,294	349,877	100 000 %
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	YNH NETWOR	C CORP	1,629,081	6,602,611	100 000 %
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	YNHH	C CORP		1,000	100 000 %
YNH GERIATRICS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	YNHH	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	YNHH	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	YNHH	C CORP	-650	17,580	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	GHCS INC	C CORP	981,623	721,078	100 000 %
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	GHS INC	C CORP	35,241	1,219	100 000 %
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT06830 26-0236411	HEALTHCARE	CT	GHS INC	C CORP	298,362		100 000 %
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	GHS INC	C CORP	1,331,114	787,873	100 000 %
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	YNH NETWK	C CORP	2,522,057	7,977,458	100 000 %
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	NA	C CORP	5	101,388	100 000 %
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	YORK ENTER	C CORP	6,201,058	7,368,118	100 000 %
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT06473 06-1110797	COLLECTION	CT	NA	C CORP	1,681,671	1,692,702	60 660 %
GREENWICH OCCUP HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	GHS INC	C CORP			100 000 %
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	YORK	C CORP	1,451,055	6,677,075	100 000 %
YNH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SRVS	CT	NA	C CORP	785,294	349,877	100 000 %
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	YNH NETWOR	C CORP	1,629,081	6,602,611	100 000 %
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	YNHH	C CORP		1,000	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
YNH GERIATRICS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	YNHH	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	YNHH	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	YNHH	C CORP	-650	17,580	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	GHCS INC	C CORP	981,623	721,078	100 000 %
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	GHS INC	C CORP	35,241	1,219	100 000 %
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT06830 26-0236411	HEALTHCARE	CT	GHS INC	C CORP	298,362		100 000 %
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	GHS INC	C CORP	1,331,114	787,873	100 000 %
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	YNH NETWK	C CORP	2,522,057	7,977,458	100 000 %
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	NA	C CORP	5	101,388	100 000 %
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	YORK ENTER	C CORP	6,201,058	7,368,118	100 000 %
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT06473 06-1110797	COLLECTION	CT	NA	C CORP	1,681,671	1,692,702	60 660 %
GREENWICH OCCUP HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	GHS INC	C CORP			100 000 %
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	YORK	C CORP	1,451,055	6,677,075	100 000 %
YNH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SRVS	CT	NA	C CORP	785,294	349,877	100 000 %
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	YNH NETWOR	C CORP	1,629,081	6,602,611	100 000 %
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	YNHH	C CORP		1,000	100 000 %
YNH GERIATRICS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	YNHH	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	YNHH	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	YNHH	C CORP	-650	17,580	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	GHCS INC	C CORP	981,623	721,078	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
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	GHS INC	C CORP	35,241	1,219	100 000 %
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT06830 26-0236411	HEALTHCARE	CT	GHS INC	C CORP	298,362		100 000 %
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	GHS INC	C CORP	1,331,114	787,873	100 000 %
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	YNH NETWK	C CORP	2,522,057	7,977,458	100 000 %
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	NA	C CORP	5	101,388	100 000 %
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	YORK ENTER	C CORP	6,201,058	7,368,118	100 000 %
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT06473 06-1110797	COLLECTION	CT	NA	C CORP	1,681,671	1,692,702	60 660 %
GREENWICH OCCUP HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	GHS INC	C CORP			100 000 %
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT06511 06-1110858	RENTAL	CT	YORK	C CORP	1,451,055	6,677,075	100 000 %
YNH MSO INC 789 HOWARD AVE NEW HAVEN, CT06519 06-1467717	MGT SRVS	CT	NA	C CORP	785,294	349,877	100 000 %
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT06510 06-1398526	HEALTHCARE	CT	YNH NETWOR	C CORP	1,629,081	6,602,611	100 000 %
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1405531	HEALTHCARE	CT	YNHH	C CORP		1,000	100 000 %
YNH GERIATRICS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561581	HEALTHCARE	CT	YNHH	C CORP	10,294	33,035	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1561583	HEALTHCARE	CT	YNHH	C CORP	67,500	3,023	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT06519 06-1436530	HEALTHCARE	CT	YNHH	C CORP	-650	17,580	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1233643	HEALTHCARE	CT	GHCS INC	C CORP	981,623	721,078	100 000 %
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 74-3054409	HEALTHCARE	CT	GHS INC	C CORP	35,241	1,219	100 000 %
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT06830 26-0236411	HEALTHCARE	CT	GHS INC	C CORP	298,362		100 000 %
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT06830 30-0145464	HEALTHCARE	CT	GHS INC	C CORP	1,331,114	787,873	100 000 %
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT06511 06-1110937	TITLE HOLD	CT	YNH NETWK	C CORP	2,522,057	7,977,458	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-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT06519 06-1202305	ADMIN SVCS	CT	NA	C CORP	5	101,388	100 000 %
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT06511 06-1087673	PHARMACY	CT	YORK ENTER	C CORP	6,201,058	7,368,118	100 000 %
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT06473 06-1110797	COLLECTION	CT	NA	C CORP	1,681,671	1,692,702	60 660 %
GREENWICH OCCUP HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT06830 06-1540101	HEALTHCARE	CT	GHS INC	C CORP			100 000 %

