

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493226007463

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public

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

E +1-	2011		ntay yan basinsin sa	01 2011	2				Inspection
For the Check if a	0.11-	r year, o ne of orga	r tax year beginning 10- inization	01-2011 and ending 09-30-201			D Emplo	yer i	dentification number
Check if a Address c	YAL		VEN HOSPITAL				06-06	466	52
Name cha	Doi	ng Busines	s As				E Teleph		
_							(203)	688	-2069
Initial retu 	20	nber and s YORK STR		ot delivered to street address) Room/si	uite				ts \$ 2,006,990,513
Terminate -	ea								
Amended			state or country, and ZIP + 4 CT 06504						
Applicatio	n pending	V HAVEN,	31 00301						
			and address of principal	officer	H(a)	Is thi	s a group	retu	rn for
		CHARD YORK:	D'AQUILA STREET			affılıa			┌ Yes 🔽 No
			EN,CT 06504		H(b)	Are al	l affiliates	inclu	uded?
					1 '				it (see instructions)
Tax-exer	npt status	501(c)(3)	「 501(c) () ◀ (insert r	no)			p exempt		
Websit	e: ► WWW YN	HH ORG			1				
					1 1			26	Maria di III i a
		·	Trust Association 0	ther F	L Yea	r of fo	mation 18.	26	M State of legal domicile C
Part I	Summar	<u>-</u>							
			ganization's mission or r H CARE SERVICES	most significant activities					
	TOTROVIDE	HLALII	TEARL SERVICES						
2									
2	Check this bo	x ► Tift	he organization disconti	inued its operations or disposed	of more t	han 2	5% of its	net	assets
3	Number of vot	ıng mem	bers of the governing bo	ody (Part VI, line 1a)	•		L	3	2
4	Number of ind	ependen	t voting members of the	governing body (Part VI, line 1b)		L	4	2
5	Total number	of individ	luals employed in calend	dar year 2011 (Part V, line 2a)			L	5	10,06
6	Total number	of volunt	eers (estimate if necess	sary)			L	6	2,17
7a	Total unrelate	d busıne	ss revenue from Part VI	II, column (C), line 12			L	7a	2,981,08
b	Net unrelated	business	s taxable income from F	orm 990-T, line 34				7b	-391,75:
						Prio	r Year		Current Year
8	Contribution	ns and gr	ants (Part VIII, line 1h)			26,725,4	163	24,129,960
9	Program sei	vice rev	enue (Part VIII, line 2g)		1,4	42,057,3	302	1,713,271,001
10	Investment	ıncome	(Part VIII, column (A),	lines 3, 4, and 7d)			23,930,5	526	9,245,062
Î 11	Other reven	ue (Part	VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			24,878,9	992	23,866,361
12				t equal Part VIII, column (A), lın	ie				
					_	1,5	17,592,2	\rightarrow	1,770,512,384
13				olumn (A), lines 1–3)			3,895,9	-	3,106,979
14				umn (A), line 4)				0	C
g 15	Salaries, oti 5–10)	ner comp	ensation, employee ben	nefits (Part IX, column (A), lines		ϵ	90,276,0	049	757,233,153
16a 16a	,	l fundrais	sing fees (Part IX, colun	nn (A), line 11e)			· · ·	0	
ф			es (Part IX, column (D), line 2					-	
17				11a-11d, 11f-24e)			47,509,1	160	918,825,299
	•	-			·			_	
18 19	•			part IX, column (A), line 25)		⊥,4	75,911,1		1,679,165,431 91,346,953
	Nevellue 185	2 evheil	Jes Subtract line 10 II0		Reg	inning	of Curre	$\overline{}$	
Secure 20 Paragraph 21 22						_	ear ear		End of Year
∰ 20	Total assets	s (Part X	, lıne 16)			1,9	98,140,3	358	2,479,697,137
[21	Total liabilit	ies (Part	: X, line 26)			1,3	323,528,1	L 3 9	1,730,286,772
Ē 22	Net assets	or fund b	alances Subtract line 2	1 from line 20		E	74,612,2	219	749,410,365
Part II	Signatur	e Bloci	<						
	and belief, it is			s return, including accompanying s ration of preparer (other than office					
	<u> </u>					20	13-08-13		
ign	Signature of	officer				Da	ite		
ere	JAMES STAT		1						
	Type or prin	it name an	d title						
	Preparer's	CURT	WIED DOGGS		Check If				payer identification number
aid	signature	CHRISTOP	HER BOGGS	l l	self- employed	· [(see instr P0003249		ns)
reparer's	Firm's name (o	empli							
se Only	ıf self-employe	d),	·	ITTE 2600			EIN ▶ 34	-656! _	5596
-	address, and Z	ır + 4 "	111 MONUMENT CIRCLE SU	III E 2600			Phone no	.	(317) 681-7000
	1		INDIANAPOLIS, IN 46204				1 1016 10		(517) 551 7550

May the IRS discuss this return with the preparer shown above? (see instructions)

	(=)					r age z
Par		nt of Program Ser hedule O contains a re				দ
1	Briefly describe th	ne organization's missi	on			
TO F	PROVIDE HEALTH	CARE SERVICES				
2		on undertake any signi or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on	Schedule O			
3	=	on cease conducting, o	_	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sch	edule O			
4	expenses Section	501(c)(3) and 501(c)	(4) organizations	and section 4947(a)(ree largest program service (1) trusts are required to re th program service reported	
	(Code) (Expenses \$	1,406,540,204	ıncludıng grants of \$	3,106,979) (Revenue \$	1,737,310,757)
	SEE SCHEDULE O			,	, , , , , ,	. ,
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		ervices (Describe in S	•			
	(Expenses \$		icluding grants of	<u> </u>) (Revenue \$)
4e	Total program se	rvice expenses►\$	1,406,540,20	4		

	Part TV	Checklist of	Required	Schedule
--	---------	--------------	----------	----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	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	Yes	
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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, Part 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, Part 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	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	Yes	
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	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t 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 \blacksquare	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, 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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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)			_
а	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	Yes	
С	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 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 Ma	29	Yes	
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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	35b	Yes	
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	
		F	orm 99 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 815			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
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)			
а	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	
а	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 or securities account)?	4a	Yes	
b	·			
_	If "Yes," enter the name of the foreign country BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	20		
•	In 163 to fine 3a of 3b, and the organization merofin 6000-1'	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
a	services provided to the payor?	, a	165	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
C	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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

Se	ction 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	28			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2	Yes	"
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?		•	4		No
5	Did the organization become aware during the year of a significant diversion of the or-	aanız	ation's assets?	5		No
6	Did the organization have members or stockholders?	_		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power	er to e				
	more members of the governing body?			7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actio year by the following ${\sf var}$	ns ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \cdot . \cdot .			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedu			9		No
Se	ction B. Policies (This Section B requests information about policies not i					
Re	venue Code.)					
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually rise to conflicts?	ıntei	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12c	Yes	
13	Did the organization have a written whistleblower policy?	• •		13	Yes	
14	Did 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 reviewindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
	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)					
						1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	rsım •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organiz participation in joint venture arrangements under applicable federal tax law, and take	step	s to safeguard the			1:
	organization's exempt status with respect to such arrangements?	•		16b		
	ction 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 (3)s only) available for public inspection. Indicate how you made these available. Ch					

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 VINCENT TAMMARO 20 YORK STREET

NEW HAVEN, CT 06504 (203)688-2069

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

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for related organization) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for the director/trustee)	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I
	See Additional Data Table										

40 BROAD STREET BOSTON, MA 02109

\$100,000 of compensation from the organization 132

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

hours more than one box, compensation from the week an officer and a (describe director/trustee) 2/1099-MISC) (W- 2/1099-MISC)											Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of other compensation from the organization and related		
			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			,		organiz		
See A	Additional Data Table														
												+			
												\dashv			
								L							
1b	Sub-Total	to Dart VII Sec			•	•		*							
d	Total (add lines 1b and 1c) .				•	.		•		11,942,418	3,183,5	575		3,247,391	
2	Total number of individuals (inc \$100,000 of reportable compe						above) who	o receive	ed more tha	n	•			
													Yes	No	
3	Did the organization list any fo on line 1a? If "Yes," complete So									t compens	ated employee	3	Yes		
4	For any individual listed on line organization and related organization												103		
5	Individual	receive or accri	ie comi	• nensa	• ation	• n froi	manv	• unre	· ·	anization o	or individual for	4	Yes		
	services rendered to the organi								-	•	•	5	;	No	
	ection B. Independent Co														
1	Complete this table for your fiv \$100,000 of compensation fro or within the organization's tax	m the organizatio													
(A) (B) Name and business address Description of so									(B) ription of services			C) nsation			
NURSEFINDERSINC 524 EAST LAMAR BLVD SUITE 300 EMPLOYMENT SERVICES ARLINGTON, TX 76011										1	0,279,106				
161 9	EX TEXTILE RENTAL SOUTH MACQESTEN PARKWAY NT VERNON, NY 10550									LAUNDERING	S SERVICE			3,890,645	
104 l	ONWIDE ANESTHESIA SERVICE MALONE DRIVE DERSVILLE, GA 31082									MEDICAL				3,537,278	
23 AI	ON INC MITY RD ANY, CT 06524									ADVERTISING	3			3,013,818	
	LEY BULFINCH RICHARDSON & ABBOT S	HEP													

2 Total number of independent contractors (including but not limited to those listed above) who received more than

2,501,341

ARCHITECTURE

Form 99		,	i Damania					Page 9
Part	/	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
nts ots	1a	Federated campa	aigns 1a					
	ь	Membership due	s 1b					
S, G	c	Fundraising ever	nts 1c	755,078				
#E #	d	Related organiza	itions 1d					
<u>ع کو</u>	e	Government grants	(contributions) 1e	8,325,962				
Contributions, gifts, grants and other similar amounts	f g		included above	15,048,920				
and	h	lines 1a-1f \$ $\frac{44}{1}$. Total. Add lines	1a-1f	▶	24,129,960			
				Business Code				
eun	2a	INPATIENT SERVICE	S	612990	1,005,583,920	1,005,583,920		
₽e∡	ь	OUTPATIENT SERVICE	CES	621400	704,705,996	704,705,996		
	С	LABORATORY SERVI	CES	621500	2,981,085		2,981,085	
er w	d		_					
Program Service Revenue	e							
୍ର ଆଧ	f	All other prograr	n service revenue					
کِ	g	Total Add lines	2a-2f	<u> </u>	1,713,271,001			
	3		me (including dividen		1,713,271,001			
			ramounts)	· · · · · · · · · · · · · · · · · · ·	3,160,789			3,160,789
	4		ment of tax-exempt bond	F				
	5	Royalties		▶ ↑				
		Γ	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss)	ne or (loss)	<u></u>				
	"	Г	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	242,279,421	(, c				
	ь	Less cost or other basis and sales expenses	236,195,148					
	c	Gain or (loss)	6,084,273					
	d	Net gain or (loss	.)		6,084,273			6,084,273
Other Revenue	8a	Gross income from events (not inclused to 1755,0 of contributions in 1755,0	ıdıng					
e E		See Part IV, line	18					
<u> </u>	L	lanc d	a	109,586				
돛	b c	Less direct exp	enses b oss) from fundraising (282,981 events . •	-173,395			-173,395
J	9a		om gaming activities	events ·				
		1	a					
	b c	Less direct exp	enses b oss) from gamıng actı	vities				
	10a	Gross sales of ir returns and allov	nventory, less	Vicies I I				
	b c	Less cost of goo	a ods sold b oss) from sales of inve	entory ►				
	<u> </u>	Miscellaneous		Business Code				
	11a	OTHER ANCILL		900099	12,081,259	12,081,259		
	ь	CAFETERIA/VE		900099	7,927,102	7,927,102		
	c	PARKING		900099	4,031,395	4,031,395		
	d	All other revenue			. ,	. ,		
		Total. Add lines	ı,		24,039,756			
	12	Total revenue. S	ee Instructions .	•	1,770,512,384	1,734,329,672	2,981,085	9,071,667 Form 990 (2011)

е

25

f All other expenses

Total functional expenses. Add lines 1 through 24f

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

Joint costs. Check here ► 🗆 If following

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 3,076,979 3,076,979 Grants and other assistance to individuals in the United States See Part IV, line 22 30,000 30.000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 22,884,054 22,884,054 key employees . . . 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 551,077,957 511,011,010 38,951,115 1,115,832 Pension plan contributions (include section 401(k) and section 3,463,127 403(b) employer contributions) 37,759,543 34,228,270 68,146 101,589,886 96,130,824 5,267,612 Other employee benefits 191,450 Payroll taxes 43,921,713 39,814,153 4,028,292 79,268 10 Fees for services (non-employees) 11 Management 2,639,318 2,639,318 Legal 357,647 Accounting 357,647 431,000 Lobbying 431,000 Professional fundraising See Part IV, line 17 . . Investment management fees 396,774,220 254,238,156 141,747,671 g 788,393 Advertising and promotion 254,786 948 253,838 12 Office expenses 49,921,902 40,843,392 9,005,581 13 72,929 14 Information technology 15 Royalties . . 16 31,288,307 27,386,134 3,902,173 2,249,538 1,526,895 695,855 17 26,788 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 17,719,698 17,719,698 20 Payments to affiliates . . . 21 22 Depreciation, depletion, and amortization 73,100,633 45,066,540 28,034,093 23 15,328,235 13,097,092 2,231,143 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) MEDICAL SUPPLIES 275,703,133 275,703,133 BAD DEBT EXPENSE 32,622,083 32,622,083 PROPERTY TAXES 7,198,566 6,028,079 1,170,487 LINEN & LAUNDERING SERV 4,325,265 4,319,637 d 5,628

8,910,968

1,679,165,431

3,266,181

1,406,540,204

3,344,465

5,687,271

2,300,322

266,937,956

Part X **Balance Sheet** (A) (B) Beginning of year End of year 598,263 713,340 1 1 170.526.313 2 179.102.229 2 Savings and temporary cash investments 3 3 227, 495, 768 4 4 266.904.803 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 16.419.332 8 28.005.656 9 39.757.836 9 70.504.713 Prepaid expenses and deferred charges 1,591,925,689 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 601,857,976 b Less accumulated depreciation 867,734,870 **10c** 990,067,713 293, 103, 644 11 364,400,629 11 278,719,474 361,549,934 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 103,784,858 15 218,448,120 15 1,998,140,358 16 2,479,697,137 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 220,390,187 17 299,924,563 17 Accounts payable and accrued expenses . 18 18 19 48,320,802 19 53,625,335 20 479.206.567 20 468.167.766 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 40.000.000 23 252,000,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 535,610,583 25 656,569,108 D 26 1,323,528,139 26 1,730,286,772 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 604,710,244 27 676,221,331 Unrestricted net assets 44,378,931 28 46,444,699 28 Temporarily restricted net assets Fund 29 25,523,044 29 26,744,335 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 674.612.219 33 749,410,365 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.998.140.358 34 2,479,697,137

Par	rt 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		1,770,5	512,384
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,679,1	.65,431
3	Revenue less expenses Subtract line 2 from line 1	3		91,3	346,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		674,6	512,219
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-16,5	548,807
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		749,4	10,365
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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				
	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 on a separate basis, consolidated basis, or both	issued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				1
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
BISHOP THEODORE L BROOKS TRUSTEE	1 00	Х						0	0	0
JOHN L LAHEY TRUSTEE	1 00	Х						0	0	0
JOSEPH R CRESPO CHAIRMAN	1 00	Х		х				0	0	0
JULIA M MCNAMARA VICE CHAIR	1 00	Х		х				0	0	0
THOMAS M HANSON TRUSTEE	1 00	Х						0	0	0
WILLIAM W GINSBERG TRUSTEE	1 00	Х						0	0	0
CARLTON L HIGHSMITH TRUSTEE	1 00	Х						0	0	0
SUSAN WHETSTONE TRUSTEE	1 00	Х						0	0	0
LINDA KOCH LORIMER TRUSTEE	1 00	Х						0	0	0
MARVIN K LENDER TRUSTEE	1 00	Х						0	0	0
MICHAEL H FLYNN TRUSTEE	1 00	Х						0	0	0
PEYTON R PATTERSON TRUSTEE	1 00	Х						0	0	0
RICHARD C LEVIN TRUSTEE	1 00	Х						0	0	0
ROBERT A HAVERSAT TRUSTEE	1 00	Х		х				0	0	0
ROBERT JALPERN TRUSTEE	1 00	Х						0	0	0
HON BARRINGTON D PARKER JR TRUSTEE	1 00	Х						0	0	0
THOMAS B KETCHUM TRUSTEE	1 00	Х						0	0	0
THANASIS M MOLOKOTOS TRUSTEE	1 00	Х						0	0	0
PETER N HERBERT MD SR VP & CHIEF OF STAFF	24 00	Х		х				962,767	641,846	35,999
MARNA P BORGSTROM CEO	20 00	Х		х				1,036,989	1,036,989	626,750
BRUCE ALEXANDER TRUSTEE	1 00	Х						0	0	0
MARY FARRELL TRUSTEE	1 00	Х						0	0	0
MILES LASATER TRUSTEE	1 00	Х						0	0	0
ANNEMARIE LINDSKOG TRUSTEE	1 00	Х						0	0	0
VINCENT CALARCO TRUSTEE	1 00	Х						0	0	0

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

(A) Name and Title	(B) Average hours		() ition (that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LINDA MASCI TRUSTEE	1 00	Х						0	0	0
SISTER ROSEMARY MOYNIHAN TRUSTEE	1 00	Х						0	0	0
JAMES P TORGERSON TRUSTEE	1 00	х						0	0	0
PAUL N PATTON VP	40 00			х				448,269	0	150,667
WILLIAM JASELTYNE VP	10 00			х				477,387	159,130	216,015
KEVIN F WALSH VP	40 00			х				411,412	0	146,885
THOMAS D LEARY VP	38 00			х				393,632	20,717	152,784
JAMES M STATEN SR VP	20 00			х				532,683	532,683	323,316
PATRICK M LUDDY VP	40 00			Х				1,296,608	0	78,673
VINCENT PETRINI SR VP	40 00			х				482,814	0	149,559
KEVIN A MYATT SR VP	24 00			Х				443,329	295,553	236,882
THOMAS J BALCEZAK VP	40 00			Х				474,359	0	155,638
STEPHEN M MERZ VP	40 00			х				323,913	0	118,980
RICHARD D'AQUILA PRESIDENT & COO	36 00			х				1,142,703	126,967	364,715
PATRICIA S FITZSIMONS SR VP	40 00			х				707,478	0	57,513
DANIEL BARCHI SR VP	8 00			х				92,422	369,690	260,075
ABE LOPMAN VP/EXEC DIRECTOR	40 00					х		573,123	0	33,634
SUHER BAKER CHIEF DENTISTRY	40 00					х		402,164	0	31,973
MARJORIE G GUGLIN VP	40 00					х		396,160	0	38,328
RICHARD S STAHL VP	40 00					Х		626,831	0	25,765
CYTHIA SPARER SR VP OF OPS-CHILDREN'S HOSP	40 00					Х		504,721	0	43,240
MICHAEL APKON FORMER VP	0 00						х	194,964	0	0
ALVIN R JOHNSON FORMER VP	0 00						х	17,690	0	0
EDWARD J DOWLING FORMER VP	0 00						х	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226007463

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization YALE-NEW HAVEN HOSPITAL

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.

Inspection **Employer identification number**

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) A church, convention of churches, or association of churches 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	pe of Is the organization ribed on -9 above section loss in the column (in) is the column		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
									_	
Total										

(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?

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

Provide the following information about the supported organization(s)

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

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493226007463

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

ıv a	ction 501(c)(4), (5), or (6) organi me of the organization	zations Complete Part III		Employeride	entification number
	E-NEW HAVEN HOSPITAL				
Dar	t I_A Complete if the or	ganization is exempt under	section 501(06-064665	
					. Organización.
1	in opposition to candidates for	ganızatıon's dırect and ındırect polıt publıc office ın Part IV	ical campaign act	tivities on behalf of or	
2	Political expenditures			F	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ur	ider section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c) except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem _l	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganization's funds contributed to o	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter the ns received that were promptly and o political action committee (PAC) In	ne amount paid fro directly delivered	om the filing organization's to a separate political org	s funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
				i	

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 S10,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000 S10,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? No Media advertisements? Media advertisements? Mo Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No If "Yes," enter the amount of any tax incurred under section 4912			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? No Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Media advertisements? No Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Forants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? No Mo Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	Yes No Amount		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV yes j Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No		legislation, including any attempt to influence public opinion on a legislative matter or referendum,	1
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes No No Allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No No	Volunteers?	а
d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ough 11)? Yes	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	b
Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? No No No No No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	No	Media advertisements?	C
f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Yes 500	Mailings to members, legislators, or the public?	d
p Direct contact with legislators, their staffs, government officials, or a legislative body? No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	No	Publications, or published or broadcast statements?	e
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV yes j Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	No	Grants to other organizations for lobbying purposes?	f
i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	? Yes 292,599	Direct contact with legislators, their staffs, government officials, or a legislative body?	g
j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	eans? No	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	h
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Yes 137,901	Other activities? If "Yes," describe in Part IV	i
- · · · · · · · · · · · · · · · · · · ·	431,000	Total lines 1c through 1i	j
b If "Yes," enter the amount of any tax incurred under section 4912	c)(3)? No	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?	2a
		If "Yes," enter the amount of any tax incurred under section 4912	b
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	n 4912	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	C
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ir?	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	d

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	·	
	expenses for which the section 527(f) tax was paid).		
а	Current vear	2a	

C	Total
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

		· · · · · · · · · · · · · · · · · · ·				
4	If notices were s	sent and the amoun	t on line 2c exc	eeds the amou	nt on line 3, what portio	n of the excess
	does the organiz	zation agree to carry	over to the rea	sonable estima	ate of nondeductible lob	oying and
	political expend	iture next year?				
_						

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
political expenditure next year?	4	
Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Carryover from last year

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2012 THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES GREENWICH HOSPITAL EIN 06-0646659 \$ 78,433 BRIDGEPORT HOSPITAL EIN 06-