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)	BRIDGEPORT HOSPITAL	K	40,121,633	COMPARABLE MARKET VALUE
(2)	BRIDGEPORT HOSPITAL	P	5,830,000	TRANSACTION REVIEW
(3)	BRIDGEPORT HOSPITAL	R	6,914,760	CASH
(4)	YALE-NEW HAVEN HOSPITAL	K	100,140,689	COMPARABLE MARKET VALUE
(5)	YALE-NEW HAVEN HOSPITAL	P	20,653,667	TRANSACTION REVIEW
(6)	YALE-NEW HAVEN HOSPITAL	J	2,736,000	COMPARABLE MARKEY VALUE
(7)	YALE-NEW HAVEN HOSPITAL	R	12,000,000	CASH
(8)	GREENWICH HOSPITAL	K	16,960,886	COMPARABLE MARKET VALUE
(9)	NORTHEAST MEDICAL GROUP INC	K	1,467,344	COMPARABLE MARKET VALUE
(10)	NORTHEAST MEDICAL GROUP INC	Q	16,328,205	CASH
(11)	YALE NEW HAVEN AMBULATORY CORP	K	280,864	COMPARABLE MARKET VALUE
(12)	YNH NETWORK CORP	K	4,913	COMPARABLE MARKET VALUE
(13)	YNH NETWORK COPR	Q	2,900,000	CASH
(14)	YORK ENTERPRISES INC	K	275,973	COMPARABLE MARKET VALUE
(15)	QUINNIPIAC MEDICAL PC	K	8,943	COMPARABLE MARKET VALUE
(16)	GREENWICH HEALTHCARE SERVICES INC	R	5,954,713	CASH
(17)	BRIDGEPORT HOSPITAL AND HEALTHCARE	R	7,107,472	TRANSACTION REVIEW
(18)	BRIDGEPORT HOSPITAL	K	40,121,633	COMPARABLE MARKET VALUE
(19)	BRIDGEPORT HOSPITAL	P	5,830,000	TRANSACTION REVIEW
(20)	BRIDGEPORT HOSPITAL	R	6,914,760	CASH
(21)	YALE-NEW HAVEN HOSPITAL	K	100,140,689	COMPARABLE MARKET VALUE
(22)	YALE-NEW HAVEN HOSPITAL	P	20,653,667	TRANSACTION REVIEW
(23)	YALE-NEW HAVEN HOSPITAL	J	2,736,000	COMPARABLE MARKEY VALUE
(24)	YALE-NEW HAVEN HOSPITAL	R	12,000,000	CASH
(25)	GREENWICH HOSPITAL	K	16,960,886	COMPARABLE MARKET VALUE
(26)	NORTHEAST MEDICAL GROUP INC	K	1,467,344	COMPARABLE MARKET VALUE
(27)	NORTHEAST MEDICAL GROUP INC	Q	16,328,205	CASH
(28)	YALE NEW HAVEN AMBULATORY CORP	K	280,864	COMPARABLE MARKET VALUE
(29)	YNH NETWORK CORP	K	4,913	COMPARABLE MARKET VALUE
(30)	YNH NETWORK COPR	Q	2,900,000	CASH

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
(31)	YORK ENTERPRISES INC	K	275,973	COMPARABLE MARKET VALUE
(32)	QUINNIPIAC MEDICAL PC	K	8,943	COMPARABLE MARKET VALUE
(33)	GREENWICH HEALTHCARE SERVICES INC	R	5,954,713	CASH
(34)	BRIDGEPORT HOSPITAL AND HEALTHCARE	R	7,107,472	TRANSACTION REVIEW
(35)	BRIDGEPORT HOSPITAL	K	40,121,633	COMPARABLE MARKET VALUE
(36)	BRIDGEPORT HOSPITAL	P	5,830,000	TRANSACTION REVIEW
(37)	BRIDGEPORT HOSPITAL	R	6,914,760	CASH
(38)	YALE-NEW HAVEN HOSPITAL	K	100,140,689	COMPARABLE MARKET VALUE
(39)	YALE-NEW HAVEN HOSPITAL	P	20,653,667	TRANSACTION REVIEW
(40)	YALE-NEW HAVEN HOSPITAL	J	2,736,000	COMPARABLE MARKEY VALUE
(41)	YALE-NEW HAVEN HOSPITAL	R	12,000,000	CASH
(42)	GREENWICH HOSPITAL	K	16,960,886	COMPARABLE MARKET VALUE
(43)	NORTHEAST MEDICAL GROUP INC	K	1,467,344	COMPARABLE MARKET VALUE
(44)	NORTHEAST MEDICAL GROUP INC	Q	16,328,205	CASH
(45)	YALE NEW HAVEN AMBULATORY CORP	K	280,864	COMPARABLE MARKET VALUE
(46)	YNH NETWORK CORP	K	4,913	COMPARABLE MARKET VALUE
(47)	YNH NETWORK COPR	Q	2,900,000	CASH
(48)	YORK ENTERPRISES INC	K	275,973	COMPARABLE MARKET VALUE
(49)	QUINNIPIAC MEDICAL PC	K	8,943	COMPARABLE MARKET VALUE
(50)	GREENWICH HEALTHCARE SERVICES INC	R	5,954,713	CASH
(51)	BRIDGEPORT HOSPITAL AND HEALTHCARE	R	7,107,472	TRANSACTION REVIEW