2b 2c 3

DLN: 93493226007463

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

ntema	al Revenue Service	to Form 990. ► See separate instructions.		Inspection	
	me of the organization		Empl	oyer identification number	_
YAL	LE-NEW HAVEN HOSPITAL		06-0	646652	
Pa	art I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu			<u>—</u> е
	organization answered "Yes" to Form				_
_		(a) Donor advised funds	(1	b) Funds and other accounts	_
1	Total number at end of year				_
2 3	Aggregate contributions to (during year) Aggregate grants from (during year)				_
3 4	Aggregate value at end of year				_
	,				_
5	Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?		☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit				
Pa	rt II Conservation Easements. Compl	ete if the organization answered "Yes" to	o Form	990, Part IV, line 7.	_
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recompression of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a deasement on the last day of the tax year	reation or pleasure) Preservation of an Preservation of a c	ertified	historic structure	
	easement on the last day of the tax year]		Held at the End of the Year	٦
а	Total number of conservation easements		2a		٦
ь	Total acreage restricted by conservation easem	ents	2b		
c	Number of conservation easements on a certified	d 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, tra	nsferred, released, extinguished, or terminate	d by the	e organization during	
	the taxable year 🛌				
4	Number of states where property subject to cons	ervation easement is located 🛌			
5	Does the organization have a written policy regal enforcement of the conservation easements it has	rding the periodic monitoring, inspection, hand	dling of	violations, and Yes No	
6	Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation easem	ents du	ırıng the year ▶	_
7	A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easements	s during	the year	
8	Does each conservation easement reported on li 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No	
9	In Part XIV, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financial			
Par	rt III Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar Assets.	_
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to it	FAS 116, not to report in its revenue stateme held for public exhibition, education or researc	ch in fur		
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, li	ne 1		▶ \$	-
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, following amounts required to be reported under		or financ	cial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1	L		▶ \$	

b Assets included in Form 990, Part X

Par	411 Organizations Maintaining Coll	ections of Art, H	IIST	<u>ori</u>	<u>cai ireasu</u>	res, or Oti	<u>ier Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other interest (check all that apply)	ecords, check any of	the	foll	owing that are	e a significan	t use of its collecti	on	
а	Public exhibition	d	ı	Γ	Loan or exch	ange prograi	ms		
b	Scholarly research	e	•	\Box	Other				
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain h	now :	thev	/ further the o	rganization's	exempt purpose in		
	Part XIV	cotions and explain.			, rareller elle e	gamzacionio	exempe par pose ii		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	□ No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an amo	ments. Complete	ıf t	he	organization		<u>'</u>		,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermedia	ry fo	or c	ontributions o	r other asset		Yes	□ No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the foll	owir	ng ta	able				
_						L ₄		ount	
с	Beginning balance					1			
d	Additions during the year					10			
e •	Distributions during the year					10	- 		
_'	Ending balance					1		,	
2a	Did the organization include an amount on For	m 990, Part X, line 2:	1 7				ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV TTV Endowment Funds. Complete if	the erganization a	ncu		nd "Vac" to F	000 F	last IV line 10		
Рa	rt V Endowment Funds. Complete if		(b) P			o Years Back	•	(e)Four Y	Years Back
1 a	Beginning of year balance	62,861,000		68,	.085,000	70,535,000	79,290,000		
b	Contributions	2,000			2,000				
С	Investment earnings or losses	7,683,000		2,	814,000	5,501,000	-575,000		
d	Grants or scholarships								
е	Other expenditures for facilities and programs	7,124,000		8,	,040,000	7,951,000	8,180,000		
f	Administrative expenses								
g	End of year balance	63,422,000		62,	861,000	68,085,000	70,535,000		
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨 100 000 %								
c	Term endowment ▶								
3a	Are there endowment funds not in the possess	ion of the organizatio	n th	at a	re held and a	dmınıstered f	or the		
	organization by (i) unrelated organizations						3a(i	Yes	No No
	(ii) related organizations						3a(ii		No
b	If "Yes" to 3a(II), are the related organizations						3b		<u> </u>
4	Describe in Part XIV the intended uses of the	organızatıon's endow	mer	nt fu	nds				
Par	t VI Land, Buildings, and Equipmer	it. See Form 990,	Par	t X,	, lıne 10.	1			
	Description of property				Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1a	Land				33,163,668			3	3,163,668
b	Buildings				301,969,019		68,137,976	23	3,831,043
c	Leasehold improvements				18,971,376		13,309,698		5,661,678
d	Equipment				1,174,190,999		520,383,276	65	3,807,723
	Other				63,630,627		27,026	6	3,603,601
Tota	I. Add lines 1a-1e (Column (d) should equal Forr	n 990, Part X, column ((B),	lıne	10(c).)		▶	99	0,067,713

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		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
(3)Other			
(A) YALE ENDOWMENT FUND	361,549,934		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	361,549,934		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-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, lin			
(a) Descrip	tion		(b) Book value
(1) DEFERRED FINANCING COSTS			5,181,779
(2) OTHER ASSETS			137,297,397
(3) GOODWILL			35,697,754
(4) MALPRACTICE RECEIVABLE			40,271,190
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		218,448,120
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	-		
ACCRUED POST RETIREMENT BENEFITS	283,253,294		
OTHER LONG TERM LIABILITIES	265,786,820		
CAPITAL LEASES	107,528,994		
	: / !		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	656 560 100		
(656,569,108		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,770,512,384
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,679,165,431
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	91,346,953
4	Net unrealized gains (losses) on investments	4	6,394,454
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-22,943,261
9	Total adjustments (net) Add lines 4 - 8	9	-16,548,807
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	74,798,146
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,784,860,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	49,388,696
3	Subtract line 2e from line 1	3	1,735,471,606
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	35,040,778
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,770,512,384
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,654,251,486
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	282,981
3	Subtract line 2e from line 1	3	1,653,968,505
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	25,196,925
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,679,165,430

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PART V, LINE 4 THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY
PART XI, LINE 8 - OTHER ADJUSTMENTS		FUNDING OF CLINICAL PROGRAMS -12,803,853 BEQUESTS, GIFTS & GRANTS 11,846,729 NET ASSETS RELEASE FOR OPERATIONS 342,000 INVESTMENT INCOME RELEASED FROM RESTRICTIONS 749,904 AUXILIARY SERVICES 106,147 PENSION & POST RETIREMENT ADJUSTMENTS -54,174,000 CHANGE IN INTEREST IN PERPETUAL TRUST 1,221,000 TRANSFER TO YNHHSC -6,100,000 TRANSFER TO YNH NETWORK CORP 456,000 NET ASSETS RELEASE FOR OPERATIONS - 2,961,523 RELEASE FOR WINCHESTER/MCFADDEN 6,754,894 CPI ADJUSTMENTS 564,623 SWAP MARKET VALUE ADJUSTMENTS -12,609,904 CHANGE IN MV OF INVESTMENTS 46,047,042 RELEASE FOR FREE CARE 888,527 INVESTMENT RESERVE 1,320,486 OTHER CHANGES IN NET ASSETS - CLINICAL PROGRAMS - 4,591,333 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 22,943,261
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDING OF CLINICAL PROGRAMS 9,000,000 NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER 7,643,422 FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE 2,859,956 UNREALIZED GAIN/LOSS ON INVESTMENTS -5,613,756 SPECIAL EVENTS 176,827
PART XII, LINE 4B - OTHER ADJUSTMENTS		BEQUESTS, GIFTS & GRANTS 11,846,729 INVESTMENT INCOME RELEASE FROM RESTRICTIONS 749,904 AUXILIARY INCOME 340,794 EXPENSE RECLASS FROM INVESTMENT INCOME 22,103,351
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS 282,981
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 233,618 EXPENSE RECLASS FROM INVESTMENT INCOME 22,103,351 FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE 2,859,956
		PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION THE REPORTING ENTITY HAS DESIGNATED ITS INVESTMENTS AS TRADING IN ACCORDANCE WITH GAAP ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS PROVIDED BY THE INTERNAL REVENUE SERVICE FOR FY2012 RETURN

DLN: 93493226007463

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization				Employer iden	tification number
	E-NEW HAVEN HOSPITAL				06-0646652	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organi	zation answered
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the selecti	on criteria used to aw	<i>a</i> rd
2	For grantmakers. Describe in Pa United States	rt V the organız	atıon's procedur	res for monitoring the use	e of grant funds outside t	the
3	Activites per Region (Use Part '	V if additional s	pace is needed ?)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INSURANCE	N/A	4,132,169

b Total from continuation sheets

4,132,169

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·	<u> </u>	+		
'	 	+	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> </u>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	~	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 COST PART 1, LINE 3, COLUMN F EXPENSES \$ 47,840 INVESTMENTS \$4,084,329

Identifier Return Reference		Explanation				
		COST PART 1, LINE 3, COLUMN F EXPENSES \$ 47,840 INVESTMENTS \$4,084,329				

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

Department of the Treasury

Internal Revenue Service

Υ

As Filed Data -

DLN: 93493226007463

SCHEDULE G Supplemental (Form 990 or 990-EZ) Fundraising

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

ame of the organization ALE-NEW HAVEN HOSPITAL							Employer identification number		
AL	.E-NEW HAVEN HOSPITAL	•					06-0646652		
Pa	rt I Fundraising Act	tivities. Complet	e if the o	organiza	tion answered "Yes"	to Form 9	990, Part IV	, line 17.	
L	Indicate whether the organ	nızatıon raısed funds	through	any of the	following activities Ch	eck all tha	t apply		
а	Mail solicitations		n-governm	ent grants					
b	☐ Internet and e-mail so	olicitations		f	□ Solicitation of go	vernment g	grants		
c	Phone solicitations			g	Special fundraisii	ng events			
d	☐ In-person solicitations	s							
2a h	Did the organization have a or key employees listed in If "Yes," list the ten highes	Form 990, Part VII) or entity	/ in conne	ection with professional	fundraising	g services?	┌ Yes ┌ No	
•	to be compensated at leas								
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (or retained befundraiser listed cold (i)		ained by) er listed in	(or retained by)				
_			res	INO					
_									
_									
ota	al			▶					
3	List all states in which the licensing	organization is regi	stered or	licensed t	to solicit funds or has b	een notifie	d it is exempt	I : from registration or	

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lineipts greater than \$5,	e 18, or reported 000.		
			(a) Event #1 CLOSER TO FREE BIKE RIDE (event type)	(b) Event #2 GOLF/TENNIS (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))		
£Ε	1	Gross receipts	723,051	66,852	74,761	864,664		
Revenue	2	Less Charitable contributions	677,211	34,017	43,850	755,078		
<u> </u>	3	Gross income (line 1 minus line 2)	45,840	32,835	30,911	109,586		
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Drea	8	Entertainment						
Δ	9	Other direct expenses .	249,003	24,886	9,092	282,981		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•	(282,981)		
	11	Net income summary Combine li	nes 3 and 10 in column (d)		-173,395		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
မှာ	2	Cash prizes						
benses	3	Non-cash prizes						
Direct DY	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor	Γ Yes Γ Nο	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (ı	d)		()		
		Net gaming income summary Com						
a b	Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?							
10a b	 Wer	re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?			

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3				
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable (gamıng?		· · · · F Yes F	- No				
13	Indicate the percentage of gamii	ag activity operated in		1 1					
a				13a					
b									
14		f the person who prepares the organiza		<u> </u>					
	Name ►								
	Address ►								
	revenue?	ntract with a third party from whom the			- No				
		ed by the third party 🟲 \$							
С	If "Yes," enter name and address								
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	\$ \$							
	Description of services provided 🟲								
17 a		Employee er state law to make charitable distribu		· · ·	– No				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
_		activities during the tax year 🕨 \$		hadala C /					
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see					
	Identifier	ReturnReference	Explana	tion					
		•	•						

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

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

06-0646652 Charity Care and Certain Other Community Benefits at Cost Yes No 1a Did the organization have a charity care policy? If "No," skip to question 6a Yes Yes 1b If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes." indicate which of the following is the FPG family income limit for eligibility for free care 3a Yes 150% **—** 200% 100% Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Yes 300% T 350% **▼** 400% 250% 200% If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Did the organization's policy provide free or discounted care to the "medically indigent"? Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? Yes If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted Νo **6a** Did the organization prepare a community benefit reportduring the tax year? 6a Yes **6b** If "Yes," did the organization make it available to the public? Yes 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (e) Net community benefit (b) Persons (c) Total community (d) Direct offsetting (f) Percent of **Charity Care and** activities or benefit expense total expense Means-Tested served revenue expense programs (optional) **Government Programs** (optional) Charity care at cost (from 29,053 46,625,000 16,644,000 29,981,000 1 820 % Worksheet 1) . . . Medicaid (from Worksheet 3, 193,856 377,329,000 238,641,000 138,688,000 8 420 % column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs . _ . . 222,909 423,954,000 255,285,000 168,669,000 10 240 % Other Benefits Community health improvement services and community benefit operations (from 24 83,378 8,670,639 88,783 8,581,856 0 520 % (Worksheet 4) . . . Health professions education 74,135,248 14,777,618 59,357,630 3 600 % (from Worksheet 5) . . 6 2,468 Subsidized health services (from Worksheet 6) . . 14,932 5,325,748 2,143,788 3,181,960 0 190 % Research (from Worksheet 7) 2 1,183,670 1,183,670 0 070 % Cash and in-kind contributions for community benefit (from Worksheet 8) 2,604 1,853,252 1,853,252 0 110 % **Total** Other Benefits . . 45 17,010,189 103,382 91,168,557 74,158,368 4 490 % 45 326,291 515,122,557 272,295,189 242,827,368 14 730 % k Total. Add lines 7d and 71

Cat No 50192T

Schedule H (Form 990) 2011

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

Sch	edule H (Form 990) 2011									F	Page 2
Pa	rt III Community Buildin activities.	ng Activitie	s Complete t	his table if the or	ganızatı	ion coi	nducte	d any commur	nity	buildin	ıg
	detivities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offse revenue	etting	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing	1		263,72	2			263,	,722	0	020 %
2	Economic development	1		528,39	4			528,	,394	0	030 %
3	Community support	3	17,480	101,52	3			101,	,523	0	010 %
4	Environmental improvements	0			0						
5	Leadership development and training for community members	0			0						
6	Coalition building	1		36,76	-			36,	,763		0 %
7	Community health improvement advocacy	0	0		0						
8	Workforce development	4	_	357,51	+			357,	518	0	020 %
9	Other Total	1		1,816,32				1,816			110 %
	t IIII Bad Debt, Medicar	e & Collec	,	3,104,24	9			3,104,	,249	0	190 %
	•	c, a conce	<u> </u>								
Sect 1	ion A. Bad Debt Expense Did the organization report ba	d daht avnans	a in accordance	with Heathcare Fir	nancial M	anagen	nant Ac	sociation I		Yes	No
_	=			· · · ·		anagen			1	Yes	
2	Enter the amount of the organ		•			2		23,015,000			
3	Enter the estimated amount o patients eligible under the org					3					
4	Provide in Part VI the text of in addition, describe the cost										
	rationale for including a portio				з геропсе	u on m	C3 Z U1	ia 5, ana			
Sect	ion B. Medicare										
5	Enter total revenue received f			•		5		462,572,152			
6	Enter Medicare allowable cost					6		529,159,526			
7 8	Subtract line 6 from line 5 This is the surplus or (shortfall)										
	Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	_	st to charge ra	tio	Other						
Sect	ion C. Collection Practices		-								
9a	Did the organization have a wr	ritten debt coll	ection policy di	uring the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the coll assistance? Describe in Part	ection practice	s to be followe	d for patients who a	re known	to qual	ıfy for f	inancial	9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	res (see instruct	ions)						
	(a) Name of entity	(E	 Description of pi activity of entit 		(c) Organı profit % o ownersh	r stock	er	Officers, directors, trustees, or key nployees' profit % stock ownership%	pr	e) Physiofit % or ownersh	r stock
1 1	NONE	NONE						•			
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Part	V Facility Information									
	on A. Hospital Facilities	Licens	Gener	Childre	Teach	Crtica	Resea	ER-24	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	accee	Research facility	ER-24 hours	her	
	nany hospital facilities did the organization operate during x year? 1	pital	cal & surgical	epital	ptal	Ortical access hospital	lity			
Namo	and address									
Name	anu auuress									Other (Describe)
1	YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504	×	х	Х	х		х	х		
		-								
		+								

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

YALE-NEW HAVEN HOSPITAL

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 250 00000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		Νo
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12	Yes	
15	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	a			
	b The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	The policy was provided, in writing, to patients upon admission to the hospital facility			
	The policy was available upon request			
	g Other (describe in Part VI)			
	ling and Collections Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	Ι	Ι	
17	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP Reporting to credit agency			
	b Lawsuits			
	<u> </u>			
	c Liens on residences			
	d Body attachments or arrests			
	e T Other similar actions (describe in Part VI)			
10	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Other (describe in Part VI)	1		

If "Yes," explain in Part VI

Part V Facility Information (continued)

		_		
Policy Rel	lating to	Emergency	Medical C	are

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	The hospital facility did not provide care for any emergency medical conditions			
	b The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Cother (describe in Part VI)			
Inc	lividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum			
	 amounts that can be charged The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged 			
	d Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		No
	If "Yes," explain in Part VI			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	21	V = =	
		21	Yes	

chedule H (Form 990) 2011	chedule H	(Form 990)	2011
---------------------------	-----------	------------	------

Page **7**

Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organizatio	on operate during the tax year?
Name and address	Type of Facility (Describe)
1 See Add	litional Data Table
2	
3	
4	
5	
5	
7	
В	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSES OF \$32,622,083 WERE EXCLUDED FROM TOTAL EXPENSES BEFORE CALCULATING % OF TOTAL EXPENSES IN PART I AND II, COLUMN (F)

Schedule H (Form 990) 2011		Page &
Identifier	ReturnReference	Explanation PART II YALE-NEW HAVEN HOSPITAL (YNHH) IS ONE OF
		THE LARGEST EMPLOYERS IN THE REGION AND THE
		SECOND LARGEST IN THE CITY OF NEW HAVEN WITH
		11,512 EMPLOYEES IN 2012 THE HOSPITAL PR OVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL
		ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW
		HAVEN MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONO MIC
		DEVELOPMENT BY SERVING ON THE BOARDS OF THE
		GREATER NEW HAVEN CHAMBER OF COMMERCE, GUI
		LFORD CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT CORPORATION OF NEW HAVEN, REGIONAL
		GROWTH PARTNERSHIP, REGIONAL LEADERSHIP
		COUNCIL, ARTS COUNCIL OF GREATER NEW HAVEN, INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, MARKET
		NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS
		FOUNDATION OF CONNECTICUT THROUGH THESE ORGANIZATIONS, YNHH ADVOCATES FOR AND
		FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR
		THE AREA YALE-NEW HAVEN HOSPITAL, ALONG WITH
		MANY OTHER HOSPITAL S ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR
		SOCIAL ACCOUNTABILITY (CBISA) DATABASE
		DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING
		ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE
		CATHOLIC HOSPITAL ASSOCIATION (CH A) IN ORDER TO CATALOG THESE BENEFITS THESE TWO ORGANIZATIONS
		HAVE WORKED TOGETHER FOR OVER 20 YEARS TO
		PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO
		PROGRAMS THE MOST RECENT VERSION OF THE CHA
		GUIDE FOR PLANNING AND REP ORTING COMMUNITY
		PROGRAMS THAT ADDRESS THE ROOT CAUSES OF
		HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS
		AND ENVIRONMENTAL PROBLEMS THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS
		INCLUDING PHYSICAL IMPROVEMEN T AND HOUSING,
		ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT,
		ENVIRONMENTAL IMPROVEMENTS, LEADER SHIP DEVELOPMENT AND TRAINING FOR COMMUNITY
		MEMBERS, COALITION BUILDING, ADVOCACY FOR COMM
		UNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT WHILE YNHH'S VISION IS TO PROVIDE HI
		GH-QUALITY HEALTHCARE AND SERVICES, THE HOSPITAL
		IS INCREASINGLY AWARE OF HOW SOCIAL DETER MINANTS IMPACT THE HEALTH OF INDIVIDUALS AND
		COMMUNITIES A PERSON'S HEALTH AND CHANCES OF
		BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS E
		DUCATION, INCOME, NUTRITION, HOUSING AND
		NEIGHBORHOODS DURING FISCAL YEAR 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$3 1 MILLION IN FINANCIAL
		AND IN-KIND DONATIONS TO SUPPORT AFFORDA BLE
		HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES THE
		HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS
		OVERALL COMMITMENT OF BUILDING STRONGER
		NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATI
		NG EDUCATIONAL OPPORTUNITIES, AND WORKFORCE
		DEVELOPMENT INITIATIVES REVITALIZING OUR NEIGH BORHOODS-OVER THE PAST SEVERAL YEARS, YNHH HAS
		MADE SIGNIFICANT INVESTMENTS TOWARDS THE RE
		VITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SA FE
		HOUSING ACCORDING TO THE LATEST CENSUS DATA,
		31 1 PERCENT OF HOMES IN NEW HAVEN WERE O WNER- OCCUPIED COMPARED TO 68 9 PERCENT IN THE STATE
		OF CONNECTICUT AS A RESULT, THE NEW H AVEN
		POPULATION IS INCREASINGLY MOBILE, WITH ONLY 77 3 PERCENT OF RESPONDENTS INDICATING T HAT THEY HAD
		RESIDED IN THE SAME HOUSE A YEAR AGO COMPARED TO
		88 PERCENT FOR THE STATE IN 2006, YALE-NEW HAVEN
		HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTI-YEAR PARTNERSHIP WITH HA BITAT FOR HUMANITY OF
		GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVEN'S
		HILL NEIGHBORHOOD FO R LOW-INCOME FAMILIES TO DATE, THIS COLLABORATION HAS JOINTLY BUILT FIVE
		HOMES WITH ONE M ORE SCHEDULED FOR COMPLETION
		IN 2013 OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVES TED MORE THAN 4,000 HOURS IN
		THIS PROJECT, WHILE YNHH SPONSORED THE BUILDING
		MATERIALS FOR EACH HOME IN 2010, HABITAT PRESENTED THE HOSPITAL AND ITS MEDICAL STAFF WITH
		THE MASTER BUILDER AWARD, ITS HIGHEST
		RECOGNITION IN ADDITION, DURING FY 2012, YNHH COMPLETED SIDEWA LK AND OTHER LANDSCAPING
		IMPROVEMENT ALONG HOWARD AVENUE, DAVENPORT
		AVENUE AND VERNON STRE ET, ALL LOCATED IN THE HILL NEIGHBORHOOD THE HOME OWNERSHIP MADE EASIER
		(H O M E) PROGRAM AT YNHH PROVIDES HOSPITAL
		EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS
		TO HELP PURCHA SE THEIR FIRST HOME IN THE CITY OF NEW HAVEN THIS YEAR, THE PROGRAM HELPED 13
		INDIVIDUALS SINCE THE PROGRAM'S INCEPTION IN
		2006, A TOTAL OF 88 HOMES HAVE BEEN PURCHASED BY YNHH E MPLOYEES NEARLY \$700.000 IN FINANCIAL
		ASSISTANCE HAS BEEN PROVIDED TO EMPLOYEES IN THE
		FO RM OF DOWN PAYMENTS AND MORTGAGE PAYMENTS
		AMONG THE HOMES PURCHASED THROUGH THE HOME PROGRAM WAS ONE HABITAT FOR HUMANITY PROPERTY
		IN DECEMBER 2011, THE H O M E PROGRAM WAS
		APPROVED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR HAVING MET ITS GUIDEL INES
		AS A NON-PROFIT SECONDARY HOME AND FINANCING
		PROVIDER IN ITS 2009 COMMUNITY HEALTH SURVEY,
		CARE (COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT) POLLED 213 HILL NORTH RESIDEN TS
	1	ABOUT THEIR HABITS RELATED TO DIET, EXERCISE AN
		Schedule H (Form 990) 201:

HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN WHAVEN'S LICHTHOUSE POINT PARK AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND ALL SHOW THE SHORELINE GREE NWAY TEAL TO THE MELOYEES AND ALL SHOW THE SHORE OF MENTAL THE SHORE OF THE S			1
REPORTED TOOD INSECURITY - MEANING THAT THEY OR THEIR FARILY DID NOT HAVE BROWN FOOD, OR MEANING THAT THEY OR THEIR FARILY DID NOT HAVE BROWN FOOD, OR MEANING MUCH HIGHER THAN IN ALL SIX KEW HAVEN IN CHIEF THE HALL THAN IN ALL SIX KEW HAVEN IN CHIEF THE HALL THAN IN ALL SIX KEW HAVEN IN CHIEF THE HALL THAN IN ALL SIX KEW HAVEN IN CHIEF THAN THE ALL SIX KEW HAVEN IN CHIEF THAN IN ALL SIX KEW HAVEN IN CHIEF THAN THE ALL SIX KEW HAVEN IN CHIEF THAN THE ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN THE ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A FOOD OF THAN IN ALL SIX KEW HAVEN SEED A	I dentifier	ReturnReference	·
THEIR TARKET DID NOT HAVE ENDUGED FOOD, O, R MONEY TO BUY POOD, IN THE PAST SO DOYS THAT FIGURE IN A NEIGHBORHOOD SURVEYED AND IT WAS MORE THAN NEIGHBORHOOD SURVEYED AND IT WAS MORE THAN NEIGHBORHOOD SURVEYED AND IT WAS MORE THAN TIMECE THE NATIONAL AVERAGE WAY TO MORE HAN ESTABLISHED AND SAID THEY AT IT ADDIT THESE SIRVI IN GO OF THAN THE AVERAGE FOUND IN THE OTHER IN ESTABLISHED AND AND THEY AT IT ADDIT THESE SIRVI IN GO OF THAN THE AVERAGE FOUND IN THE OTHER IN ESTABLISHED AND AND THE FOR THE ADDIT THESE SIRVI IN GO THAN THE AVERAGE FOUND IN THE OTHER IN ESTABLISHED AND AND THE COMMENDATION OF FIVE A DAY OVER BYOMEON OF THE CITY SEED, INC. PARMERS MARKET IN THE HELL IN THE CONNECT ECUT IN INVITAL PEACH TO CITY THE HELL IN THE CONNECT ECUT IN INVITAL PEACH TO CITY AND APPROXIMATELY 2,000 VISITES IN 2011 INCERSASION ACCESSTO SASE A STRONGWEST BEING THE OWN THE AVERAGE ON ANY ASSECT OF REVITALIZING OUR RESCHOOL OF ANY ASSECT OF REVITALIZING OUR RESPONSANCE AND DEAD AND ANY ASSECT OF REVITALIZING OUR REVITALIZING OUR AND ANY ASSECT OF REVITALIZING OUR REVITALIZING OUR AND ANY ASSECT OF REVITALIZING OUR REVITALIZING OUR ASSECT OF REVITALIZI			· · · · · · · · · · · · · · · · · · ·
TO BLY FOOD, IN THE PAST 30 DAYS THAT TIGURE WAS MUCH HIGHER THAN IN ALL IS AT PAYAN IN AN IN ALL INTERMEDIATION OF THE PAST AND ALM THE SERVING OF MULTINARY DESCRIPTION OF THE PAST AND ALM THE SERVING OF MULTINARY DESCRIPTION OF THE PAST AND THE FEBRUARY MASS OF MULTINARY DESCRIPTION OF THE PAST AND THE FEBRUARY MASS OF MULTINARY DESCRIPTION OF THE PAST AND THE FEBRUARY DESCRIPTION OF THE PAST AND THE FEBRUARY DESCRIPTION OF THE PAST AND THE FEBRUARY DESCRIPTION OF THE PAST AND THE PAST THAT AND THE FEBRUARY DESCRIPTION OF THE PAST AND THE PAST THAT AND THE PAST AND THE			
NEIGHBORHOODS SURVEYED AND IT WAS MORE THAN TIMES THE NATIONAL AVERAGE WATEN SMORE, HILL THE STATE AND VEGETABLES FER DAY, WHICH WAS LESS THAN THE AVERAGE SOUNDS IT THE OTHER IN EGGINDON HOODS (FOUR PER DAY) AND THE TEDERAL OWN THE PAST THREE YEARS, WHICH WAS LESS THAN THE AVERAGE SOUNDS IN THE OTHER IN EGGINDON HOODS (FOUR PER DAY) AND THE TEDERAL OWN THE PAST THREE YEARS, WHICH WAS LESS THAN THE AVERAGE SOUNDS IN THE OTHER WAS THE PAST THREE YEARS, WHICH WAS BEEN A PROUD SEONSOO OF THE CITY SEED, INC. FARMERS MARKET IN THE HILL REGISTED FROM THE THE THE WAS LESS THAN THE WAS LESS TO THE YEAR OF TH			
TWICE THE NATIONAL AVERAGE WHAT'S MORE, HILL RESIDENTS SAID THEY ATE ABOUT THESE SERVINGS OF THAT THE AVERAGE FOUND IN THE OTHER SERVINGS OF THAT THE AVERAGE FOUND IN THE OTHER SERVINGS BEGINDS OF THE AVERAGE FOUND IN THE OTHER SERVINGS OF THAT THE AVERAGE FOUND IN THE OTHER SERVINGS OF THE OTHER SERVINGS AND THE PEDERAL OVERMINENTS RECOMMENDATION OF FIVE A DAY OVER THE SERVINGS OF THE CONTROL OF FIVE A DAY OVER BEDOOM THE CONTROL OF THE WARD THE SERVINGS FOUNDATION OF THE SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE HILL SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE HILL SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE SERVINGS OF THE THAT HEATH CHEEN FOUNDATION OF THE SERVINGS OF THE SERVINGS OF THE SERVINGS ACCESS TO SAFE AFFORDABIL PHACES FOR RECREATIONAL ACCIDINGS OF THE SERVINGS OF THE SERVINGS ACCESS TO SAFE AFFORDABIL PHACES FOR RECREATIONAL ACCIDINGS OF THE SERVINGS OF			
RESIDENTS SAID THEY ATE ABOUT THREE SERVI INGS OF FAULTS AND VESTER AND VESTER ALES FIRE DAY, WHICH MAS LESS TELL HEAD AND THE FEDERAL GOVERNMENTS RECOMMENDATION OF FIVE A DAY OVER THE PAST THREE YEARS, YMAH HAS BEEN A PROUD SONGS OF THE CHT YEARD, MY AND THE FEDERAL GOVERNMENTS RECOMMENDATION OF FIVE A DAY OVER THE PAST THREE YEARS, YMAH HAS BEEN A PROUD SONGS OF THE CHT YEARD, MY AND HAS BEEN A PROUD SONGS OF THE CHT YEARD, MY AND HAS BEEN A PROUD SONGS OF THE CHT YEARD, MY AND HAS BEEN A PROUD SONGS OF THE CHT YEARS, TO HAVE AND HAS BEEN A PROUD SONGS OF THE CHT YEARS FOR HAS BEEN AND HAS BEEN A PROUD SONGS OF THE CHT YEARS FOR HAS BEEN AND HAS			
FRUITS AND VEGITABLES PER DAY, WHICH WAS LESS THAN THE AVERAGE POUND IN THE OTHER IN THE OTHER IN EIGIBORNOODS FROM PROADTHAIN THE OTHER IN SECRET PROPERTY. EIGIBORNOODS FROM PROADTHAIN THE OTHER IN SECRET PROPERTY. EIGIBORNOODS FROM PROADTHAIN THE OTHER IN SECRET PROPERTY. IN THE PAST THREE YEARS, YMAH HAS BEEN AP POWER THE PAST THREE YEARS, YMAH HAS BEEN AP POWER BY DONE OF THE CITY SEED, INC. FARMERS MARKET IM THE HILL MEDIBORNOOD THE TRANSES THAT THE WHILL CAMPUS EACH. PARKING LOT ADJACENT TO THE YMHILL CAMPUS EACH. YEAR FROM JUNG THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 THORRASTING EIGHT AND THROUGH OCTOBER, HAD EIG			· · · · · · · · · · · · · · · · · · ·
EIGHBORHOODS (FOUR PER DAY) AND THE FEDERAL GOVERNMENTS RECOMMENDATION OF FIVE A DAY OVER THE PAST THREE YEAR, WINHINGS RESULA PROLID. THE PAST THREE YEAR, WINHINGS RESULA PROLID. THE PAST THREE YEAR, WINHINGS RESULA PROLID. THE HILL RECORD FOR THE PASH SHOULD SHARE THE PASH SHARE YEAR FOR THE PASH SHARE YEAR FOR THE YEAR CAN BE SHARE YEAR FOR THE YEAR CAN BE SHARE YEAR FOR THE PASH SHARE YEAR FOR THE PASH SHARE YEAR OF THE PASH SHARE YEAR FOR THE PASH SHARE YEAR OF THE PASH SH			· · · · · · · · · · · · · · · · · · ·
GOVERNMENT'S RÉCOMMENDATION OF THE ADAY OVER THE PAST THARE YEARS, NAME AS BEEN APPROUND SHOWN AND AND AND AND AND AND AND AND AND AN			
THE PAST THREE YEARS, YNIHI HAS BEEN A PROUD SHOWN ON THE CITY SEED, INC. FARMER'S MARKET, WHICH HAVE BEEN AND THE CITY SEED, INC. FARMER'S MARKET, WHICH PARKING LOT ADJACEST TO THE YMEN CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER, HAD APPROXIMATE YOU OVER IT 2021 INCREASING ACCESS TO SAFE AFTUTALIZING OUR NICHOST OF THE CONTROL OF THE			· · · · · · · · · · · · · · · · · · ·
THE HILL NEIGHBORHOOD THE FARMER'S MARKET, WHICH IS HELD IN THE CONNECTION MENTAL HEALTH CENTER PARKING LOT ADJACE HIT TO THE YNHEL CAPPUS EACH APPROXIMATELY 2000 VISITS IN 2012 INCREASING ACCESS TO SAFE AFFORDABLE PLACES FOR RECRATIONAL ACTIVITIES IS NO. 12012 INCREASING ACCESS TO SAFE AFFORDABLE PLACES FOR RECRATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASSECT OF REVITALIZING OUR NEIGHBORHOODS. IN 2 DEPONSORISHIP TO THE HELD IT TO PARKS CONSENSANCY FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE GREENWAY TRAIL. LIS HORSE HIS GREENWAY TRAIL - LIS HORSE HIS GREENWAY TRAIL - LIS HORSE HIS GREENWAY TRAIL LIS HIT HIS SHORE HIS GREENWAY TRAIL LIS HIT HIS SHORE HIS GREENWAY TRAIL LIS HIT HIS SHORE HIS GREEN HIS HIM HIS			
IS HELD IN THE CONNECTICUT MENTAL MEALTH CERTER PARKING LOT ADJACENT TO THE YNHIN AMPUS EACH YEAR REGIN JUNE TRAVUER OCTOBER, HAD YEAR REGIN JUNE TRAVUER OCTOBER, HAD ACCESS TO SAFE AFFORDABLE PLACES FOR R ECREATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASPECT OF REVITALIZING OUR NEEDSHORDOODS IN 2 DIZ, YALE-NEW HAD VER HOSPITAL PROVIDED GREENWAY TRAIL THE SHORDLINE AND HADEN HAVEN THE COAL OFTEAU CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORDLINE GREEN HAVEN TRAIL YIHIN BRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORDLINE GREEN HAVEN TRAIL YIHIN BRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORDLINE GREEN HAVEN TRAIL YIHIN BRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORDLINE GREEN HAVEN TRAIL Y HIN BRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BRAIL OF THE NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORTLINE GREEN HAVEN TRAIL THE NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORTLINE GREEN HAVEN THE AND THE AND THE NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORTLINE GREEN HAVEN THE AND THE SHORTLINE GREEN THE HAVEN'S DO DAN TO BRAIL THE SHORTLINE GREEN THE HAVEN'S HAVEN THE AND THE SHORTLINE GREEN THE HAVEN'S HAVEN'S AND THE SHORT			
PARKING LOT ADJACENT TO THE YIHH CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012 INCREASING APPROXIMATELY 2,000 VISITS IN 2012 INCREASING CERATIONAL ACTIVITIES IS ALSO AN IMPORTANT A SPECT OF REVITALIZING OUR NEIGHBORHOODS IN 2 12; YALE—WEN HAVEN HO SPITAL PROVIDED DONAGREH TO I HE EIM CITY PARKS CONSERVANCY DEDNAGREH TO I HE EIM CITY PARKS CONSERVANCY DEDNAGREH TO I HE EIM CITY PARKS CONSERVANCY DEDNAGREH TO THE EIM CITY PARKS CONSERVANCY DEDNAGREH TO THE LITH CITY PARKS AND THE SHORELINE GREE NAWAY TRAIL THAT THE PARKS CONSERVANCY DEDNAGREH TO THE SHORELINE GREEN TO THE SHORELINE GREEN NAWAY TRAIL THAT THE PARKS CONSERVANCY DEDNAGREH TO THE SHORELINE GREEN THAT THE CITY PARKS AND THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN THAT THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN THAT THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN THAT THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN THAT THE SHORELINE GREEN NAWAY TRAIL THAT THE SHORELINE GREEN THA			· · · · · · · · · · · · · · · · · · ·
APPROXIMATELY 2,000 VISITS IN 2012 INCREASING A CCESS TO SAFE AFFORDADE PLACES FOR R E CREATIONAL ACTIVITES IS ALSO AN IMPORTAN ACTIVITY OF THE CHARLET OF T			
ACCESTOR SAFE AFFORDABLE PLACES FOR R ECREATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASPECT OF REVITALIZING OUR NEIGHBORHOODS IN 212, YALE, WHIN HAVE HOSPITAL PROVIDED DESCRIPTION OF THE PROPOSED SHORELING GREENWAY TRAIL THE SHORELING GREENWAY TRAIL - LIG HITHOUSE POINT CONNECTION IS A PLANNED HALF-MILE, MULTI-USE TRAIL INTENDED FOR NON-MOTORIZED RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT FARKAN THE SHORELING GREE NWAY TRAIL THE SHORELING GREE NWAY TRAIL THE HOSPITAL WHITE HAVEN'S LIGHTHOUSE POINT FARKAN THE SHORELING GREE NWAY TRAIL THE HOSPITAL WHITE HOSPITAL THE SHORELING GREE NWAY TRAIL THE HOSPITAL WHITE HOSPITAL SHORELING GREE NWAY TRAIL WHE HEND WEEK-LIND SERVICIPATE IN THE GREATER NEW HAVEN UNITED WAY'S DAYS OF CAMING, WHICH IS NOW A WEEK-LIND SERVICE, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DAIPE DRIVES THROUGH THE HOSPITAL 'S ANNUAL SCHOOL REARY SHOOL APPROXIMATELY 1,245 STUDEN TO AND DAIPE DRIVES THROUGH THE HOSPITAL 'S ANNUAL SCHOOL APPROXIMATELY 1,245 STUDEN TO ATTEM THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN HAS THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN HAS THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN HAS THE OWNER HAS BEEN ON TO SUPERITY HE REPORT THE HONOPROFITS SERVED BY THE GREATER NEW HAVEN HAVEN AND			II
ECREATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASPECTO FREVITALIZING OUR NEIGHBORDODS IN 2 D12, YALE-NEW HAVEN HOSPITAL PROVIDED TO THE PROPOSED SHOPPELLY OR THE DEVELOPMENT OF THE PROPOSED SHOPPELLY GREENWAY TRAIL. THE SHORELINE GREENWAY TRAIL WITHOUT AND HOND-HOT OR INC. MILLITURES THAIL MYTHODE DO NON-HOT OR IZED RECREATION AND TRAINST ALONG MORNS CREEK IN NEW PROVIDE A. CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT FARK AND THE SHORELINE GREEN NWAY TRAIL YNHE MPLOYEES ANNUALLY PARTICIPATE IN THE GREATER NEW HAVEN UNITED WAY TRAIL YNHE MEDICAL TO SHORE OF THE WAVEN'S LIGHTHOUSE POINT FARK AND THE SHORELINE GREEN NWAY TRAIL YNHE MEDICAL SHORELINE NWAY			
012, YALE-NEW HAVEN HOSPITAL PROVIDED SPONSORSHIPT OT HEL EMICITY PARKS CONSERVANCY FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE GREENWAY TRAIL THE HENDRELINE GREENWAY TRAIL—LIG HENDRELINE GREEN HENDRELINE GREEN HE WE HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE FOOT TRAIL CONSTRUCTION SERVED WAY TRAIL WHICH BEPTOVES ANNUAL PRATICIPATE HENDRELINE GREEN HENDRELINE GREEN OF VOLUNTEER OPPORTUNITIES IN THE WAVEN COM MUNITY IN 2012, THESE OPPORTUNITIES, WHICH HE BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS PROVIDED AND PROFIT AGENCY OF THE WAY AND A CARRIER OF THE WORLD AND ADDRELINE GREEN FOR THE WAY ENSTRUMAN STREET SCHOOL AND HELREGONAL CAREET HIGH SCHOOL THE SCHOOL THE STONE WHAV ENSTRUMAN STREET SCHOOL AND FURTHER HEAD TO SHAPP HE HE WAS CHOOLS THE 211-212 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN HE HELP HE WAS CHOOLS THE 211-212 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN HE WAS CHOOLS THE 211-212 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN HE SHEEP WAS THE SHEEP WAY BOARDS AND COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN HE SHEEP WAS THE SHEEP WAY BOARDS AND COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN HE SHEEP WAS THE SHEEP WAY BOARDS AND COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN THE SHEEP WAS THE SHEEP WAY BOARDS AND COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN THE SHEEP WAS THE SHEEP WAY BOARDS AND COMMITTED HE WAS THE SHEEP WAY BOARDS AND COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIN THE SHEEP WAS THE SHEEP WAS THE SHEEP WAY BOARDS ON THE SHEEP WAS			
SPONSORSHIP TO THE ELM CITY PARKS CONSERVANCY FOR THE DEVELOPMENT OF THE PROPES SHORELING CREENWAY TRAIL. THE SHORELING CREENWAY TRAIL - LIG HTHOUSE POINT COMMECTION IS A PLANNED HALF-MILE, MECREATION AND TEARST ALONG MORRES CREEK IN NEW HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT FARRA NOT THE SHELLING REE NWAY TRAIL TWINH EMPLOYEES ANNUALLY PARTICIPATE IN THE GRAPH OF THE AND THE WAVEN NITED WAY MAY THE SOAL OF THE AND THE WAVEN UNITED WAY CARRIES HIT SO WAY WERE LOTED SERIES OF OM MUNITY IN 2012, THESE OPPORTUNITIES, WHICH BENETIT AREA NOT-FOR-PROPIT AGENCIES, INCLUDED LANDSCAPING AND PARTITIES, WHICH BENETIT AREA NOT-FOR-PROPIT AGENCIES, INCLUDED LANDSCAPING AND PARTITIES, WHICH BENETIT AREA NOT-FOR-PROPIT AGENCIES, INCLUDED LANDSCAPING AND PARTITIES, WHICH BENETIT AREA NOT-FOR-PROPIT AGENCIES, INCLUDED LANDSCAPING AND PARTITIES, WHICH AS FOOD AND DIAPPED REPRESENTED THE MOLY THE MOSTITAL IS ANNUAL SCHOOL READINGS DRIVE, EMPLOYEES DOWN TED HEARTY 13,000 SCHOOL THEM STO REW HAVE CARREN HIGH SCHOOL APPROXIMATELY, 1,24S STUDEN TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NOMPROPHET'S SERVED BY THE GREATER NEW HAVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CARRENT HAS AND ADDITION TO RUNNING THE INTERNAL COMMITTED WAY IN ADDITION TO RUNNING THE INTERNAL COMMITTED SERVED BY THE GREATER NEW HAVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL COMMITTED SERVED BY THE GREATER NEW HAVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL COMMITTED SERVED BY THE GREATER NEW HAVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL COMMITTED SERVED BY THE GREATER NEW HAVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL COMMITTED SERVED BY THE GREATER NEW HAVE COMMITTED SERVED BY THE GREATER SERVED BY THE GREATER OF THE SERVED BY COMMITTED SERVED BY THE GREATER SERVED BY T			
FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE GREENWAY TRAIL LIB HITHOUSE POINT CONNECTION IS A PLANNED HALFMILE, MULTI-USE TRAIL INTRODUCE THAN IS A PLANNED HALFMILE, MULTI-USE TRAIL INTRODUCE TO THE MULTI-USE TRAIL INTRODUCE TO THE MULTI-USE TRAIL INTRODUCE TO THE MULTI-USE TO THE MULTI-USE TRAIL INTRODUCE TO SETTING THE MULTI-USE AND THE SHORELINE GREE NAWY TRAIL VINHE HEMPLOYEES ANNAU TRAIL VINHE HEMPLOYEES ANNAU TRAIL VINHE HEMPLOYEES ANNAU TRAIL TO THE MULTI-USE AND SERIES OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF MULTI-USE AND THE MULT-USE AND THE MULTI-USE			i i
HTHOUSE POINT CONNECTION IS A PLANNED HALF-MILE, NULTI-USE TRAIL INTERDED POR MOTORIZED RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW HAVEN THE GOAL OF TRAIL CONSTRUCTION IS STO RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW HAVEN THE GOAL OF TRAIL CONSTRUCTION IS STO RECREATED HE WIND THE SHORT WAT T			FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE
MULTI-USE TRAIL INTENDED POR NON-MOTORIZE D RECREATION AND TRANSIT ALONG MORIS CREEK IN NEW HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORELIN GREE WHAY THAIL YNHE MENLOYPES AND MULLIY PARTICIPATE BY CARTING, WHICH IS NOW A WEEK-LONG SERIES OF YOLUMPER OPPORTUNITIES IN THE WHAVEN COM MUNITY IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT A SWELL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DRIVEN THE STEEL OF THE MORE THAILDRIVE THE MOST THE THE THE THE THE THE THE THAIL THE THE THE THE THE THE THE THAIL THE			
RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LICHTHOUSE POINT PARK AND THE ARCHIVE REFERENCE OF THE PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LICHTHOUSE POINT PARK AND THE WAY SO DAYS OF CARING, WHICH IS NOW, MEEK LONG SERIES, OF MAY MUNITY IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDS APING AND PAINTING PROFITS, SEW FULL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANDALA SCHOOL READ PAINTING PROFITS, AS WELL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANDALA SCHOOL READ PROVIDES THROUGH THE HOSPITA L'S ANDALA SCHOOL READ PROVIDES DO NATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAVEN CARREST HAND AND AN ANDALA SCHOOL READ PROVIDED TO NEW HAVEN DESCRIPTION OF THE PROFITS AND AND AN ANDALA SCHOOL READ PROVIDED TO NEW HAVEN DESCRIPTION OF THE PAINTING PROFITS SERVED BY THE GREAT REW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL REW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL BEARD AND AND AND AND AND AND AND AND AND AN			,
HAVEN THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN WHAVEN'S LICHTHOUSE POINT PARK AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND THE SHORELINE GREE NWAY TAAL YAMHE MELOYEES AND ALL SHOW THE SHORELINE GREE NWAY TEAL TO THE MELOYEES AND ALL SHOW THE SHORE OF MENTAL THE SHORE OF THE S			RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW
LIGHTHOUSE POINT PARK AND THE SHORELINE GREE NWAY TRAIL, YNH EMPLOVES EACH. IN THE GREATER NEW HAVEN UNITED WAY'S DAYS OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF VOLUNTER OPPORTUNITIES IN THE NEW HAVEN COM WINITY IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED A DAY OF THE PROPERTY OF THE SHORE OF THE S			
WWAY TRAIL YNNHE MENDAYED ANNIED WAYS OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF VOLUNTEER OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAPPR DRIVES THE WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAPPR DRIVES THE HOYEES AWAY AND AND THE WAY THE AGENCY OF THE AG			
CARING, WHICH IS NOW A WEEK-LONG SERIES OF VOLUNTERS OPPORTUNITIES; WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAJPED DRIVES THE MEDY SERVED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAJPED DRIVES THE HOSPITAL'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAV EN STRUMAN STREET SCHOOL AND HILL REGIONAL ON THE WAY SHAPE OF THE MEDIAL STREET SCHOOL AND HILL REGIONAL TO ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN AND SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO MUNINOT THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO MAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHED OF STRATEGISTO ON MUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHED STRATEGISTO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT THE HAS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERFERSON, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTERESE HAS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, THE HEARMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, THE HEARMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, THE HEARM AGENCY TO REGALD THE STATION OF SERVEN OF THE POLICE ORDINATIVE SOF NEIGHBORNOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACCIDENCY THE STATICE BOLD ATTIVES OF NEIGHBORNOOD SASED AGENCIES, ONLY 80 SPECENT OF INTERCENTIVES OF NEI			
VOLUNTEER OPPORTUNITIES IN THE NEW HAVEN COM MUNITY IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANNUAL SCHOOL READ INSESS DRIVE, EMPLOYEES DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAVEN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL APPROXIMATELY 1,245 STUDEN ITS ATTEND THE TWO SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL APPROXIMATELY 1,245 STUDEN ITS ATTEND THE TWO SCHOOL APPROXIMATELY 1,245 STUDEN ITS ATTEND THE WAY THE TWO SCHOOL APPROXIMATELY 1,245 STUDEN ITS ATTENDED AND THE WAY THE TWO SCHOOL APPROXIMATELY 1,245 STUDEN ITS ATTENDED AND THE WAY THE			
MUNITY IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA ROT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING FROIGETS, AS WELL AS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATEO NEARLY 15,000 SCHOOL ITEMS TO NEW HAVEN STRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL APPOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO NEW HAVEN STRUMAN STREET SCHOOL AND HELR REGIONAL CAREER HIGH SCHOOL STHE 2011-2012 HOSPITAL-SPONSORED, BUT SERVED BY THE GREATER NEW HAVEN UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OFTHE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION ANA AGREEMENT OF SUBSTATION ANA AGREEMENT OF SUBSTATION ANA AGREEMENT OF SUBSTATION ANA AGREEMENT SHAPE WELL ATTENDED TO FURTHER STATE OF THE SUBSTATION ANA AGREEMENT FOR SUBSTATION SHAPE OF THE SUBSTATION ANA AGREEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION ANA AGREEMENT TEAMS HELP IDENTITY AND DEVELOP STRATEGIES TO RESO UP NEIGHBORHOOD EMBERS, JULIZIONAL CALESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE FOLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENOTIFIES AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN REGISTOR ARE SUBSTATION AND AGREEMENT THAT IS ASSOCIATED, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN REGISTOR THAT INTERST AND LONGER THAN THOSE WITH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE BEALTH POLICY COMMUNITY AND THE RESULT OF THE SUB			· · · · · · · · · · · · · · · · · · ·
LANDSCAPING AND PAINTING PROJECTS, AS WELLAS FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATEO NEARLY 15,000 SCHOOL ITEMS TO NEW HAV EN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL AND PHILL REGIONAL CAREER HIGH SCHOOL AND PHILL REGIONAL CAREER HIGH SCHOOL STHE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT SERVICES AND THE STANDAY SUBSTATION MANAGEMENT SERVICES AND THE STANDAY SUBSTATION MANAGEMENT SERVICES AND THE STANDAY SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTATISTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION ANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LYE NEEDED THE PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGEN OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGEN OFFITERS HEALTH STATUS AND LONGER LIFE, DISPARTITIES ACROSS SOCIOECON MONIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY AND THE GENERAL PUBLIC FOR EXAMBLE, ADULTS AGE OF STATES ON THE STANDAY HEALTH POLICY COMMUNITY AND THE GENERAL PUBLIC FOR EXAMBLE, ADULTS AGE OF STATES ON THE FERST IN A SEPCRENT OF THE THE FUBLIC FOR EXAMBLE, ADULTS AGE OF STATES ON THE FERST IN A SEPCRENT OF THE THE FUBLIC FOR EXAMBLE, ADULTS AGE OF STATES ON THE FERST OF THE HEALTH POLICY COMMUNITY AND THE GENERAL PUBLIC FOR EXAMBLE, ADULTS AGE OF STATES ON THE PUBLIC FOR EXAMBLE, ADULTS AGE			