Additional Data

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

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 CEO	20 00	X		X				954,504	954,504	642,378
THOMAS B KETCHUM DIRECTOR	1 00	X						0	0	0
RONALD B NORENESQ DIRECTOR	1 00	X						0	0	0
ROBERT A HAVERSAT DIRECTOR	1 00	X						0	0	0
RICHARD M HOYT DIRECTOR	1 00	X						0	0	0
RICHARD C LEVIN DIRECTOR	1 00	X						0	0	0
MICHAEL H FLYNN DIRECTOR	1 00	X						0	0	0
MARY C FARRELL DIRECTOR	1 00	X						0	0	0
MARVIN K LENDER VICE CHAIR	1 00	X						0	0	0
JULIA M MCNAMARA CHAIRWOMAN	1 00	X						0	0	0
JOSEPH R CRESPO DIRECTOR	1 00	X						0	0	0
JAMES A THOMAS DIRECTOR	1 00	X						0	0	0
F PATRICK MCFADDEN JR VICE CHAIR	1 00	X						0	0	0
DANIEL L MOSLEY DIRECTOR	1 00	X						0	0	0
DANIEL J MIGLIO DIRECTOR	1 00	X						0	0	0
ARTHUR C MARTINEZ DIRECTOR	1 00	X						0	0	0
FRANK A CORVINO EXECUTIVE VP	1 00			X				0	1,588,637	140,125
PETER N HERBERT MD SR VP	12 00			X				415,354	969,163	34,793
RICHARD D'AQUILA EXECUTIVE VP	4 00			X				125,885	1,132,963	393,592
GAYLE L CAPOZZALO EXECUTIVE VP	40 00			X				1,123,679	0	155,803
JAMES M STATEN EXECUTIVE VP	20 00			X				499,744	499,744	334,730
WILLIAM S GEDGE SR VP	40 00			X				724,685	0	250,623
QUINTON F FRIESEN VP	1 00			X				0	698,791	92,253
KEVIN A MYATT SR VP	16 00			X				274,571	411,857	241,394
WILLIAM J ASELTYNE VP	8 00			X				111,230	444,919	206,450

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			
EUGENE J COLUCCI VP	1 00			X				0	550,305	186,299
JOHN SKELLY VP	8 00			X				100,727	402,906	194,893
PATRICK MCCABE VP	1 00			X				0	471,555	193,382
STEPHEN A ALLEGRETTO VP	1 00			X				0	464,719	176,561
VINCENT TAMMARO VP	6 00			X				66,911	379,165	151,248
DAVID WURCEL VP	1 00			X				0	436,870	180,600
NANCY LEVITT-ROSENTHAL VP	1 00			X				0	368,058	139,422
JOSEPH E JANELL VP	1 00			X				0	362,706	119,058
JAMES B MORRIS VP	2 00			X				13,597	326,325	134,294
MICHAEL S DIMENSTEIN DIRECTOR	4 00			X				33,563	302,062	36,669
LYN S SALSGIVER VP	1 00			X				0	314,720	136,370
WILLIAM JENNINGS EXEC VP	1 00			X				0	297,240	38,317
MELISSA B TURNER VP	1 00			X				0	275,316	112,301
ROBERT NORDGREN VP	1 00			X				0	184,750	23,349
DANIEL BARCHI SR VP	28 00			X				96,734	41,458	32,314
MICHAEL J CEMENOJR DIRECTOR	40 00					X		347,831	0	32,007
DONALD WAGGAMAN DIRECTOR	40 00					X		325,073	0	20,465
ANDREA L BENIN DIRECTOR	40 00					X		310,096	0	40,057
MICHAEL D LOFTUS DIRECTOR	40 00					X		299,827	0	38,841
PAMELA L SCAGLIARINI DIRECTOR	40 00					X		272,312	0	45,732
MARK L ANDERSEN FORMER SR V							X	2,470,462	0	79,839
ROBERT J TREFRY EXECUTIVE VP	1 00						X	0	1,698,112	116,782