FOOD AND DIAPER DRIVES THROUGH THE HOSPITA L'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAV EN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL APPROXIMATELY 1,245 STUDEN TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER 18,000 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON CREATER NEW HAVEN UNITED WAY DOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTAILSHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPESONS, REAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPESONS, REAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPESONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND DANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN REIGHBORHOOD IMPROVEMENT IS ASSOCIATED WITH THE HEALTH STATUS AND LONGER LIFE, DISPARTIES A CROSS SOCIOECONOMIC STAT THE GOUGHT ON A ATTAINMENT IS ASSOCIATED WITH THE STATUS AND LONGER LIFE, DISPARTIES A CROSS SOCIOECONOMIC STAT THE GOUGHT ON A AVERAGE LIV HINGE STATUS FOR PRECENT OF THE RECEIVED IN CREASING ATTENTION IN RECENT YEARS PROM RESERVANCES AND ACTIVE THE GOUGHT ON A AVER GELIVED TO REPRESENT AT THE US THE FROM THE STATUS AND LONGER LIFE, DISPARTIES A CROSS SOCIOECONOMIC STAT THE HEALT HOLD CY OMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGE SECRET CE			• · · · · · · · · · · · · · · · · · · ·
ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DO NATED RARLY 15,000 SCHOOL ITEMS TO NEW HAY EN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREEN HIGH SCHOOL APPROXIMATELY 1,245 STUDEN TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, MENIOTY EN UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NONPROFITS SERVED BY HE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECAR TO AUGUSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY HAD DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPPRISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERBERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATION ACCORDING TO RESOURCES AND AND LONGER THAN THOSE WITH HESE FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PRICE FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS AN COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS AND COLOR THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CERSUS STATISTICS, ONLY 80 S PERCENT OF FIN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUITALENT OF THE CITY OF NEW HAVEN HAD ATTAINED THE EQUITALENT OF THE CITY OF NEW HAVEN HAD ATTAINED THE EQUITALENT OF THE CITY OF THE CONTROL OF THE CITY OF PRECENT TRATE			· · · · · · · · · · · · · · · · · · ·
EN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL APPROXIMATELY 1, 245 STUDEN TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSOED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NOMPROFITS SERVED YHE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILL ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS WHILL AND HAVEN OCOMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALOREPRESONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKKS AN ACTIVITIES ACROSS OCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCRESSING THEN REFSEL HEALTH STATUS AND LONGER LIFE, DISPARTITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCRESSING ATTENTION IN RECEIN TYEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PURSE LIFE FROM THE HEALTH STATUS AND LONGER LIFE, DISPARTITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCRESSING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PURSE LIFE FROM THE HAND HEAD SET OF THE RESULT OF THE ARE THE HEALTH STATUS AND LONGER LIFE, DISPARTITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCRESSING THEN THE SET THAN THOSE WITH LESS THE AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CERROL FOR PRESENCE THAN THOSE WITH LESS THE AN A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT OF THE DIVIDUALIS IN THE CITY OF PERWHAVEN HAD ATTAINED THE RES			
CAREER HIGH SCHOOL APPROXIMATELY 1, 245 STUDEN TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NOMPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HOW INVITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVED FOUR OFTHE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS RIN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION TEAMS HELP IDENTIFY AND DEVELOP STRATEGISTS TO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPRESON'S, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATION AL OPPORTUNITIES—SINCE HIGHER EDUCATION AL OPPORTUNITIES—SINCE HIGHER EDUCATION NA RESCURED INCRESSING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUTILES FROM RESEARCHERS THAN THOSE WITH LESS THAN A HIGH SCHOOL FOR RESTOR THAN THOSE WITH LESS THAN A HIGH SCHOOL FOR RESTOR THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED HE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE NEW ENTH			DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAV
TS ATTEND THE TWO SCHOOLS THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NOMPROFITS SERVED WTHE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING ISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPPRISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF POLICE SUPPRISOR, DEACH OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF PORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER FOUCATIONAL OPPORTUNITIES—SINCE HIGHER FOLICATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARTIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US SHAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO REALTY 90 PERCENT STATEWIGH SCHOOL COMPELETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT			
CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NOMPROFITS SERVE NOMPROFITS SERVE UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GRE ATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF FOLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF FOLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION ANAAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LEVE NEIGHBORD OP PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDEPPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BEAD AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL ATTAILMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECOMOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE ARRANGE HAVE NOW HE HE STATISHED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION A CORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF TIN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF TIN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION ACCORDING TO RESTATE COMPARED TO NEARLY 90 PERCENT STAT			
NOMPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPART MENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT OMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LIVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHOTAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTALIMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, HE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO AVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION A CCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT WASTERY TEST			·
UNITED WAY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OFTHE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY OLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN A CTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMINITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOLEGE DECORE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOL OWE WELL BELOW THE STATE-WIDE PEERS ON THE CONNECT ICUT			
ON GRE ATÉR NEW HAVEN UNITED WAY BOARDS AND COMMITTES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPOTUNITIEST SINCE HIGHER EDUCATIONAL OPPOTUNITIEST SINCE HIGHER EDUCATIONAL OPPOTUNITIEST SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGELIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOLE BOUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOLE DUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOLE DUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE HIGH SCHOOLE OWNERS THE STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
COMMITTES REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LYE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPPENISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR SO WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80.5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPREVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES—SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS SHOWN ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OR RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE—WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMERS, ADDERPRSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT STATEWIDE ADDITIONALLY, NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT STATEWIDE THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY OP ERECENT STATEWIDE			REGULARL Y SERVE ON FOUR OF THE CITY OF NEW HAVEN
AD HOC BASIS THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIESS-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CERSUS STATISTICS, ONLY 90 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS A GED 25-50 YEARS SWHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			SERVICES AND THE ESTABLISHMENT OF SUBSTATION
MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
RESO LVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT
RESOURCES THE MANAGEMENT TEAM'S ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			RESOURCES THE MANAGEMENT TEAMS ARE COMPRISED
NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
WHO TAKES AN ACTIVE INTEREST IN NEIGHBORH OOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
OPPORTUNITIES-SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			· ·
ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STA TUS GROUPS IN THE U S HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
SOCIOECONOMIC STA TUS GROUPS IN THE US HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOW ER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
AND THE GENERAL PUBLIC FOR EXAMPLE, ADULTS AGED 25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
25-50 YEAR S WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
LESS TH AN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
RECENT CENSUS STATISTICS, ONLY 80 5 PERCENT OF IN DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOW ER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOW ER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE ADDITIONALLY, NEW HAVEN YOUTH HAVE LOW ER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			DIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED
ADDITIONALLY, NEW HAVEN YOUTH HAVE LOW ER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			l ·
SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECT ICUT MASTERY TEST			
MASTERY TEST			SCHOOL COMPLETION RATES AND SCORE WELL BELOW
	,	I	Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
rdentiner	Returnivererence	PART II CONTINUES-IN 2011, REFLECTING ITS STRONG
		COMMITMENT TO THE NEW HAVEN COMMUNITY AN D
		SUPPORT OF EDUCATION, YALE-NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TOT
		ALING \$2 0 MILLION OVER FOUR YEARS TO SUPPORT NEW
		HAVEN PROMISE NEW HAVEN PROMISE IS A COLLEGE
		SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS YALE-NEW HAVE N'S
		CONTRIBUTION FUNDS THE INITIATIVES PARTNERSHIP
		COMPONENT ITS GOAL IS TO MAKE HIGHER E DUCATION
		AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS THE PROGRAM IS ADMINISTER ED BY THE
		COMMUNITY FOUNDATION OF GREATER NEW HAVEN
		THOUGH THE IMPACT OF THE NEW HAVEN PR OMISE
		PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, MORE THAN 230 SCHOLARSHIPS WERE PR OVIDED
		FOR TUITION OVER THE FIRST TWO YEARS OF THE
		PROGRAM FOR A FOURTH YEAR, YALE-NEW HAV EN
		PROVIDED SCHOLARSHIP OPPORTUNITIES FOR STUDENTS ATTENDING ACHIEVEMENT FIRST'S NEW
		HAVEN SCHOOLS ACHIEVEMENT FIRST OPERATES A
		NETWORK OF 17 PUBLIC CHARTER SCHOOLS IN NEW
		HAVEN, BRIDGEPORT AND HARTFORD, CT, AND BROOKLYN, NY APPROXIMATELY 1,400 STUDENTS
		ATTEND THE ACH IEVEMENT FIRST NEW HAVEN
		SCHOOLS THE 12-YEAR HISTORY OF ACHIEVEMENT
		FIRST PROVES THAT THE ACHIEVEMENT GAP CAN BE CLOSED OVER THE PAST SEVERAL YEARS, THE HOSPITAL
		HAS PROVIDED IN- KIND STAFF SUPPORT FOR THE CITY
		OF NEW HAVEN'S YOUTH @ WORK PROGRAM YOUTH @
		WORK IS A PUB LIC-PRIVATE PARTNERSHIP OF THE CITY OF NEW HAVEN, THE NEW HAVEN BOARD OF EDUCATION
		AND WOR KFORCE ALLIANCE THE PROGRAM PROVIDES
		SUMMER AND YEAR-ROUND OPPORTUNITIES, WORK PLACE EXPO SURE AND WORK READINESS ACTIVITIES TO
		YOUTH WHO MAY BE CHALLENGED BY SOCIO-ECONOMIC
		OR ACA DEMIC BARRIERS TO WORKPLACE SUCCESS THE
		PROGRAM TARGETS IN-SCHOOL YOUTH, AGES 14-21, WHO ARE NEW HAVEN RESIDENTS OR ATTEND NEW
		HAVEN PUBLIC SCHOOLS THE YOUTH @ WORK
		INITIATIVE, A IMED AT PROVIDING YOUNG PEOPLE
		WORKPLACE EXPOSURE, MENTORING AND SCHOOL AND COMMUNITY-BASE D ENRICHMENT ACTIVITIES EARLY
		WORK EXPERIENCES SERVE AS THE FOUNDATION FOR
		FUTURE SUCCESS IN THE WORKPLACE AND HAVE PROVEN EFFECTIVE IN HELPING YOUTH ESTABLISH
		CONNECTIONS WITH EM PLOYERS, ENCOURAGE
		RESPONSIBILITY, FOSTER INDEPENDENCE, DEVELOP
		TECHNICAL SKILLS, DEVELOP COMMUNICATION AND INTERPERSONAL SKILLS, CLARIFY WORK VALUES AND
		FUTURE WORK PREFERENCES AN D ALLOW FOR
		INTERACTION WITH CARING ADULTS THE YNHH SCHOOL-
		TO-CAREER PROGRAM IS A MULTIFAC ETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC
		HIGH SCHOOL STUDENTS COMPONENT SINCLUDE AN
		INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHN ICAL AND
		GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS
		PROGRAM, YNHH AND ACES YOUTH EMPLOY ABILITY
		PROGRAM NEARLY 35 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2012 IN ADDITION
		TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL
		REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE
		LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE
		CAREER OPPORTUNITIES FOR STUDENTS THE HOSPITAL
		HAS PARTNERSHIPS WITH THREE LO CAL SCHOOLS THE
		HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORT UNITY TO EXPLORE
		MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS
		OBTAIN A CERTIFICATION AS A NURSE ASSISTANT THE
		JOHN C DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL
		& RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES
		STUDENTS AN OPPO RTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE
		WITH A SUPERI OR COURT JUDGE THE WASHINGTON
		ELEMENTARY SCHOOL PARTNERSHIP PROVIDES
		STUDENTS WITH ACADEM IC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM
		CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE
		AND EXPOSE THEM TO CAREERS IN HEALTH CARE IN
		ADDITION, HOSPITAL REPRESENTAT IVES ALSO SERVE AS YOUTH MENTORS THROUGH THE GUILFORD PUBLIC
		SCHOOL'S YOUTH MENTORING PROGRAM IN FISCAL
		YEAR 2012, YALE-NEW HAVEN HONORED THE LEGACY OF
		REVEREND MARTIN LUTHER KING, JR THROUGH AWARDS AND SCHOLARSHIPS TO ENCOURAGE THE NEXT
		GENERATION OF COMMUNITY LEADERS THIS INCLUDED
		A \$1,000 COMMUNITY SERVICE AWARD TO THREE HIGH SCHOOL STUDENTS IN NEW HAVE N WHO SET AN
		EXAMPLE IN THE COMMUNITY AND GRANTS TOTALING
		\$3,000 TO NEW HAVEN K - 8 SCHOOL S IN SUPPORT OF
		MARTIN LUTHER KING, JR DAY ACTIVITIES THAT CARRY ON THE FALLEN CIVIL RIGH TS LEADER'S WORK AND
		PHILOSOPHY STUDENT NUTRITION IS ANOTHER AREA
		OF FOCUS FOR YNHH, SINC E MISSING OR SKIPPING
		MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE IN 2012, YALE-NEW HAVEN PROVIDED A
		GRANT TO SUPPORT THE FOOD AND NUTRITION
		PROGRAM AT ST MARTIN DE PORRES A CADEMY AS PART
		OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, OVER THE PAST YE AR, THE
		HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT
		EDUCATION INITIATIVES RELATED TO FO OD AND
		NUTRITION ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO
		SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR
1		A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR
		MIDDLE AND HIGH SCHOOL STUDENTS YALE-NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZA TIONS
	<u> </u>	ADDRESSING THE ISSUE OF FOOD INSECURITY IN
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY
		INVE STMENT PROGRAMS, THE HOSPITAL DONATES
		ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS
		THAT SERV E YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL
		BUILDING AND PROVIDING A PLACE TO CALL HOME IN FY
		2012, THESE ORGANIZATIONS INCLUDED ACES, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE
		LEARNING, FAMILY CENTERED SERVICES OF CT, L E A P ,
		SOLAR YOUTH, AND MORE YALE-NEW HAVEN HOSPITAL
		ALSO PROVIDED SPONSORSHIP IN 2012 FOR THE BIG FOOD HEALTH, CULTURE AND THE EVOLUTION OF
		EATING EXHIBITION AT THE YALE PEABODY MUSEUM OF
		NATURAL HISTORY THE EXHIBIT WAS DESIGNED TO ENGAGE, ENTERTAIN AND EDUCATE IND IVIDUALS
		ABOUT THE WIDE ARRAY OF ISSUES ASSOCIATED WITH
		THE CAUSES, CONSEQUENCES AND SOLUTIONS OF OBESITY MORE THAN ONE-THIRD OF CHILDREN AND
		ONE-HALF OF ADULTS IN THE US ARE OVER WEIGHT OR
		OBESE OVER 120,000 VISITORS ATTENDED THE
		EXHIBITION, BREAKING NUMEROUS ATTENDAN CE RECORDS WORKFORCE DEVELOPMENT INITIATIVES-LIKE
		MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN
		WORKFORCE HAS EXPERIENCED DIFFICULT TIMES
		DURING THE ECONOMIC DOWNTURN ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT
		RATE IN THE CITY OF NEW HAVEN WAS 11 3 PERCE NT
		COMPARED TO 8 2 STATE-WIDE AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE T HAT
		HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL
		GAPS IN INCOME EQUALITY ARE ASSOCIATED WIT H BETTER HEALTH AS THE SECOND LARGEST EMPLOYER IN
		NEW HAVEN, YALE-NEW HAVEN HOSPITAL PROVIDES IN-
		KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND
		TRAINING PROGRAMS OFFERED BY AREA NO T-FOR- PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED
		BELOW IN 2011, YALE-NEW HAVEN COMMITTED TO A
		MULTI-YEAR DONATION TOTALING \$500,000 OVER FOUR YEARS TO SUPPORT THE CONNECTICUT CENTER FOR
		ARTS AND TECHNOLOGY (CONNCAT) CONNCAT, WHICH
		OPENED THIS YEAR, PROVIDES TRAINING FOR
		APPROXIMATELY 100 LOCAL UNEMPLOYED AND UNDEREMPLOYED ADULTS A YEAR FOR PHLEBOTOMY,
		MEDICAL CODING AND BILLING JOBS THE HOSPITAL
		ALSO PROVIDES INTERNSHIPS FOR STUDENTS BEING TRAINED AT CONNCAT IN ADDITION TO FINANCIAL
		SUPPORT, STAFF MEMBERS FROM THE HOSPITAL SER VE
		ON THE CONNCAT BOARD OF DIRECTORS AND IN AN ADVISORY CAPACITY FOR THE DEVELOPMENT OF THE
		PROGRAM'S CURRICULUM IN FY 2012, YNHH PARTNERED
		WITH CAREER RESOURCES, INC , TO CONDUCT
		PRESENTATIONS FOR EVERY EMPLOYABILITY TRAINING CLASS ON EFFECTIVE INTERVIEWING AND MOCK I
		NTERVIEWS TO ASSIST WITH THEIR JOB READINESS
		TRAINING THE RECRUITMENT AND STAFFING DEPART MENT ALSO PARTNERED WITH IRIS, WHOSE MISSION IS
		TO ASSIST REFUGEES AND IMMIGRANTS WITH INT
		EGRATION INTO THE WORKFORCE THE HOSPITAL ALSO HAS CONNECTIONS WITH JOB READINESS PROGRAMS
		ESTABLISHED FOR HARD TO EMPLOY INDIVIDUALS
		THROUGH LOCAL AGENCIES INCLUDING CONNECT-ABILI
		TY AND BEULAH HEIGHTS SOCIAL INTEGRATIONS PROGRAM HOSPITAL LEADERSHIP SERVES ON THE
		ADVISO RY COMMITTEE FOR THE NEW HAVEN REENTRY
		ROUNDTABLE EMPLOYMENT COMMITTEE, FELLOWSHIP PLACE, JOB CORPS AND THE NEWLY FORMED STATE-WIDE
		HEALTH AND LIFE SCIENCES ADVISORY BOARD AS WELL
		AS THE GOVERNING BOARDS OF CAREER RESOURCES,
		INC AND THE WORKFORCE ALLIANCE YALE-NEW HAV EN IS ACTIVELY INVOLVED IN OTHER JOB FAIRS, SUCH
		THOSE HELD BY THE CITY OF NEW HAVEN, JOBC ORPS,
		CAREER RESOURCES, INC AND THE WORKFORCE ALLIANCE
1	1	Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATIONTHE
		HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND
		BENEFITS PROVIDED TO THE BROADER COMMUNITY
		SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD
		HEALTHCARE BECAUSE OF INADEQUATE RESOURCES
		AND/OR WHO ARE UNINSURED OR UNDERINSURED THE
		HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOF QUALIFYING PATIENTS IN ACCORDANCE WITH THE
		ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE
		REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS
		DETERMINED FOR PATIENTS WHO WERE DETERMINED BY
		THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID
		NOT, THE UNCOLLECTED AMOUNTS ARE CLASSIFIED AS BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL
		THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE
		ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS
		CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CAF
		AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED
		CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATE CARE IS APPROXIMATELY \$69 8 MILLION AND \$55 9
		MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012
		AND 2011, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF
		COST TO CHARGES, AS DETERMINED BY CLAIMS
		ACTIVITY THE ESTIMATED COST OF CHARITY CARE
		PROVIDED WAS \$47 8 MILLION AND \$32 3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011,
		RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE
		IS BASED ON THE RATIO OF COST TO CHARGES THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS
		DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON
		THE PREVIOUS 12 MONTHS OF HOSPITAL DATA THIS
		ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT
		VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT
		THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED FOR THE YEARS ENDED
		SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT
		CHARGES, WAS \$32 6 MILLION AND \$26 4 MILLION, RESPECTIVELY THE BAD DEBT EXPENSE IS MULTIPLIED
		BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF
		INCLUSION IN THE TOTAL UNCOMPENSATED CARE
		AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM
		("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO
		HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT O
		HOSPITAL NET INPATIENT SERVICE REVENUE DURING
		THE YEARS ENDED SEPTEMBER 30,2012 AND 2011, THE HOSPITAL RECEIVED \$73 2 MILLION AND \$33 0 MILLION
		RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH
		APPROXIMATELY \$51 9 MILLION AND \$23 0 MILLION WAS
		RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$56 5 MILLION AND \$14
		MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012
		AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT ADDITIONALLY, THE HOSPITAL PROVIDES
		BENEFITS FOR THE BROADER COMMUNITY WHICH
		INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT
		NEED SPECIAL SERVICES AND SUPPORT BENEFITS
		INCLUDE THE COST OF HEALTH PROMOTION AND
		EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL
		RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE
		COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVIC NON-ENGLISH SPEAKING RESIDENTS, DISABLED
		CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUP:
		THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT
		FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AN
		A YOUTH INITIATIVE PROGRAM IN ADDITION TO THE
		QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE
		COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY
		SERVICE BY EMPLOYEES THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD
		REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND
		OTHER RELATED ACTIVITIES THE HOSPITAL ALSO
		SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO
		CHARGE THROUGH PARTICIPATION IN VARIOUS
		COMMUNITY SEMINARS AND TRAINING PROGRAMS COSTING METHODOLOGY IN ACCORDANCE
		WITH THE ESTABLISHED POLICIES OF THE HOSPITAL,
		DURING THE REGISTRATION, BILLING AND COLLECTION
		PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE
		DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO
		PAY BUT DID NOT, THE UNCOLLECTED AMOUNTSARE BAI DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING
		SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO
		ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS
	I	מאס מרמן אככס מואוס

Identifier	ReturnReference	Explanation
ruentinei		PART III, LINE 8 - MEDICARE EXPLANATIONTHE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE
		MEDICARE PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI

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

Identifier	ReturnReference	Explanation
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 19D ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

Identifier	ReturnReference	Explanation
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 21 ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED THE CHARGES ARE ADJUSTED OFF THE ACCOUNT

senedale II (I olim 330) 2011		1	age
Identifier	ReturnReference	Explanation	
		PART VI, LINE 2 IN LATE 2010, YALE-NEW HAVEN	
		HOSPITAL FORMED THE PARTNERSHIP FOR A HEALTH	HIER
		NEW HAVEN, WHICH IS DEDICATED TO THE DEVELOPMENT AND IMPLEMENTATION OF A COMMUI	NITY
		HEA LTH NEEDS ASSESSMENT AND A COORDINATED	INTII
		CITY-WIDE HEALTH IMPROVEMENT PLAN PARTNERS	HIP
		MEMB ERS INCLUDE REPRESENTATIVES FROM THE NE	W
		HAVEN HEALTH DEPARTMENT, FAIR HAVEN HEALTH CENTER, CORNELL-HILL SCOTT HEALTH CENTER,	
		PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THI	E
		YALE SCHOO L OF PUBLIC HEALTH'S COMMUNITY	
		ALLIANCE FOR RESEARCH AND ENGAGEMENT (CARE)	
		OVER THE PAST TWO YEARS, THE PARTNERSHIP HAS DEVELOPED A UNIFIED COMMUNITY HEALTH NEEDS	
		ASSESSMENT APPRO ACH, WHICH MEETS THE NATIO	NAL
		ASSOCIATION OF COUNTY AND CITY HEALTH OFFICE	IALS
		VOLUNTARY AC CREDITATION REQUIREMENTS AND I	IRS
		REQUIREMENTS FOR NON-PROFIT HOSPITALS THE PROPOSED ASSES SMENT BUILDS OFF OF EXISTING V	NO RK
		WITHIN THE COMMUNITY, INCLUDING COMMITMENT	
		BOTH DATA HAVEN AND CARE TO CONDUCT COMMU	
		HEALTH AND WELL-BEING SURVEYS DURING CALEND	
		YEAR 201 2 THIS UNIFIED APPROACH PROVIDES THI OPPORTUNITY TO COMPARE THE CITY OF NEW HAVE	
		WITH THE TWELVE MUNICIPALITIES THAT COMPRIS	
		THE INNER AND OUTER SUBURBAN RINGS OF THE CIT	
		NEW HAVEN RESIDENTS EXPERIENCE HIGHER RATES	
		MORBIDITY AND MORTALITY ACROSS THE LIFESPAN M PREMATURE BIRTH TO PREMATURE DEATH	FRU
		CONDUCTING A HEALTH NEEDS ASSESSMENT THAT	
		PROVIDES THE OPPORTUNITY TO LEARN MORE ABOU	UT
		THE EXISTING HEALTH INEQUITIES THROUGH A COMMUNITY ENGA GED PROCESS WILL LEAD TO THE	
		DEVELOPMENT OF A ROBUST CITY-WIDE HEALTH	
		IMPROVEMENT PLAN THA T INCLUDES EFFORTS FOCU	USED
		ON THE SOCIAL DETERMINANTS OF HEALTH IN 2012	•
		THE FOCUS OF THE PARTNERSHIP WAS TO DEVELOP. COORDINATED SURVEY TOOL AND OUTREACH PLAN	А
		PRIMARY DATA COLL ECTION COMMENCED IN	
		SEPTEMBER 2012 A BRIEF DESCRIPTION OF THE TWO)
		SURVEYS AND THEIR METHO DOLOGY ARE INCLUDED	
		BELOW GREATER NEW HAVEN WELL-BEING SURVEY-T 2012 COMMUNITY WELLBEIN G SURVEY, A PROJECT O	
		DATAHAVEN, IS THOUGHT TO BE THE LARGEST SURV	
		OF ITS TYPE EVER CON DUCTED IN OUR AREA ALTHO	DUGH
		MANY QUESTIONS WERE DERIVED FROM OTHER NATIONAL SURVEYS TO EN ABLE COMPARABILITY, TI	шЕ
		PROJECT FOCUSED ON COLLECTING INFORMATION C	
		COMMUNITY WELLBEING T HAT IS NOT AVAILABLE FR	
		ANY OTHER PUBLIC SOURCES THE TELEPHONE-BASE	
		(CELL AND LANDLINE) GREATER NEW HAVEN WELL-BI SURVEY IS BEING CONDUCTED DURING THE MONTHS	
		SEPTEMBER AN DOCTOBER BY THE SEINA RESEARCH	
		INSTITUTE AND MANAGED LOCALLY BY DATAHAVEN	
		RESEARCHERS WILL INTERVIEW RESIDENTS AGE 18	
		OVER FROM WITHIN A GROUP OF 13 MUNICIPALITIES	
		INCLUDING THE CITY OF NEW HAVEN, ITS SURROUND INNER-RING (EAST HAVEN, HAMDEN, AND WEST HAVEN).	
		AN D OUTER-RING (ORANGE, MILFORD, NORTH HAVE	
		GUILFORD, BRANFORD, NORTH BRANFORD, MADISON	,
		OODBRIDGE, BETHANY) MUNICIPALITIES THE FOCUS	SOF
		THE SURVEY WILL BE ON GOVERNMENT SERVICES, EDUCATION, AND URBAN PLANNING AS WELL AS	
		INDIVIDUAL QUESTIONS ABOUT CIVIC ENGAGEMENT	
		ALTH AND FAMILY ECONOMICS THE HEALTH QUESTI	
		WERE COORDINATED TO MATCH THOSE OF THE SUR 'BEING CONDUCTED BY CARE IN SIX NEW HAVEN	VEY
		NEIGHBORHOODS THE 2012 COMMUNITY WELLBEING	G S
		URVEY IS BEING SPONSORED BY A CONSORTIUM OF	
		FUNDERS INCLUDING THE COMMUNITY FOUNDATION	
		GREATER NEW HAVEN, CAROLYN FOUNDATION, UNIT WAY OF GREATER NEW HAVEN, ANNIE E CASEY FO	בט
		UNDATION, YALE-NEW HAVEN HOSPITAL, NEW ALLIA	NCE
		FOUNDATION, AND GENEROUS INDIVIDUAL	
		DONORS CARE NEW HAVEN HEALTH SURVEY-IN 200 THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY	,
		ALLIA NCE FOR RESEARCH AND ENGAGEMENT (CARE	
		CONDUCTED AN ADULT HEALTH STATUS SURVEY OF	SIX
		LOW RESOURCE NEW HAVEN NEIGHBORHOODS (FAIR	
		HAVEN, WEST RIVER / DWIGHT, DIXWELL, NEWHALLVI HILL NORTH AND WEST ROCK) FOCUSED ON CHRONIC	
		DISEASE AND ASSOCIATED RISK FACTORS SUCH AS	
		UTRITION, PHYSICAL ACTIVITY AND TOBACCO USE	
		THESE THREE RISK FACTORS LEAD TO THE FOUR CHR ONIC DISEASES THAT ACCOUNT FOR 70 PERCENT OF	
		PREVENTABLE DEATHS IN THE UNITED STATES AND I	
		THE STATE OF CONNECTICUT THE RESPONSE RATE I	FOR
		THE 2009 SURVEY WAS APPROXIMATELY 80 PER CEN	
		THE 2012 NEW HAVEN HEALTH SURVEY WILL UTILIZE SAME DOOR-TO-DOOR METHODOLOGY AS 2 009,	тНЕ
		PROVIDING TRAINING AND TEMPORARY EMPLOYMEN	ΙT
		FOR HAVEN RESIDENTS IN ADDITION, TO PHYSICAL	_
		ACTIVITY, NUTRITION AND TOBACCO USE, THE SURV	
		WILL ALSO INCLUDE QUESTIONS RELATED TO SOCIAL SUPPORT AND NEIGHBORHOOD SAFETY WHICH	4 L
		CORRELATE TO THE GREATER NEW HAVEN WELL-BEI	NG
		SURVEY IN 2009 THE RESPONSE RATE WAS	
		APPROXIMATELY 80 PERCENT CARE'S SURVEY PARTI	NERS
		FOR 2012 INCLUDE YALE-NEW HAVEN HOSPITAL, DATAHAVEN, DONAGHUE FOUNDATION, KRESGE	
		FOUNDATION, NEW HAVEN HEALTH DEPARTMENT, FA	AIR
		HAVEN COMMUNITY HEALTH CENTER AND CORNELL-	
		SCOTT HILL HEALTH CENTER IN ADDITION TO THE	
		PRIMARY RESEARCH BEING CONDUCTED AS PART OF	
		COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, PARTNERSHIP WILL ALSO BE COLLECTING RELEVANT	
		SECONDA RY DATA AND IDENTIFYING BENCHMARKS	
		BASED SUCH AS HEALTHY PEOPLE 2020 TO HELP GUI	IDE
		ITS WORK AND THE DEVELOPMENT OF A CITY-WIDE	
		HEALTH IMPROVEMENT PLAN THIS EFFORT WILL	LF
			LE

Identifier	ReturnReference	Explanation
		MUNITY, HOSPITAL EMERGENCY DEPARTMENT UTILIZATION AND OTHER DATA RELATED TO PREVENTABLE HO SPITALIZATIONS

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

		<u> </u>
Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE PRIMARY GEOGRAPHIC AREA
		SERVED BY YALE-NEW HAVEN HOSPITAL (YNHH) INCLUDES 25 CONNECTICUT MUNICIPALITIES ACROSS
		MIDDLESEX AND NEW HAVEN COUNTIES THE
		ALPHABETICAL LISTING BELOW PROVIDES EACH
		MUNICIPALITY LOCATED WITHIN THE GEOGRAPHIC
		AREA, THE ASSOCIATED ZIP CODE(S) AND COUNTY ZIP
		CODE MUNICIPALITY COUNTY STATE06401 ANSONIA
		NEW HAVEN CT06524 BETHANY NEW HAVEN CT06405 BRANFORD NEW HAVEN CT06408 CHESHIRE NEW HAVEN
		CT06410 CHESHIRE NEW HAVEN CT06411 CHESHIRE NEW
		HAVEN CT06413 CLINTON MIDDLESEX CT06417 DEEP
		RIVER MIDDLESEX CT06418 DERBY NEW HAVEN CT06512
		EAST HAVEN NEW HAVEN CT06409 ESSEX MIDDLESEX
		CT06426 ESSEX MIDDLESEX CT06442 ESSEX MIDDLESEX
		CT06437 GUILFORD NEW HAVEN CT06514 HAMDEN NEW
		HAVEN CT06517 HAMDEN NEW HAVEN CT06518 HAMDEN NEW HAVEN CT06419 KILLINGWORTH MIDDLESEX
		CT06443 MADISON NEW HAVEN CT06450 MERIDEN NEW
		HAVEN CT06451 MERIDEN NEW HAVEN CT06454
		MERIDEN NEW HAVEN CT06460 MILFORD NEW HAVEN
		CT06461 MILFORD NEW HAVEN CT06501 NEW HAVEN NEW
		HAVEN CT06502 NEW HAVEN NEW HAVEN CT06503 NEW
		HAVEN NEW HAVEN CT 06504 NEW HAVEN NEW HAVEN CT06505 NEW HAVEN NEW HAVEN CT06506 NEW HAVEN
		NEW HAVEN CT06507 NEW HAVEN NEW HAVEN CT06508
		NEW HAVEN NEW HAVEN CT06509 NEW HAVEN NEW
1		HAVEN CT06510 NEW HAVEN NEW HAVEN CT06511 NEW
		HAVEN NEW HAVEN CT06513 NEW HAVEN NEW HAVEN
1		CT06515 NEW HAVEN NEW HAVEN CT06519 NEW HAVEN
		NEW HAVEN CT06520 NEW HAVEN NEW HAVEN NEW
		NEW HAVEN NEW HAVEN CT06530 NEW HAVEN NEW HAVEN CT06531 NEW HAVEN NEW HAVEN CT06532 NEW
		HAVEN NEW HAVEN CT06533 NEW HAVEN NEW HAVEN
		CT06534 NEW HAVEN NEW HAVEN CT06535 NEW HAVEN
		NEW HAVEN CT06536 NEW HAVEN NEW HAVEN CT06537
		NEW HAVEN NEW HAVEN CT06538 NEW HAVEN NEW
		HAVEN CT06540 NEW HAVEN NEW HAVEN CT06471 NORTH BRANFORD NEW HAVEN CT06472 NORTH
		BRANFORD NEW HAVEN CT06472 NORTH
		HAVEN CT06475 OLD SAYBROOK MIDDLESEX CT06477
		ORANGE NEW HAVEN CT06478 OXFORD NEW HAVEN
		CT06483 SEYMOUR NEW HAVEN CT06492 WALLINGFORD
		NEW HAVEN CT06493 WALLINGFORD NEW HAVEN
		CT06494 WALLINGFORD NEW HAVEN CT06495 WALLINGFORD NEW HAVEN CT06516 WEST HAVEN NEW
		HAVEN CT06498 WESTBROOK MIDDLESEX CT06525
		WOODBRIDGE NEW HAVEN CTIN 2011, THE TOTAL
		POPULATION OF THE HOSPITAL'S PRIMARY GEOGRAPHIC
		SERVICE AREA WAS ESTIMATED AT 715,241 THE
		PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN
		2010 WAS 71 2% WHITE, 11 1% BLACK, 11 9% HISPANIC, 3 7% ASIAN PACIFIC AND 2 0% NATIVE AMERICAN,
		MULTI RACE OR OTHER IN 2011, THE ESTIMATED
		MEDIAN HOUSEHOLD INCOME WAS \$77,095 IN
		MIDDLESEX COUNTY AND \$62,497 IN NEW HAVEN
		COUNTY IN ADDITION TO YNHH, THERE ARE THREE
		ACUTE CARE HOSPITALS LOCATED IN THE REGION
		INCLUDING GRIFFIN HOSPITAL, MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL GAYLORD HOSPITAL, A
		LONG-TERM ACUTE CARE HOSPITAL IS ALSO LOCATED
		WITHIN THE GEOGRAPHIC AREA SERVED BY YALE-NEW
		HAVEN YNHH IS A DISPROPORTIONATE SHARE
		HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY
1		PRICING IN FISCAL YEAR 2012, THERE WERE 61,958 DISCHARGES FROM YNHH AN ESTIMATED THREE IN TEN
		INPATIENTS WERE MEDICAID BENEFICIARIES OR LACKED
		HEALTH INSURANCE THE HOSPITAL'S EMERGENCY
1		DEPARTMENT PROVIDES A HEALTHCARE SAFETY NET FOR
1		THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE
1		PRIMARY CARE PROVIDER FOR UNINSURED AND
1		UNDERINSURED PATIENTS IN FISCAL YEAR 2012, THERE WERE 141,422 VISITS TO YALE-NEW HAVEN'S ADULT AND
1		PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN
1		AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD
1		OVER 60 PERCENT OF THESE VISITS WERE ATTRIBUTED
		TO THE ADULT EMERGENCY DEPARTMENT, WHICH
1		ACCOUNTED FOR 87,924 OF THE TOTAL VISITS
1		INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED
		AND DISCHARGED PATIENTS THE TREATED
		THE TOTAL WITH OVER HALF, ROUGHLY 46,600
1		INDIVIDUALS IDENTIFIED AS MEDICAID BENEFICIARIES
1		OR AS HAVING NO HEALTH CARE INSURANCE PATIENT
1		ORIGIN DATA FOR FISCAL YEAR 2012 INDICATED THAT
1		48 PERCENT OF THE PATIENTS TREATED AND
1		DISCHARGED FROM THE HOSPITAL'S ADULT EMERGENCY DEPARTMENT AND 44 PERCENT OF THE TREATED AND
1		ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF
1		NEW HAVEN THE MEDIAN HOUSEHOLD INCOME FOR THE
1		CITY OF NEW HAVEN IS \$39,094, WHICH IS \$30,149
1		BELOW THE STATE OF CONNECTICUT MEDIAN
		HOUSEHOLD INCOME OF \$69,243 IN 2011, AN
		ESTIMATED 26 3 PERCENT OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO
		9 5 PERCENT STATE-WIDE
<u>r</u>	-	Schedule H (Form 990) 2011

	<u> </u>	<u> </u>
Identifier	ReturnReference	Explanation
		PART VI, LINE 5 YALE-NEW HAVEN HOSPITAL (YNHH) IS A
		1,541-BED ACUTE AND TERTIARY CARE HOS PITAL,
		WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S
		HOSPITAL, YALE-NEW HAVEN PSYCHIATRIC HOSPI TAL AND SMILOW CANCER HOSPITAL FOUNDED IN 1826 AS
		THE FIRST HOSPITAL IN CONNECTICUT AND THE
1		FOURTH VOLUNTARY HOSPITAL IN THE NATION, IT
		SERVES AS THE PRIMARY TEACHING HOSPITAL FOR YALE
		SCHOOLS OF MEDICINE AND NURSING YNHH HAS TWO
		INPATIENT CAMPUSES IN NEW HAVEN, THE M AIN YORK
		STREET CAMPUS AND THE SAINT RAPHAEL CAMPUS ON CHAPEL STREET YNHH'S YORK STREET CAMPUS AND
		ASSOCIATED AMBULATORY SITES ARE MAGNET-
		DESIGNATED BY THE AMERICAN NURSES CREDENT
		IALING CENTER YNHH IS A MAJOR TERTIARY CARE
		CENTER FOR ACUTELY ILL OR INJURED PATIENTS, R
		ECEIVING REGIONAL, NATIONAL AND INTERNATIONAL
		REFERRALS YALE-NEW HAVEN HOSPITAL REGULARLY
		RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION IN
		CONJUNCTION WITH YSM AND YALE CANCER CENTER.
		YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITM
		ENT TO TEACHING AND CLINICAL RESEARCH AS THE
		PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF
		MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN
		RESIDENTS AND FELLOWS SUPPORTING OUR MEDICA L STAFF BY PROVIDING AROUND-THE-CLOCK COVERAGE
		AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE
		RELYING ON THE SKILL AND EXPERTISE OF MORE THAN
		4,000 UNIVERSITY AND COMMUNITY PHYSI CIANS AND
		ADVANCED PRACTITIONERS, INCLUDING MORE THAN 600
		RESIDENT PHYSICIANS, YALE-NEW HA VEN HOSPITAL
		PROVIDES COMPREHENSIVE, MULTIDISCIPLINARY, FAMILY-FOCUSED CARE IN MORE THAN 1 00 MEDICAL
		SPECIALTY AREAS YALE-NEW HAVEN HOSPITAL
		PROVIDED SERVICES FOR MORE THAN 774,00 0
		OUTPATIENT AND EMERGENCY VISITS AND 62,000
		DISCHARGES IN FISCAL YEAR 2012 EVERY YEAR, A S
		PART OF OUR VITAL MISSION TO PROMOTE HEALTH AND
		WELLNESS THROUGHOUT THE GREATER NEW HAVE N REGION, YALE-NEW HAVEN HOSPITAL SPONSORS,
		DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF
		COMMUNITY-BASED PROGRAMS AND SERVICES DURING
		FISCAL YEAR 2012, YNHH MANAGED \$242 8 MILLI ON IN
		FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH
		FIVE WIDE-RANGING PROGRAMS - GUARANTEEIN G ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS,
		ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND
		CREATING HEALTHIER COMMUNITIES A SIXTH
		CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS
		PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION
		5 GUARANTEEING ACCESS TO CARE-YALE-NEW HA VEN
		RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE INSURANCE OR OTHERWI SE LACK
		THE RESOURCES TO PAY FOR HEALTH CARE HONORING
		ITS MISSION AND ITS COMMITMENT TO THE
		COMMUNITY, THE HOSPITAL PARTICIPATES IN
		GOVERNMENT-SPONSORED PROGRAMS SUCH AS
		MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE
		DURING 2012, YNHH PROVIDED SERVICES FOR 193,856 MED ICAID BENEFICIARIES AT A TOTAL EXPENSE OF
		\$138 7 MILLION (AT COST) YNHH ALSO OFFERS A SLID
		ING SCALE OF DISCOUNTED FEES AND FREE CARE FOR
		ELIGIBLE PATIENTS, AND EVEN FUNDS THE SALAR IES OF
		THREE ON-SITE STATE DEPARTMENT OF SOCIAL
		SERVICES EMPLOYEES DURING 2012, THE HOSPI TAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO
		OVER 29,000 PERSONS AT A TOTAL EXPENSE OF \$30 0
		MILLION (AT COST) YALE-NEW HAVEN ALSO GUARANTEES
		ACCESS TO CARE BY PROVIDING CLI NICAL PROGRAMS
		DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT
		NEGATIVE MARGINS REMAIN AFTER REMOVING THE
		EFFECTS OF FREE CARE, BAD DEBT AND UNDER- REIMBURSED MEDICAID SUBSIDIZED HEAL TH SERVICES
		INCLUDE THE HOSPITAL'S PRIMARY CARE CENTERS,
		WHICH INCLUDES ADULT, ADOLESCENT, PEDIATRIC AND
		WOMEN'S SERVICES THE HOSPITAL'S PRIMARY CARE
		CENTER PROVIDES OUTPATIENT ME DICAL SERVICES TO
		THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION IT IS THE LARGEST
		OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT IN
		FISCAL YEAR 2012, THE PRIMARY CARE CENTER HAD
		32,377 VISITS TO THE ADULT MEDICINE CLINIC, 26,664
		VISITS TO THE PEDIATRICS CLINIC AND 19,148 VISITS
		TO THE WOMEN'S CENTER, FOR A TOTAL OF 78,189
		PATIENT VISITS ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS
		IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS,
		WITH VISITS NUMBERING 1,900 ANNUALLY YNHH AL SO
		PROVIDED OUTREACH SERVICES TO PATIENTS
		RECEIVING CARE IN THE PRIMARY CARE CENTER AND TH
		E WOMEN'S CENTER TO FOLLOW UP ON MISSED APPOINTMENTS, IMMUNIZATIONS AND OTHER
		HEALTHCARE N EEDS VITAL TO QUALITY OF LIFE AND
		THE HEALTH STATUS OF THE PATIENT IN 2012, MORE
		THAN 1,0 97 PATIENTS RECEIVED OUTREACH SERVICES
		AND APPROXIMATELY 620 PATIENTS RECEIVED A HOME
		VISIT OVER 1,000 REFERRALS WERE MADE FOR
		RESOURCES WITHIN THE HOSPITAL AND IN THE
		COMMUNITY Y ALE-NEW HAVEN PROVIDES ONGOING FINANCIAL AND IN-KIND SUPPORT FOR PROJECT ACCESS
		OF NEW HAV EN, WHICH PROVIDES TIMELY HIGH QUALITY
		SPECIALTY CARE FOR UNINSURED INDIVIDUALS WHO
		RESIDE IN THE GREATER NEW HAVEN AREA WITH THE USE
		OF AN INTENSIVE PATIENT NAVIGATION MODEL MORE
		THAN 300 COMMUNITY PHYSICIANS DONATE THEIR
		SERVICES TO PROJECT ACCESS PATIENTS AND A TEAM OF FOUR PATIENT NAVIGATORS ASSIST ENROLLED
1		PATIENTS WITH ACCESSING AND MANAGING CARE SIN
1		CE SEEING THEIR FIRST PATIENT IN AUGUST 2010, PROJ
		·

Identifier	ReturnReference	Explanation
		ECT ACCESS HAS ENROLLED AND NAVIGATED MORE THAN 550 PATIENTS THE NO-SHOW RATE FOR MEDICAL
		APPOINTMENTS IS 2% AND THE VALUE OF DONATED
		CARE IS OVER \$5 MILLION PATIENTS ARE REFERRE D TO PROJECT ACCESS FROM THE EMERGENCY DEPARTMENTS
		AND PRIMARY CARE CENTERS ON BOTH THE YORK
		STREET AND ST RAPHAEL CAMPUSES OF YALE-NEW HAVEN HOSPITAL, THE FAIR HAVEN COMMUNITY HE ALTH
		CENTER, THE CORNELL SCOTT-HILL HEALTH CENTER AND
		COMMUNITY PRIVATE PRACTICES PROJECT ACCESS
		CELEBRATED ITS TWO-YEAR ANNIVERSARY IN AUGUST 2012 THE HOSPITAL'S ME & MY BABY PRO GRAM
		PROVIDES INCREASED ACCESS TO CARE FOR AN UNDER-
		SERVED POPULATION THAT IS EITHER UNINS URED OR UNDERINSURED, OUTREACH EFFORTS FOSTER EARLY
		ENTRY INTO CARE, SCREENING AND DETECTION, AND
		ALLOW PRENATAL CARE TO BEGIN AS EARLY AS POSSIBLE IN THE FIRST TRIMESTER THE PROGRAM FEATURES
		MONTHLY "SHOWERS" TO PROVIDE PARTICIPANTS WITH
		INFORMATION ON THE HOSPITAL'S MATERNITY
		PROGRAMS, BASIC CHILDBIRTH PREPARATION AND TO ANSWER ANY QUESTIONS ME & MY BABY IS THE ONLY
		PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE
		PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE IN 2012, ME & MY BABY GAVE 306
		NEWLY ENROLLED MOTHERS ACCESS TO PRE NATAL AND
		PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERA GE
		DURING THIS TIME, 271 ENROLLED MOTHERS GAVE
		BIRTH, A NUMBER THAT DECREASES ANNUALLY DU E TO
		CONTINUING OUTREACH AND EDUCATION EFFORTS NEARLY 100 PERCENT OF PROGRAM ENROLLEES AR E
		UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO
		ENTERED THE UNITED STATES WITHOUT INSPECTION O R WERE ADMITTED ON NONIMMIGRANT (TEMPORARY)
		VISAS AND OVERSTAYED THE PRESCRIPTION ASSISTA
		NCE PROGRAM HELPS YNHH PATIENTS WHO HAVE LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFIT S
		OBTAIN DEEPLY DISCOUNTED MEDICATIONS THE 340B
		PROGRAM ASSISTS PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL, INCLUDING THE EMERGENCY
		DEPARTMENT, OR ANY HOSPITAL-BASED CLINIC REC
		EIVE DISCOUNTED PRESCRIPTIONS STUDIES SHOW
		THAT PATIENTS WHO CANNOT AFFORD OUTPATIENT MED ICATIONS HAVE HIGHER HOSPITAL ADMISSION, RE-
		ADMISSIONS, AND EMERGENCY ROOM VISIT RATES THA N
		THEIR COUNTERPARTS THE HOSPITAL QUALIFIES FOR THESE FEDERAL PHARMACEUTICAL PRICING DISC OUNTS
		BECAUSE IT TREATS A DISPROPORTIONATELY LARGE
		SHARE OF UNINSURED AND UNDER INSURED PA TIENTS THE HOSPITAL ALSO SERVES AS A KEY PARTNER IN THE
		NEW HAVEN ORAL HEALTH COALITION THE COALITION
		WAS FORMED TO ADDRESS THE SERIOUS ORAL HEALTH NEEDS OF THE UNDER-SERVED, AND PARTICULARLY
		CHILDREN COVERED THROUGH HUSKY A THIS NETWORK
		ALLOWS PARTNERS TO CONTINUOUS LY COLLABORATE AND DEVELOP STRATEGIC PLANS IN A MORE COHESIVE
		AND COMPREHENSIVE MANNER PROMOTING HEALTH
		AND WELLNESS-DURING FY 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$8 6 MILLION IN COMMUNITY
		HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH
		EDUCATION PROGRAMS, SUPPORT GRO UPS AND HEALTH FAIRS EXAMPLES OF THESE IMPORTANT SERVICES AND
		PROGRAMS ARE PROVIDED BELOW CONNECTICUT WAS
		ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR
		DISEASE CONTROL AND PREVEN TION TO ADMINISTER THE WISEWOMAN (WELL-INTEGRATED SCREENING AND
		EVALUATION FOR WOMEN ACROSS THE NATION)
		PROJECT YNHH WAS SELECTED AS ONE OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM
		WISEWOMAN IS INTEGRATED WITHIN THE EXISTING YNHH
		CONNECTICUT BREAST AND CER VICAL CANCER AND EARLY DETECTION PROGRAM TO ASSESS
		CARDIOVASCULAR RISK FACTORS AND PROVIDE
		CARDIOVASCULAR DISEASE PREVENTIVE HEALTH SERVICES FOR ELIGIBLE MEDICALLY UNDERSERVED
		CONN ECTICUT WOMEN OVER THE AGE OF 40
		WISEWOMAN SERVICES INCLUDE ASSESSING
		CARDIOVASCULAR RISK FACTORS THROUGH HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL, BLOOD
		GLUCOSE AND PERSONAL LIFESTYLE HISTORIES IN FY
		2012, 184 WOMEN WERE SCREENED THROUGH THE PROGRAM
J		Schedule H (Form 990) 2011

Return definition PART VI, LIVE S CONTINUED HE ADDRETTAL IS ONLY OF SHAPE OF THE ADDRETTAL IS ONLY ON THE ADDRETTAL IS ONLY ON THE ADDRETTAL IS ONLY ON THE ADDRETTAL IS ONLY ON THE ADDRETTA	reflectate if (Form 330) 2011			aye c
BESTEEN IN COMMENTAL CONTRIBUTION A COMMENS OF THE CONTRIBUTION OF	Identifier	ReturnReference	Explanation	
E-HENDER BERGE, SENDRE AL AND COLD METERS A SAME MOMENS, SENDRES SIGNA, A BEAST SAME AND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERED TREE OF CHANGE FOR A HAND PAP PRIBADA SAR OTTERE OTTERED TREE OT			PART VI, LINE 5 CONTINUES-THE HOSPITAL IS ONE O	F
SCHEMING PROGRAM FOR MEDICALLY QUEENSWAYS MORPHS AND SAN THE ACID OF 19 AND 4, AND SAN THE ACID OF 19 AND 4, AND SAN THE ACID OF 19 AND 4, AND SAN THE ACID OF 19 AND 5, AND SAN THE ACID OF 19 AND SAN THE A				CED
MOMENT SERVICES SIGN ESCAPE AND SERVICE SIGN ESCAPE AND SERVICES SIGN E				
ELIGIBLE WOMEN IN THE AGIS OF 14 AND 64 AND				
MARINGGRAND SEED TO WORKER DECEMBER. MODITAL PUR DICE, DOWN TO MODITAL THE MEDITAL OF MARINGGRAND FATHER THE MEDITAL OF THE MEDITAL OF MARINGGRAND FATHER THE MEDITAL OF T				
AD TO 44 (MP. 2012, OVER) LODG WOMEN RECEIVED CEREINS THE PROBLEM			,	
CCEDENTINGS THROUGH THE PROGRAM TO A TATENT CLLABO NATIVE OUT REACH INITIATIVE ES TO CUSED OF THE COLLABORATIVE OUT REACH INITIATIVE ES TO CUSED OF THE COLLABORATIVE OUT REACH INITIATIVE ES TO CUSED OF THE COLLABORATIVE OUT REACH INITIATIVE ES TO CUSED OF THE COLLABORATIVE OUT REACH INITIATIVE ES TO CUSED OF THE COLLABORATIVE OUT REACH IN				_
MAYOR TION FOR SERANT CANCER SCREEN ING THIS COLLARD IN			· · · · · · · · · · · · · · · · · · ·	TΝΑ
COLLABORATIVE CUIT RECORDING THE SPECUSION OF PREMANDED BROSSHED WITH DOCUCTION AND CAREENY MINDERSEAVED WIND MAIN AGE BE-1) IN THE WAR TO CAREENY MAN TO COMPANIE THE PROCESSOR OF THE WAR TO COMPANIE THE MAIN AND CAREENY MAN TO CAREENY MAN				
DEFERNIC GREAT HEALTH EDUCATION AND SCREENING BURKERS TO A ANICARA MISCARA, MISSARC AND ANY HAVE COMMUNITY AND HELPING THE NAVIGATE HAUGHT THE HEALTH CARE WISTEN THE GOAL IS TO HIGH THE HEALTH CARE WISTEN THE GOAL IS TO HIGH THE HEALTH CARE WISTEN THE GOAL IS TO HIGH THE HEALTH CARE WISTEN THE GOAL IS TO HIGH THE HEALTH CARE WISTEN THE GOAL IS TO HIGH THE THE CARE WISTEN THE GOAL IS TO HIGH THE CARE THE CARE WISTEN THE GOAL IS TO HIGH THE CARE THE CARE WISTEN THE GOAL IS TO HIGH THE CARE THE CARE WISTEN THE GOAL IS TO HIGH THE CARE THE CARE WISTEN THE GOAL IS TO HIGH THE CARE WISTEN THE GOAL IS TO PARCHE AT TO LIGH GO STOLE AND THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTEN THE GOAL IS TO CARE WISTEN THE CARE WISTE				
ERVICES TO AFRICAN AMERICA, HISPARUC AND AW INDESPIED DAY MAN IN CREAT IS NOW INDESPIED TO WHAT IS CORE 19 IN THE COAL IS TO INCREASE AWARE WEST OF PARTY PETEROTION TO THE BE PROUDE SCREENINGS AND TO PARTYLER AND PROUDE SCREENING AND TO PARTYLER AND PROUDE SCREENING AND TO PARTYLER AND PROUDE SCREENING AND TO PARTYLER AND IN HALT HEDUCATION AND AWARDERS ACTIVITIES BEST WORKEN IN THE CREEK ACTIVITIES TO BEST WORKEN ACTIVITIES TO BE ACT				
HAVEN COPMUNITY AND INLEMINE THEN MAYIGA IT. INCOME THE RESALT OF AGE SYSTEE IT IN GOAL IS TO HELD HELD GOAL IS TO				
THROUGH THE HEALTH CARE SYSTEM IT THE GOAL ISTOL ORDER A WARRINGS OF PARK PRETICION TO THEM PROVIDE SCREENINGS AND TO PARKINGS AND PACILITATE ACCESS TO APPROPRIATE TO LAGNOSTIC ORDER TO THE COMMENT OF THE COMMENT OF THE COMMENT PARTICIPATION HAS SORRY IN TATALYSES RESULT IN EARTH EDUCATION AND AWARRESS CATIVITIES? \$4.20 WOMEN IN THE COR EATER NEW-WAVER, AREA IN A ENTER, IT HIS HORT THAT SO INTERNATION AND AWARRESS CATIVITIES? \$4.20 WOMEN IN THE COR EATER NEW-WAVER, AREA IN A ENTER, IT HIS HORT THAT SO INTERNATION AND AWARRESS CATIVITIES? \$4.20 WOMEN IN THE COR EATER NEW-WAVER, AREA IN A ENTER, IT HIS HORT THAT SO INTERNATION AND AWARRESS CATIVITIES? \$4.20 WOMEN IN THE COR EATER NEW-WAVER, AREA IN A ENTER, IT HIS HORT THAT SO INTERNATION AND AWARRESS AND AND AWARRESS OFFICE AND AWARRESS AND AND AWARRESS OFFICE AND AWARRESS AND AWARRESS AND AND AWARRESS AND A			·	W
INCREASE AWARENESS OF EARLY DETECTION TO THES HIGH MISS NOT HEART SELF-EACH HIGH MISS NOT HE HAS NOT HEART SELF-EACH HIGH MISS NOT HEART SELF-EACH HIGH MISS				0
HEGH-RISK OPPULATIONS, TE ACH BREAST SELF-EXAMI PROVIDES SCREENING AND TO SANTHER AND STORE FOLLOW UP WHEN INCRESSARY (IN FISICAL YEAR 2012, PARTICIPATION) AND SURFEARL AND TUTTIES RESULT IN HEALTH EDUCATION AND AMARENESS ACTIVITIES. PARTICIPATION IN AS SURFEARL AND TUTTIES AND THE ACTIVITIES AND THE ACTIVITIES AND THE ACTIVITIES AND THE ACTIVITIES AND THE ACTIVITIES. PARTICIPATION AND AMARCHESS AND RESENTED THE ACTIVITIES. PARTICIPATION AND AMARCHESS AND RESENTED THE ACTIVITIES. PARTICIPATION AND ACTIVITIES AND AMARCHESS ACTIVITIES. PARTICIPATION AND ACTIVITIES AND ACTIVITIES. PARTICIPATION ACTIVITIES AND ACTIVITIES. PARTICIPATION ACTIVITIES AND ACTIVITIES. PARTICIPATION ACTIVITIES. PARTICIPAT				
FACILITATE ACCESS TO APPROPRIA THE DIAGNOSTIC OLLUW DIV WINN INCESSARY IN TREGLAL YEAR 2013. IN HEALTH EDUCATION AND AMMARMS ACTIVITIES JAPA WOMIN IN THE OR RATH ROW MAYER AND AN A HEALTH EDUCATION AND AMMARMS ACTIVITIES JAPA WOMIN IN THE OR RATH ROW MAYER AND AND A HEALTH EDUCATION AND AMMARMS ACTIVITIES JAPA WOMIN IN THE OR RATH ROW MAYER AND AND A HEALTH ESSIP WITH THE COMMILIS AND YOUR TO DESCRIPE THE OR AND AND AND AND AND AND AND AND AND A HEALTH SERVICE TO THE AND				
COLLOWID WHEN INCESSARY IN TECAL YEAR 2013. PARTICIPATION IN 30 UNTREAT ACT UNITED REQUIT A JOAN WOMEN IN THE OR REATER NEWHAVEN AREA IN A PARTHERSHIP WITH THE CONNELL SOOTHHUL HEATT CENTER, THE MOST TALS DIGITAL MANDOCRAFT VA COMMUNITY WHE REWORN LIVE AND WORK, INFORMATION OF THE LOTTER TO THE LOTTER COMMUNITY WHE REWORN LIVE AND WORK, INFORMATION OF THE LOTTER TO THE LOTTER TO THE MOST THE LOTTER THE WOMEN THE ADD WORK, INFORMATION OF THE LOTTER THE MOST THE LOTTER THE LOTTER THE MOST THE LOTTER THE MOST THE MOST THE LOTTER THE MOST THE LOTTER THE MOST THE MOST THE LOTTER THE MOST THE				
PARTICIPATION IN 45 OUTRACH ACTIVITIES RESULT IN HEALTH EDUCATION AND AWARDES ACTIVITIES PARTICISAIN WITH THE COMMILLS COTT-HILL HEALT- CENTER, THE HOST LAS DIGITAL MARMORGAPHY AND AWARD AND AWARD A				
SAZO WOMEN IN THE GORDING THROUGH AND A STREEMSHIP WITH ECONNELS COTT HALL HEAT THE CONNELS CONTINUED THE CONNELS CONNELS CONTINUED THE CON			·	
PARTICIPATION WITH THE CONNELL SCOTT-HULL HEALT- CENTER THE MOST TALE DUST'AR MAMMORAPHY AND COMMONING ACCESS FOR THE ELDER MAMORAPHY AND COMMONING ACCESS FOR THE ELDER AND MORE ACCESS TO THE CARE ACCESS TO THE CARE ACCESS TO THE CARE ACCESS TO THE CARE AND MORE ACCESS TO THE CARE ACCESS				
CENTER, THE HOST TALS DIGITAL MAMMOGRAPHY SENCES IN A PROVIDES SCREEMING MAMMOGRAPHY SENCES IN THE PROVIDED SCREEMING MAMMOGRAPHY SENCES IN THE PROVIDED SCREEMING MAMMOGRAPHY SENCES IN THE PROVIDED SCREEMING MAMMOGRAPHY AND IMPROVING ACCESS FOR THE ELDERLY AND IMPROVING ACCESS FOR THE SECRETARY OF A				
PROVIDES SCREENING MAMMOGRAPHY SERVICES IN T COMMUNITY WERE WOMEN LIVE AND WORK, UNDERGENZED POPULATIONS WIN ON IGHT NOT DITHERMS BOT SIN IN HESS SERVICES ON A REQUER BASIS IN FISCAL YEAR 2012, THE MARM GRAPHY VAI FERRORIDED LIST SCREENING PHAPM GRAPHY TO A FERRORIDED LIST SCREENING PH				
IMPROVING ACCESS FOR THE ELDERLY AND JUDGERSEAVED POUPLATIONS WAN MERCHAND OTHERWISE OBTAINT HEST STRATES ON A SERVICE ON A SERVICE OF				
UNDERSENVED FOR THE THE SERVICE ON A REQUEAT PROPERTY OF THE SERVICE MEANING MANNINGS AND A REQUEAT PROPERTY OF THE SERVICE MEANING MANNINGS AND A TAY OF THE PROPERTY OF TH			· · · · · · · · · · · · · · · · · · ·	
OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS IN INSECUL YEAR 2012, THE NAME ORDER YEAR PERPENDED 3, 61 SCREENING MARM GEARAS AT 40. PERPENDED 3, 61 SCREENING MARM GEARAPHY AT 40. PERPENDED 3, 61 SCREENING MARM GEARAPHY SERVICES THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPAREHENING MARM GEARAPHY SERVICES THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPARIANT AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY ALRAGE THE PROGRAM ASSISTS PATERITS WITH A CCESS TO COMMUNITY RESOURCES SUCK AS MEDICAL THRASOFORTATION, HE OFFICE OF THE PROVIDE AND AND ADDITIONAL PROVIDERS AND ADDITIONAL PR				
BASIS IN FISCAL YEAR 2012, THE MAMM GORAPHY AND PERFORMED I, JASIS SCREENING MAMMOGRAMS AT 40 ID. CATIONS THROUGHOUT SOUTHERN COMMECTION. BERNYLESS THE MOST AND STATE SUCKLE CELL PROGRAM MERCHAND AND PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT IN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT IN MANAGEMENT, SYCHOSOCIAL COUNT IN MANAGEMENT,				
PERFORMED 1,613 SCREENING MAMMOGRAMS AT 40 LOCATIONS THROUGHOUT SOUTHERN COMPLETICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAMY PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLIDES PAIM MAMAGEMENT, PSYCHOSOCIAL COUNS ING, AND EDUCATION FOR THE PATIENT, TARK WHICH INCLIDES PAIM MAMAGEMENT, PSYCHOSOCIAL COUNS ING, AND EDUCATION FOR THE PATIENT, TARK MEMBERS, AND THE COMMUNITY AT LARGE THE PROOF PROVIDES COMPREHENSIVE AND THE PATIENT, TARK MEMBERS, AND THE COMMUNITY AT LARGE THE PROOF PROVIDES SUCH AS MEDICAL TRANSPORTATION, ME CATION FRO GRAMS WHICH HELP TO PURCHASE NEED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOLUCES THE SICKLE CELL TEAM WOR DOWN ON THE MAN STITUN OF SICKLE CELL TEAM WOR DOWN ON THE MAN STITUN OF SICKLE CELL THEMS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE TARK INTERECT CARE TO ADULT CARE BY USING THE TARK CONTROLLING THE TARK THE THE THE THE THE THE THE TARK WITH SICKLE CELL DISEASE ASSOCIATION OF AMERIC OUTERACH, HEALTH EDUCAC ON MUNITY AND CIVIC DIGGAMIZATION SOME OF THE				
ENHANCING ACCESSIBILITY TO MANM GRAPHY SERVICES THE HOSPITALS SICKLE CELL PROGRAM PROVIDES COMPRIHENSIVE MEDICAL CARE WHICH MAY AND DEDUCATION FOR THE PATIENT, TARRY WITH A COMPUNITY AT LARGE THE PROGRAM PROVIDES COMPRIHENSIVE MEDICAL CARE WHICH MAY AND THE COMMUNITY AT LARGE THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESONAL SEASON AND THE COMMUNITY AT LARGE THE PROGRAM PROVIDED SEASON AND THE COMMUNITY AT LARGE THE PROGRAM PROVIDED SEASON AND THE SICKLE CELL TEAM WOR DESIGN AND THE SICKLE CELL TEAM WOR THE SICKLE CELL DESIGN AND THE SICKLE CELL TEAM WOR THE SICKLE CELL DESIGN AND THE SICKLE CELL TEAM WOR THE SICKLE CELL DESIGN AND THE SICKLE CELL TEAM WOR THE SICKLE CELL DESIGN AND THE SICKLE CELL TEAM WOR THE SICKLE SICKLE THE SICKLE SICKL			· ·	_
SERVICES THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MARAGEMENT PSYCHOSOCIAL COUNT MEMBERS, AND THE COMMUNITY AT LARGE THE PROGR M ASSISTS FATIENTS WITH ACCESS TO COMMUNITY PRESURCES SUCH AS MEDICAL TRANSPORTATION, ME CATTON PROGRAMS WHICH HELP TO PURCHASE NEED COMMUNITY RESOURCES THE SICKLE CELL PATATION, ME CATTON PROGRAMS WHICH HELP TO PURCHASE NEED COMMUNITY RESOURCES THE SICKLE CELL PATATION, ME CATTON PROGRAMS WHICH HELP TO PURCHASE NEED COMMUNITY RESOURCES THE SICKLE CELL PATATION FROM DILIGENTLY WITH THE PEDIATRIC TEAM TO ENSURE BMOOTH TRANSITION OF SICKLE CELL PATATIONS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMIL WITH SICKLE CELL DISTAGE ASSOCIATION OF AMERIC SOUTHERN CONNECTICUT, WHICH THE SICKLE CELL PATATIONS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMIL WITH SICKLE CELL DISTAGE ASSOCIATION OF AMERIC SOUTHERN CONNECTICUT, WHICH THE SCHOOLS, COLLEGES AND ORGANIZATIONS AND HEALT HE FURCH AND ADULT ON THE CONNECTICUT AND ADULT THE FERENCES OF THAN 1,000 ADULT AND PEDIATRIC THE TERM RECOUNTES YALE. MEWAVEN HOSPITAL OPERATE S THE IN NEW HAVEN, SERVING 4,000 WORM AND THEIR COUNTES YALE. MEWAVEN HOSPITAL OPERATE S THE IN NEW HAVEN, SERVING 4,000 WORM AND THEIR COUNTES YALE. MEWAVEN HOSPITAL OPERATE S THE CONTROLLING AND HEALT AND ADULT THE SEPPLEMENTAL COUNTES HAVEN, SERVING A DOWN AND THE CHILDREN HAVEN HOSPITAL OPERATES THE CONTROLLING AND HEALT AND ADULT THE SERVING WITH THE COMMUNITY TO PROVIDE SUITATION AND FOOD AND SHAPE HAVEN, SERVING A DOWN AND THE CHILDREN HAVEN HOSPITAL COUNTES HAVEN SERVING AND ADULT THE SERVING WITH THE SERVING AND THE CONTROLLING AND THE CONT				١,
PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT. PSYCHOSO CLA COUN- ING, AND EDUCATION FOR THE PATIENT, PSYCHOSO CLA COUN- ING, AND EDUCATION FOR THE PATIENT, PSYCHOSO CLA COUN- ING, AND EDUCATION FOR THE PATIENT, PSYCHOSO CLASS A A SSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, HE CATTON PROGRAMS WHICH HEP TO PURCHASE NEED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY WITH THE PET PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT AND ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE TO ADULT CARE BY USING THE FAMIL CENTRE RED CARE BY USING THE FAMIL CENTRE BY ADALT CARE BY THE FAMIL CENTRE BY ADALT CARE BY T				
ING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE THE PROOF M ASSISTS PATIENTS WITH ACCESS TO COMMUNITY EXAMINATION OF THE PATIENT OF THE PATI			PROVIDES COMPREHENSIVE MEDICAL CARE WHICH	
MEMBERS, AND THE COMMUNITY ALROES THE PROOF M ASSISTS PATENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, ME MEDICAL PROOF MEDICAL				1SEL
M ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, ME CATION PROGRAMS WHICH HELP TO PURCHASE REDE MEDICINES OF THE SIGNED CELL LIFE AND COM- DESIGNED CONTRACTOR OF THE SIGNED CELL LIFE AND COM- DESIGNED CONTRACTOR OF THE SIGNED CELL LIFE AND COM- DESIGNED CONTRACTOR OF THE SIGNED CELL LIFE AND COM- DESIGNED CONTRACTOR OF THE SIGNED CELL LIFE AND COM- DESIGNED CELL CELL CELL SEAS AND THE ATTEMPTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FRENCH WITH SIGNED CARE MODEL AND PROACH IN PARTNERSHIP WITH SIGNED CELL CELL DESIGNED CELL CELL SEAS AND CONTRACTOR OF THE SIGNED CELL CELL OUTBREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT OF THE SIGNED CONTRACTOR OF THE SIGNED CELL CELL ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT OF THE SIGNED CONTRACTOR OF THE SIGNED CELL CELL ORGANIZATION AND THE SIGNED CELL CELL CELL CELL ORGANIZATION AND THE SIGNED CELL CELL CELL CELL ORGANIZATION AND THE SIGNED CELL CELL CELL CELL CELL ORGANIZATION AND THE SIGNED CELL CELL CELL CELL CELL ORGANIZATION AND THE SIGNED CELL CELL CELL CELL CELL CELL CELL CE				SRA
CATION PROGRAMS WHICH HELP TO PURCHASE NEEDE MEDICINES AT REDUCED COSTS, AND REFRANCISTO COMMUNITY RESOURCES THE SICKLE CELL TEAM WOR DILIGENTLY WITH THE PEDIATRIC TEAM OF PEDIATRIC CARE TO ADULT CASE BY USING THE FORE SIXE PEDIATRIC CARE TO ADULT CASE BY USING THE FORE CHIEFER CARE MODEL APPROACH IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF ARBOTHMENT CONTROLLY, NIHO PETER COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HING SCHOOLS, CLIEGES AND OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HING SCHOOLS, CLIEGES AND OUTREACH, HEALTH EDUCATION AND SCREENINGS COLOR TO THE COMMUNITY OUTREACH OF THE PROPERTY OF THE PROP			· · · · · · · · · · · · · · · · · · ·	
MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES THE SICKLE CELL TEAM WOR DILIGENTLY WITH THE PEDIATRIC TEAM TO ROS ING SMOOTH TRANSITION OF SICKLE CELL DEAR TO ROS ING PEDIATRIC CARE TO ADULT CARE BY USING THE FARM WITH SICKLE CELL DISEASE ASSOCIATION OF AMERIC SOUTHERN CONNECTICUT, WHICH OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT ANNUALLY THERE A RE MORE FINE CONNECTICUT ANNUALLY TO SELECT OUTS SELECT THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THE CHILDREN WILL, SERVING 4,0			,	
COMMUNITY RESOURCES THE SICKLE CELL PEAM WORD DILIGENTLY WITH THE PEDIATRIC TEACH OR USING SMOOTH TRANSITION OF SICKLE CELL PATIENTS FOR PEDIATRIC CARE TO A DUTL CARE OF USING THE FRANI CARE TO A DUTL CARE OF USING THE FRANI CARE TO A SICKLE CELL DISEASE ASSOCIATION OF AMERIC MITH SICKLE CELL DISEASE ASSOCIATION OF AMERIC SOUTHERN CONNECTICITY, WHICH OFFER COMMUNITY OUTREACH, HEALTH EDUCATION AND S CREENINGS LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THAN OUTPOUT THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS YALE-NEW HAVEN HOSPITAL OPERATE S THE LARGEST WOMEN, INFANTS AND CHILDREN WICK STEIN IN NEW HAVEN, SERVING 4,000 WOMEN AND THE CHILDREN THE WIC PROGRAM STAFF REACHES OUT! THE COPIEM OF THE WAY HAVEN HOSPITAL OPERATE S THE LARGEST WOMEN, INFANTS AND CHILDREN WICK STEIN IN NEW HAVEN, SERVING 4,000 WOMEN AND THE CHILDREN THE WIC PROGRAM STAFF REACHES OUT! THE COPIEM OF THE WAY HAVEN HOSPITAL OPERATE S THE LARGEST WOMEN, INFANTS AND CHILDREN WICK SERVING AND STAFF REACHES OUT! THE COPIEM OF THE WAY HAVEN HOSPITAL OPERATE S THE LARGEST WOMEN, INFANTS AND CHILDREN WICK SERVES AND CLIEDTS AND STAFF REACHES OUT. THE COPIEM OF THE WAY HAVEN HOSPITAL OPERATE S DEPARTMENT OF A GRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT TALE-REWHAVEN HOSPITAL INFANT PROGRAM SIP INFANT TO PROGRAM STREET HOSPITAL INFANT PROGRAM SIP INFANT TO THE PROGRAM SIP INFANT TO CONSERVE HERE AND THE MENTAL INFANT PROGRAM SIP INFANT TO THE AND THE ARE TO THE PROGRAM SIP INFANT TO TH				ED
SMOOTH TRANSITION OF SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE YOUNG THE FRAND CENTERED CARE MODEL APPROACH IN PART RESHIP WITH SICKLE CELL DISEASE ASSOCIATION OF FAMERIC SOUTHERN CONNECTICUT, WHH OFFERS COMMUNITY OF ANY OF THE CONNECTICUT, WHICH OFFERS COMMUNITY OF ANY OF THE CONNECTICUT CONNECTICUT CONNECTICUT ORDINATIONS INCLUDE WICH SCHOOL COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORDINATIONS INCLUDE WICH SCHOOL COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORDINATIONS INCLUDE SOUTHERN CONNECTICUT ANNUALLY THERE ARE MORE THAN 1,100 ADULT AND PEDIATRIC THROUGHOUT SOUTHERN CONNECTICUT ANNUALLY THERE ARE MORE THAN 1,100 ADULT AND PEDIATRIC PRATES THE LARGEST WOMEN, INVANIS AND CHILDREN (WICE) STITE IN NEW WAR AND, SERVING ADD ON SHEEN AND THE IN- THE COMMUNITY TO PROVIDE NUTRITION AL COUNSELING, BREASTREEDING EDUCATION AND PROVID OF PREGNANT AND POSTPARTUM WEN AND INFAN AND CHILDREN WHO ARE AT NUTRITION AL COUNSELING, BREASTREEDING EDUCATION AND POOD FOR PREGNANT AND POSTPARTUM WAR AND INFAN AND CHILDREN WHO ARE AT NUTRITION AL RISK WICE: FUNDED BY A GRANT FROM THE UNITRO THAT LAY WERE THE OWNER FOR THE SUPPLEMENTAL INFANT FROM THE OWNER AND INFAN AND CHILDREN WHO ARE AT NUTRITION AL RISK WICE: FUNDED BY A GRANT FROM THE UNITRO HAVE HIS MORE AND THE CONTROL OF THE SUPPLEMENTAL INFANT FROM THE OWNER AND AND AND HORD FOR PRESENCE THE WOMEN. INFANT AND CHILDREN WICE AND THE CONTROL OF THE SUPPLEMENTAL WICE AND THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE CONTROL OF THE WOMEN. INFANT AND CHILDREN FOR THE WOMEN FOR THE WOMEN. THE ANY THE MORE AND CONTROL OF THE WOMEN. THE ANY THE MORE FOR THE WOMEN. THE CONTROL OF THE WOMEN. THE MORE FOR THE WOMEN. TH			· · · · · · · · · · · · · · · · · · ·	RKS
PEDIATRIC CARE TO ADULT CARE BY USING THE FAMIL CENTERED CARE MODIL APPROACH IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERICA SOUTHERN CONNECTIOUT, WHICH OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS TO COLLEGES AND OUTRACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS TO COLLEGES AND OWN AND ADD CHARLES THE CONNECTION OF THE CONNECTION				
CENTERED CARE MODEL APPROACH IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERIC SOUTHERN CONNECTICUT, "WHH OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND S CREENINGS LOCATIONS INCLIDE HIGH SCHOOLS, COLLEGES AND DEATH OF A COLLEGE AND CONTROL OF THE COLLEGE AND COLLEGE A				
WITH SICKLE CELL DISCASE A SSOCIATION OF AMERIC SOUTHERN CONNECTIOUT, WHAT DEFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND S CREENINGS LOCATIONS INCLUDE INIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT STAND CONTROL THE COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT STAND CONTROL THE COMMUNITY AND CONTROL THE MEMBER OF THE COMMUNITY AND CONTROL OF THE COMMUNITY AND CONTROL OF THE COMMUNITY AND CONTROL OF THE COMMUNITY AND COMMON AND THE CHILDREN THE WICE PROGRAM STAFF REACHES OUT IN THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE CHILDREN THE WICE PROGRAM STAFF REACHES OUT IN THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROVIDE NUTRING AND FOOD FOR PROGRAM THE COMMUNITY OF PROGRAM THE COMMUNITY OF PROGRAM THE COMMUNITY OF PROGRAM THE COMMUNITY OF PROGRAM STAFF FOOD FOR PROGRAM THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE TO SERVER AND CLIENTS OF THE WOMEN, INTERNATION CONTROL OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL, WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL WHICH HOSE THE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL WHICH HOSPITAL SHOULD BE COMMUNITY OF PROGRAM BASED AT THE HOSPITAL SHOULD BE COMMUNITY OF THE COMMUNITY OF THE PROGRAM STAND SHOULD BE COMMUNITY OF THE PROGRAM STAND SHOULD BE COMMUNITY OF THE PROGRAM STAND S				
OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT ANNUALLY THERE A RE MOD THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS TALE-NEW HAVEN NOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN WICH ENCOUNTERS TALE-NEW HAVEN NOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN WICH CHILDREN THE WIC PROGRAM STAFF REACHES OUT IN THE COMMUNITY TO PROVIDE NOTWENTION AL COUNSELING, BREASTFEEDING EDUCATION AND FOOD POR PREGNANT AND POSTPARTIVE OWEN AND FOOD POR PREGNANT AND POSTPARTIVE OWEN AND FOOD POR PREGNANT AND POSTPARTIVE NOMEN AND FOOD POR PREGNANT FOR THE UNITED STATES DEPARTMENT OF ACRICICATION AND CHILDREN WHO ARE AT NUTRITIONAL RISK WICE IS FUNDED BY A GRANT FROM THE UNITED STATES DEPARTMENT OF ACRICICATION POSTPARTIVE HAVEN HOSP THE WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AND MAD CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVE A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INFANT AND CHILDREN SERVES A 500 CLIENTS OF THE WOMEN, INF				
LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COHURCHS, COHURCHS, CONTROLLEGES AND HEALTH FAIRST HROUGHOUT SOUTHERN CONNECTICUT ANNUALLY THERE A RE MOT THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS VALLE-NEW HAVE NO STIPAL OF PRATE STHERE THE LARGEST WOMEN, INFANTS AND CHILDREN WICK.) SITE IN NEW HAVEN, SERVING A DOWN OWNEW AND THEIR CHILDREN THE WICK PROGRAM STAFF REACHES OUT IN THE WICK PROGRAM AND PROGRAM STAFF REACHES OUT IN THE WICK PROGRAM AND PROGRAM SIP DATE OF THE WOMEN EXPERTENT AND PROGRAM SIP DATE AND PROGRAM SIP DATE OF THE WOMEN, INFANT AND CHILDREN WICK PROGRAM AND PROGRAM SIP DATE AND PROGRAM SIP DATE AND PROGRAM P			· · · · · · · · · · · · · · · · · · ·	1
UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATION AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT ANNUALLY THERE A REM OF THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THE THE COMMUNITY TO PROVIDE DUTENTION AS OUT IN THE COMMUNITY TO PROVIDE DUTENTION AND FOOD FOR PREGNANT AND POSTERATION AND FOOD FOOD FOOD FOOD FOOD FOOD FOOD FO				`
ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT AND PEDIATRIC PATIENT ENCOUNTERS YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC.) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THEI CHILDREN THE WIC PROGRAM STAFF REACHES OUT IN THE COMMUNITY TO PROVIDE NUTRITION AL COUNSELING, BREASTFEEDING EDUCATION AND FROD AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC. IT UNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF AGRICULTED AND TABLES UNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF AGRICULTED ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMON CLIEDRS OF THE HOSPICH WAS ARE AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCH ING EDUCATION AND CHILDREN (WIC.) PROGRAM BASED AT THE HOSPITALA, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCH ING SOME OF THE PROVIDED BY A GRANT FROM THE WAS THE PROVIDED BY A GRANT FROM THE PROVIDED BY THE PROVIDED BY THE PROVIDED BY A GRANT FROM THE PROVIDED BY THE				,
THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS YALE-NEW HAVEN HOSPITAL OPERATE S THE LARGEST WOMEN, STAINS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THEI CHILDREN THE WIC PROGRAM STAFF REACHES OUT IN THE COMMUNITY TO PROVIDE UNTITION AL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFA N AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF AGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT VALE-NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM BASED AT THOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCH IS WHEN ARE ARENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTED, ETHER WATER DOWN FORMULA OR FEED IN FANTS. ES FORMULA STRETCH OWN FORMULA OW			• • • • • • • • • • • • • • • • • • • •	
ENCOUNTERS YALL-NEWHAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN FILE SITE IN NEWHAVEN, SERVING 4,000 WOMEN AND THEI CHILDREN THE WICP PROGRAM STAFF REACHES OUT IN THE COMMUNITY TO PROVIDE NUTRITION ALL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFAN AND CHILDREN WHO ARE AT NUTRITIONAL RISK WICE FUNDED BY A GRANT FROM THE UNITED STATES DEPARTMENT OF A GRICULTURE HE SUPPLEMENTAL INFANT PROGRAM (SIP) AT YALE-NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2002 TO DORTESS CONCERNS AND AND CLIENTS OF THE WOMEN, INFANT AND CHILDREN CHILDREN STATES AND AND CLIENTS OF THE WOMEN, INFANT AND CHILDREN CHILDREN STATES SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHIS IS WHERE PARENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA STRETCHIS IS WHERE PARENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA STRETCHIS IN WHEE ARE PARTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING THEM FOR FER ANDUAL EVEL ARAT HICH IS 16 PERCENT HIGHER THAN THE STATE OFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN HARD CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN HARD CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN HARD CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT NANICLAL HARDS' IN HARD CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECESSIONS AFFED FIT AND THE POLYCET LEVEL OF A HARD CONTRAINED TO FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BLOW THE POVERTY LEVEL OF A HARD CONTRAINED TO FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BLOW THE POVERTY LEVEL OF A HARD CORDINAL TO COST TO FAMILIES IN HE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY HE DEPARTMENT OF HEALTH AND HOMEN THE PROGRAM SE SO SEEDED TO MOMEN THE POUNT OF THE POLITIC OF THIMP C				RE
THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SEATH REACHES OUT IN THE COMMUNITY TO PROVIDE NUTRITION AL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PRECNANT AND POSTPARTUM WOMEN AND THAN AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) YALE-NEW HAVEN HOSP IT WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM GASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PARENTS C SUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS REQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS C SUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS REQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS C SUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS REQUENTLY IN ORDER TO CONSERVE RESOURCES THE OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS C SUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS REQUENTLY IN ORDER TO CONSERVE RESOURCES THE OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS C SUBJECT OF THE STRETCHING IS WHERE PARENTS OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS OFTEN OCCUR. THE STRETCHING IS WHERE PARENTS OFTEN OCCUR. THE STRETCHING IS WHEN THE PARENTS OFTEN OCCUR. THE STRETCHING THE AND THE STRETCHING IS WITH THE PARENTS OFTEN OCCUR. THE STRE			· ·	S
CHILDREN THE WICE PROGRAM STAFF REACHES OUT IN THE COMMUNITY TO PROVIDE NUTRITION AL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND DOSTATUM WOMEN AND INFAN AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF A GRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) YALE-NEW HAVEN HOSP IT WAS ESTABLISHED IN 2008 TO A DODRESS CONCERNS REGRADING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WICE) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WICE) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WICE) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS OF THE WOMEN FOR THE PARENTS CIGARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FOR MULL OR FEED IN FANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES THE OFTEN OCCURS DURING THESE OFFI NANCIAL HARDS IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISION AS FOR THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS THE MOST HAVE AVERAGE SINCE ITS THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS THE DATE AND AVERAGE OF 2. INFANTS AT NO COST TO ARMILES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH ON HUMBAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER MUH A VERN BE POWING THE POVERTY SERVICES FROM THE POVERTY SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER MUH A WENNEY CARE CENTER TO AVER AGE CENTER TO AVER AGE OF TWO RECEIVING CARE AT YOHN AND TO THOSE WHO HAVE A CHILD OUT THE MANY OTHER SERVICE AND CALLSSUE IN THE HOSPITAL HAND TO THE SERVICE AGENCIES				
THE COMMUNITY TO PROVIDE NUTRITION AL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFA N AND CHILDREN WHO ARE AT NUTRITIONAL RISK WICE; FUNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF AGRICULTER THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT YALE-NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2007 ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE MOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS AND ALE NOT EXPENDED. (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS AND ALE NOT EXPENDED. (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS AND ALE NOT EXPENDED. (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS AND ALE NOT EXPENDED. (WIC) PROGRAM BASED AT THE HOSPITAL WHICH SERVES 4,000 CLIENTS AND ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO ADSENVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDS! IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THO SET HEY LOVE 2011, 26 3 PROCENT OF FAMILIES LIVING IN NEW HAW WERE CONSIDERED BELOW THE POWERTY LEVEL, A RAT WHICH IS 16 PERCENT HORTATION, SIP HAS PROVIDED FORMULA EACH YEARTO AN AVERAGE OF J. INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY STAAT PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECIPIED ALVEN AND NOT HOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECIPIED ALVEN AND IN SERVICES THE CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECIPIED ALVEN AND IN SERVICES THE CASE MANAGEMENT ON OUT FACH AND RELATI SERVICES THE CASE MANAGEMENT ON OUT FACH AND RELATI SERVICES THE CASE MANAGEMENT ON OUT FACH AND RELATI SERVICES THE CASE MA			· · · · · · · · · · · · · · · · · · ·	
COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFA N AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FOR HEL WINTERIONAL INFANT PROGRAM (SIP) AT VALE-NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2008 TO A DDRESS CONCERNS REGARDING THE PRAIT TO A FORMAL (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASE OF THE WOMEN OF THE WOMEN AND THE PROBREMS IN URBAN SO FIN HERE PARENTS ON THE REPORT OF THE PROBREMS IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISION STEFCTING THO SET HEY LOVE 2011, 26 3 PRECENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IN PREMENTATION, SIP HAS PROVIDED FORMUTA AND FOR THE PROBREMS THE HOSPITIAL SHALLTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGERS ASSES SNEEDS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGERS ASSES SNEEDS AND CORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COURT HAVEN AND FOR THE PROBLATIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSES SNEEDS AND CORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COURT HAVEN AND SHEAT SERVICES THE CASE MANAGERS ASSES SNEEDS AND CORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH OF HEALT START SITES AS WELL AS WIT				۷ТО
FOR PREGNANT AND POSTPARTUN WOMEN AND INFA N AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF AGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT VALE-NEW HAVEN HOSP IT WAS ESTABLISHED IN 6008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRI (WIC) PROGRAM BASED AT THE MOPEN, INFANT AND CHILDRI (WIC) PROGRAM BASED AT THE MOPEN, WHICH SERVES 4,000 CLIENTS AND WALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS, GLANDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING THESO PF IN ANCIAL HARDS'S IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISION SAFFECTING THO SET THEY LOVE Z011, Z6 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A AT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEART O AN AVERAGE OF Z. INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREEN REW HAVE AND AND DESIGNED FOR UNINSURED PREGNAM WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNAMT WOMEN RECEIVING CARE AT YNHA HADD TO THOSE WHO HAVE A CALLU DUT TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGEMENT SER VICES TO PREGNAMT WOMEN RECEIVING CASE MANAGEMENT SER VICES TO PREGNAMT WOMEN RECEIVING CASE MANAGEMENT SER VICES TO PREGNAMT WOMEN RECEIVING CASE MANAGEMENT SER VICES TO PREGNAMT WOMEN THE FROM THE GREATER REAL AS SES SO REDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COURS THE HEALT'S THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER THE CASE MANAGERS WORK COLLABORATIVELY HER GREATER NEW HAVEN'S OTHER HEALT'S COMMUNITY NEED AS SESSEMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE REALTH				D
FUNDED BY A GRANT FROM THE UNITED STA TES DEPARTMENT OF FAGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT YALE-NEW HAVEN HOSP ITA WAS ESTABLISHED 100 BY A YALE-NEW HAVEN HOSP ITA WAS ESTABLISHED 100 BY A YALE-NEW HAVEN HOSP ITA REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DO WN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFFEN OCCURS DURING TIMES OF IF NANCIAL HARDSF IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THOSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELO WITHE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF?: INFANTS AT NO COST. HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HAUTH HAND HAWAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PRECNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T. PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CASE MANAGER ASSES SNEOS AND CONDINATE MEDICALIONS. MENTAL HEALTH COUNTELING, WITH HEALTH STATE SERVICES THE CASE MANAGERS SOSE SNEOS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNTELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVE UNTER HEALTH START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIEVING SERVICES FROM THE PEDIATIC PRIMARY CARE CENTER TWO LIVEN THE WEB PAPER A CRITICAL ISSUE UNTER HEALTH START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIEVING SERVICES FROM THE POSITIAL HAS OPERAT A CEDITAL INTERCENCE OF THE HEALTH SERVICE OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH PARTMERSHIP FOR A HEALTHY COMMUNITY SE			FOR PREGNANT AND POSTPARTUM WOMEN AND INFA	NTS
DEPARTMENT OF AGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM (P) AT YALE—NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDSI IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THOSE THEY LOVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA BEACH YEAR TO AN AVERAGE OF 2 INFANTS AT NO COST OF FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMINITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THOSE OF THE CONTROL OF THE PROGRAM THAN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO RECEIVING SERVICES FROM THE PODIATIC PRIMARY CARE CENTER TWO CASE MANAGEMENT SERVICES TO PREGNANT WO MEN RECEIVING CARE AT YINHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSES SNEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY HIN EW HAVEN'S OTHER HEALTH START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIEVING SERVICES FROM THE PEDIATIC PRIMARY CARE CENTER TWO CASE MANAGERS WORK COLLABORATIVELY HIN EW HAVEN'S OTHER HEALTH START SITES AS SWELL AS WITH MEN'N OTHER SERVICE AGENCIEVING SERVICES INFORMENTY HERE WALVEN'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT				IS
INFANT PROGRAM (SIP) A TALE-NEW HAVEN HOSP ITA WAS ESTABLISHED IN 2008 TO A DORRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCH ING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC.) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PARENTS GUARDIANS OF INFANTS, WHO ARE NOT BREASTED, ETHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES THE OCCURS DURING TIMES OF FI NANCIAL HARDSF IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISION AS FRECTING IT OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED ELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IMPLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2 INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTH Y START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PRECNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN CERTIVAL SERVICES THE CASE MANAGERS ASSES SO NEEDS AND COORDINATE BEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATISED AND COORDINATE AND PROVIDES CASE MANAGERS ASSES SO NEEDS AND COORDINATE AND PROVIDES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH STATISTES AS WELL AS WITH MANY OTHER SERVICE OF THE PROBLEM PROVIDES FROM THE PEDIATRIC PRIMARY CARE CENTER THE CASE MANAGERS WORK COLLADOR PROVIDES CASE MANAGERS WORK COLLADOR PROVIDES CASE MANAGER				
REGARDING THE PRACTICE OF FORMULA STRETCH ING A MONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDSI IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ISIN PELEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2. INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOM RECEIVING CARE AT YMH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDILATIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE EDOLGAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS ASSE SS NEEDS AND COORDINATE WAS INFECULVED FROM THE WAVEN SO THER HEALTH START SITES AS WELL ASE WITH MANN OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SERVICE AGENCIES IN FISCAL YEAR AVEN'S OTHER HEALTH START SITES AS WELL AS WITH MANN OTHER SERVICE AGENCIES IN FISCAL YEAR AND THE AVEN'S OTHER HEALTH START SITES AS WELL AS WITH MANN OTHER SERVICE AGENCIES IN FISCAL YEAR AND THE AVEN'S OTHER HEALTH START SITES AS WELL AS WITH MANN OTHER SERVICE AGENCIES IN THE SCAL YEAR TO CONTINUE TO SERVICE THE START SITES AS WELL AS WITH MANN OTHER SERVICE OMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDS ASSESSMENT CONDUCTED IN THE				AL
AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDRE (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN DORER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDS' IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF Z: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF REATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T PREGRANT WOMEN RECEIVING CARE AT VNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN SOTHER HEALTH ST ART SITES AS WELL AS WITH MAN OTHER SERVICE A GENCIES IN FISCAL YEAR 2012, THE PROGRAM SERVI				_
(WIC) PROGRAM BASED AT THE MOSPITAL, WHICH SERVES 4,000 LIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES THE OFTEN OCCURS OF THE OCCURS OCCURS OF THE OCCURS OF T				
SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS FORMULA STRETCHING IS WHERE PA RENTS C GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDS! IN URBAN CENTERS WHERE PARENTS MWIST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEART OAN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T. PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGEMENT SE RVICES T. PREGNANT WOMEN REDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS SASE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS SASE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS SWIRK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH STAATS SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT			· · · · · · · · · · · · · · · · · · ·	. ∟ IN
GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED IN FANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDSIN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PRECENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES INTENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T. PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELTING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SERV ON 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEPOS SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATIC DENTISTRY WESIDENCY PROGRAM A DEDICATED DEDITATRIC DENTISTRY CENTER, WHI CHOPSERS A PEDIATRIC DENTISTRY CENTER, WHI CHOPSERS AND CONTENTS TO THE PEDIATRIC DENTISTRY CENTER, WH			SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000	
EITHER WATER DOWN FORMULA OR FEED IN FANTS LES FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDSH IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THOSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES T PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SERV A START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SERV A PARTNERSHY FOR A HEALTH CONNUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY WENT CHITER, WHI CH OFFERS A PEDIATRIC DENTISTRY YESIDENCY PROGRAM				OR
FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH OFTEN OCCURS DURING TIMES OF FI NANCIAL HARDSH IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSES SNEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH STATS SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTERY WAS IDENTIFIED A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTERS, WHICH LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTERS, WHICH IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY FERSIDENCY PROGRAM OFFICE A PEDIATRIC DENTISTRY CENTERS, WHICH IN THE PERCENT OF THE PERCEN			,	SS
IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANN OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE PART MERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH			FREQUENTLY IN ORDER TO CONSERVE RESOURCES TH	HIS
DIFFICULT DECISIONS AFFECTING TH OSE THEY LOVE 2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES T: PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SER V 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTMERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE PARTMERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH				HIP
2011, 26 3 PERCENT OF FAMILIES LIVING IN NEW HAVE WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2 INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH STAT SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SER 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAL A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				= TNI
WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2 INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH				
AVERAGE SINCE ITS IM PLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2: INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T: PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELAT! SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPPRAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH			WERE CONSIDERED BELOW THE POVERTY LEVEL, A RAT	
PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 2 INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PRO GRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T. PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSES SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH			•	200
HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			INFANTS AT NO COST TO FAMILIES THE HOSPITAL'S	
THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES T: PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH			HEALTHY START PROGRAM IS FUNDED BY THE	
FOUNDATION OF GREATER NEW H AVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY CENTER, WHI CH				
DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SE RVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			· · · · · · · · · · · · · · · · · · ·	
RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				,
CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATE SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
MENTAL HEALTH COUNSELING, OUTREACH AND RELATI SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH			CARE CENTER TWO CASE MANAGERS ASSE SS NEEDS	
SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				T C C
COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTH ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			· ·	IED
ST ART SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2012, THE PROGRAM SE RV 337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				ΉΥ
337 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED A A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			ST ART SITES AS WELL AS WITH MANY OTHER SERVICE	E
A CRITICAL ISSUE IN THE GREATER NEW H AVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			•	
PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				45
COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LAT E 1990S SINCE 2004, THE HOSPITAL HAS OPERAT A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
A DEDICATED PEDIATRIC DENTISTRY CENTER, WHI CH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM			COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE	
OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM				
,				
Schedule H (Form 990) 2	l		·	

Identifier	ReturnReference	Explanation
		IN FY 2012, THE PEDIATRIC DENTISTRY CENTER WAS RELOCATED TO A, 8,700 SQUARE FOOT STATE-OF -THE-
		ART FACILITY WITH 10 TREATMENT ROOMS, ONE
		RECOVERY ROOM FOR POST SEDATION PATIENTS AN DA STERILIZATION CENTER THE PEDIATRIC DENTISTRY
		CENTER MAINTAINS NEARLY 2,000 ACTIVE PAT IENTS AND HAS THE SINGULAR CAPACITY IN THE COMMUNITY
		TO TREAT CHILDREN WITH EARLY CHILDHOO D CARIES IN
		THE OPERATING ROOM SINCE 1992, THE HOSPITAL HAS PROVIDED COMPREHENSIVE CARE TO LEAD-POISONED
		CHILDREN AND THEIR FAMILIES THE YALE-NEW HAVEN
		LEAD POISONING REGIONAL TR EATMENT CENTER IS ONE OF TWO REGIONAL TREATMENT CENTERS IN
		CONNECTICUT PROVIDING MEDICAL T REATMENT AND SOCIAL SERVICE PROGRAMS IN FY 2012, THE LEAD
		PROGRAM PROVIDED 4,195 PATIENT SCREENINGS, 492
		IN-HOME VISITS AND 73 INFORMATIONAL PRESENTATIONS THE AIDS CARE PROGRAM WAS
		ESTABLISHED IN 1984 IN RESPONSE TO THE INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS
		AT YALE-NEW HAVEN HOSPITAL THE PROGRAM
		PROVIDES COMPREHENSIVE CARE TO ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS
		AND THEIR FAMILIES AND SIGNIFICANT OTHERS THE
		SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COUNSELING, OUTPATIENT AND INPATIENT CLI NICAL
		CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT THE AIDS CARE PROGRAM IS STAFF ED BY A
		MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS,
		NURSES, HIV COUNSELORS, SOCIAL WO RKERS AND CLINICAL RESEARCHERS IN FISCAL YEAR 2012 THE AIDS
		CARE PROGRAM ASSISTED 878 PAT IENTS IN THE NATHAN SMITH CLINIC WITH A TOTAL OF 7,713 VISITS
		THE PROGRAM PROVIDED HIV CO UNSELING AND
		TESTING FOR 326 CLIENTS FOR A TOTAL OF 579 VISITS ADDITIONALLY, THE PEDIATRI C SERVICE CARED FOR
		CHILDREN AND ADOLESCENTS WITH A TOTAL OF 149 VISITS YNHH OFFERS SUPPO RT GROUPS FOR PATIENTS
		AND FAMILIES IN OVER 25 AREAS, INCLUDING MANY
		CANCER AND TRANSPLANT SPECIALTY AREAS THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE
		PROVIDED FREE OF CHARGE TO HELP PATIENTS AND
		THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES IN FISC AL YEAR 2012, NEARLY 3,800
		PEOPLE WERE SERVED ADVANCING CAREERS IN HEALTH CARE-AS THE PRIM ARY TEACHING HOSPITAL FOR YALE
		SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED
		PHYSICIAN RES IDENTS AND FELLOWS SUPPORTING ITS MEDICAL STAFF WITH AROUND-THE-CLOCK COVERAGE
		AND INSIGHT FUL, RESEARCH-SUPPORTED PATIENT CARE IN ADDITION THE HOSPITAL PROVIDES A
		CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO
		STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN T HE AREAS OF NURSING, DIETARY
		PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS
		AND RESPIRATORY CARE TECHNICIANS IN 2012, THE
		COST TO YNHH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN
		\$59 4 MILLION , AND BENEFITED 2,468 INDIVIDUALS THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF
		HEALTH PRO FESSIONS EDUCATION ON AN ANNUAL
		BASIS FOR OVER 580 MEDICAL PROFESSIONALS THIS INCLUDES GR ADUATE AND INDIRECT MEDICAL
		EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FO R PHYSICIANS / MEDICAL
		STUDENTS, ALLIED HEALTH EDUCATION, PASTORAL CARE
		RESIDENCY PROGRAM AND A PHARMACY PROGRAM THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL
		EDUCATIONAL OPP ORTUNITIES FOR STUDENT DENTAL HYGIENISTS DURING THEIR ROTATIONS, THE STUDENTS
		UNDER THE D IRECTION AND SUPERVISION OF THEIR
		INSTRUCTORS PERFORM PROCEDURES APPROPRIATE AND APPLICABLE TO THEIR ROLES AS A DENTAL
		HYGIENIST STUDENTS FROM THE UNIVERSITY OF NEW
		HAVEN DENTAL H YGIENE PROGRAM AND THE UNIVERSITY OF BRIDGEPORT, INCLUDING SENIOR
		BACCALAUREATE CANDIDATES WHO ARE LICENSED DENTAL HYGIENISTS, INTERN IN THE DENTAL
		DEPARTMENT BY PROVIDING DIRECT PATIENT CARE
		FOUR OF THESE HYGIENISTS ARE ASSIGNED IN THE CLINIC EACH SEMESTER AND THROUGH THEIR PATIENT
		CARE EXPERIENCE INTERACT WITH RESIDENT AND ATTENDING PHYSICIANS, HOSPITAL S TAFF AND THE
		COMMUNITY IN FY 2012, 49 SUCH HYGIENISTS ROTATED
<u> </u>		THROUGH THE DEPARTMENT Schedule H (Form 990) 2011

enedate ii (i oiiii 550) 2011		ray
Identifier	ReturnReference	Explanation
		PART VI, LINE 5 CONTINUES-DURING 2012, THE
		HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDER GRADUATE TRAINING TO 1.335 STUDENTS ENROLLED IN
		PROGRAMS FOR NURSING, DIETARY PROFESSIONALS,
		PHYSICAL AND OCCUPATIONAL THERAPY, SOCIAL WOR
		RADIOLOGY TECHNICIANS AND RESPIRATORY C ARE TECHNICIANS YALE-NEW HAVEN HAS LONG STANDING
		PARTNERSHIPS TO PROVIDE THIS TRAINING WITH ARE
		COLLEGES AND UNIVERSITIES INCLUDING GATEWAY
		COMMUNITY COLLEGE, FAIRFIELD UNIVERSITY, SACREI
		HEART UNIVERSITY, MANCHESTER COMMUNITY COLLEGE UNIVERSITY OF CONNECTICUT, GOODW IN COLLEGE AN
		NAUGATUCK COMMUNITY COLLEGE YALE-NEW HAVEN'S
		TRAUMA SERVICES DEPARTMENT TH ROUGH A CONTRAC
		WITH THE PENTAGON PROVIDES US NAVY CORPSMAN MEDICAL TRAINING FOR SERVICE MEMBERS AT THE
		GROTON / NEW LONDON SUBMARINE BASE THE TRAININ
		INCLUDES BASIC MEDICAL PRO CEDURES AND SKILLS
		FOR SURVIVAL WHILE THE SUBMARINE IS OUT TO SEA I SERVICE IN 2012, FOU R CORPSMAN RECEIVED THIS
		NECESSARY TRAINING RESEARCH-TEACHING HOSPITAL
		LIKE YALE-NEW HAV EN HOSPITAL, ARE WHERE THE BES
		AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN
		AND MOST TECHNOLOGICALLY ADVANCED CARE
		POSSIBLE EXPERIENCED, PIONEERING MEDICAL
		PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEAL THCARE PROVIDERS IN THE
		DISCOVERY OF NEW CURES AND TREATMENTS, AND
		OFFER PATIENTS THE LATE ST, MOST EFFECTIVE
		DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY'S AVAILABLE ELSEWHERE CLINICAL TRIALS AT YALE-NEV
		HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE
		INCLUDE PHASE ONE TRI ALS, WHICH TEST A NEW DRUG
		SAFETY IN THE HUMAN BODY, PHASE TWO TRIALS, WHIC TESTS FOR E FFICACY AND DOSAGE IN SEVERAL
		HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH
		MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST
		STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE S AFETY OF VARIOUS TYPES OF MEDICAL
		EQUIPMENT CLINICAL TRIALS ARE AVAILABLE IN
		SEVERAL DIFF ERENT AREAS INCLUDING ADDICTIVE
		BEHAVIOR, BRAIN, SPINAL CORD, AND NERVOUS SYSTE CANCER, CHILDREN'S HEALTH, DIABETES AND
		ENDOCRINE SYSTEM, HEART AND CARDIOVASCULAR,
		HIV/AIDS AND I NFECTIOUS DISEASE, AND WOMEN'S
		HEALTH YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL R EFERRALS AND, IN CONJUNCTION
		WITH YSM AND YALE CANCER CENTER, YNHH IS
		NATIONALLY RECOGNIZE D FOR ITS COMMITMENT TO
		TEACHING AND CLINICAL RESEARCH THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OU
		MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE
		INCLUDING OUR C ANCER PREVENTION RESEARCH UNIT
		CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SE RVICE, DIGESTIVE DISEA:
		RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER,
		CHILDREN'S AND ADU LTS' CLINICAL RESEARCH
		CENTERS, AND CLAUDE D PEPPER OLDER AMERICANS INDEPENDENCE CENTER IN 2012, SMILOW CANCER
		HOSPITAL AND THE YALE CANCER CENTER ENTERED
		INTO KEY CLINICAL PARTN ERSHIPS WITH BOTH THE
		SARAH CANNON RESEARCH INSTITUTE TO SCIENTIFICALLY COLLABORATE TO ADV ANCE CANCER
		RESEARCH, AND WITH GILEAD SCIENCES, INC , TO BEGI
		A MULTI-YEAR RESEARCH COLLA BORATION FOCUSED C
		THE DISCOVERY OF NOVEL CANCER THERAPIES YALE- NEW HAVEN HOSPITAL'S ANN UAL SUPPORT OF THIS
		WORK IS CAPTURED UNDER CREATING HEALTHIER
		COMMUNITIES STATE CANCER RE GISTRIES ENABLE
		PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN REGISTF
		DATA ARE CRITICAL FOR TARGETING PROGRAMS
		FOCUSED ON RISK-RELATED BEHAVIORS OR O N ENVIRONMENTAL RISK FACTORS SUCH INFORMATION I
		ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE
		CANCER SCREENING EFFORTS SHOULD BE ENHANCED
		AND FOR MONITORING THE TREATMENT PROVIDE D TO CANCER PATIENTS IN ADDITION, RELIABLE REGISTRY
		DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH
		EFFORTS, INCLUDING THOSE AIMED AT EVALUATING TH
		EFFECTIVENESS OF CANCER PREVENTION, CONTROL O TREATMENT PROGRAMS IN THE UNITED STATES, THESE
		DATA ARE REPORTED TO A CENT RAL STATEWIDE
		REGISTRY FROM VARIOUS MEDICAL FACILITIES
		INCLUDING HOSPITALS, PHYSICIANS' OF FICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING
		SURGICAL CENTERS AND PATHOLOGY LABOR ATORIES
		DURING FY 2012, THE TOTAL COST ASSOCIATED WITH
		THE YALE-NEW HAVEN HOSPITAL CANCER REGISTRY WA \$1 2 MILLION CREATING HEALTHIER COMMUNITIES-TH
		CITY OF NEW HAVEN AND THE SU RROUNDING
		COMMUNITY IS HOME TO A NUMBER OF NOT-FOR-PROFI
		COMMUNITY IS HOME TO A NUMBER OF NOT-FOR-PROFI ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION,
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING CANCER PATIENTS, CONNECTICU T STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MA NAGEMENT SERVICES,
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING CANCER PATIENTS, CONNECTICU T STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MA NAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE,
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING CANCER PATIENTS, CONNECTICU T STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MA NAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, JUNTA FOR
		ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-F OR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVI CES TOTALIN \$1 9 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED T HE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING CANCER PATIENTS, CONNECTICU T STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MA NAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE,

Identifier	ReturnReference	Explanation
		LIFE CORPORATION AND RONALD MCDONALD
		HOUSE DURING A SINGLE DAY REGISTRATION DRIVE IN APRIL 2012, YNHH HOSTED AN ORGAN DONOR
		REGISTRATION EVENT DESIGNED TO RAISE AWARENESS
		ABOUT THE IMPORTANCE OF ORGAN DONATION THE
		EVENT RESULTED IN REGISTERING 544 MORE ORGAN DONORS THE EVENT WAS SUPERVISED BY A GUINNESS
		WORLD RECORD JUDGE AS YNHH ATTEMPTED TO BEAT
		THE PREV IOUS RECORD FOR ONE-DAY DONOR REGISTRATIONS, WHILE IT FELL SHORT OF BREAKING THE
		RECORD, THE EVENT WAS SUCCESSFUL IN CALLING
		ATTENTION TO THE VITAL NEED FOR ORGAN DONORS IN ADDITION, YALE-NEW HAVEN HOSPITAL AND ITS
		EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS
		FOR VARIO US HEALTH ADVOCACY ORGANIZATIONS
		ORGANIZATIONS INCLUDE AIDS WALK NEW HAVEN, AMERICAN DIAB ETES ASSOCIATION, AMERICAN HEART
		ASSOCIATION, ALZHEIMER'S ASSOCIATION, CHROHN'S
		AND COLITI S FOUNDATION OF AMERICA, JUVENILE DIABETES RESEARCH ASSOCIATION, KOMEN CT
		AFFILIATE RACE F OR THE CURE, LUPUS FOUNDATION OF
		AMERICA, MARCH OF DIMES, MUSCULAR DYSTROPHY
		ASSOCIATION, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN, CT, INC
		SUPPLEMENTAL INFORM ATION-YNHH ALSO
		CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF TH IS REPORT AND SERVES
		AS AN IMPORTANT COMMUNITY RESOURCE THIS
		INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES
		WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE THE
		HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES
		TO ALL QUALIFIED PHYSI CIANS IN ITS COMMUNITY THE HOSPITAL'S MEDICAL STAFF TOTALS OVER 3,600
		MEMBERS INCLUDING R ESIDENTS, FELLOWS AND
		HOSPITALISTS YALE-NEW HAVEN HOSPITAL CELEBRATED ITS FIRST YEAR OF N URSE MAGNET
		RECOGNITION BY THE AMERICAN NURSE CREDENTIALING
		CENTER IN MAY AND REMAINS AMON G ONLY SIX PERCENT OF THE NATION'S HOSPITALS TO EARN THIS
		PRESTIGIOUS HONOR FOR EXCELLENCE IN NURSING
		CARE NURSES AT YNHH CONTINUE TO EXCEED THE
		EXPECTED PATIENT OUTCOMES BY OUTPE RFORMING IN ALL AREAS INCLUDING FALLS THE NURSE RESEARCH
		PROGRAM CONTINUED TO GROW WITH O VER 27 STUDIES
		LED BY STAFF NURSES THROUGH ENCULTURATION OF THE NURSING PROFESSIONAL PRACTICE MODEL.
		NURSING IS ABLE TO COLLABORATE WITH
		INTERDISCIPLINARY PARTNERS THROUGH ITS STA FF NURSE COUNCIL AND PATIENT SERVICE MANAGER
		COUNCILS TO MAINTAIN A HIGH RELIABILITY ORGAN
		IZATION DURING FY 2012, YALE-NEW HAVEN HOSPITAL ACQUIRED THE HOSPITAL OF SAINT RAPHAEL WITH A
		COMMITMENT TO INCREASE EFFICIENCY, BROADEN
		ACCESS AND ENHANCE THE ALREADY HIGH QUALITY OF
		CARE PROVIDED AT BOTH CAMPUSES, THE ACQUISITION RECEIVED THE NECESSARY SUPPORT OF THE FEDERAL
		TRADE COMMISSION, CONNECTICUT ATTORNEY
		GENERAL AND APPROVALS FROM THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS AND THE VATICAN
		BOLSTERED BY STRONG COMMUNITY SUPPORT, THE
1		TRANSACTION CLOSED SUCCESSFULLY ON SEPTEMBER 12,2012 THE ACQUISITION PROVIDES CRITICALLY
1		IMPORTANT ACCESS TO NEW CAPACITY FOR YALE-NEW
1		HAVEN HOSPITAL, WHOSE BED LICENSE INCREASED BY 511 GENERAL MEDICINE BEDS AND 22 BASSINETS TO
1		1,541 BEDS AND BASSINETS, MAKING IT THE 4TH
1		LARGEST HOSPITAL IN THE COUNTRY THE GREATER NEW HAVEN COALITION FOR SAFE TRANSITIONS AND
1		READMISSION REDUCTIONS, WHICH INCLUDES
		COLLABORATION BETWEEN THE AGENCY ON AGING OF
		SO UTH CENTRAL CONNECTICUT AND YALE-NEW HAVEN HOSPITAL, RECEIVED A MONETARY AWARD FROM THE CE
		NTERS FOR MEDICARE & MEDICAID SERVICES TO
		IMPROVE THE QUALITY OF CARE FOR MEDICARE PATIENT IS AND KEEP THEM FROM BEING READMITTED SPECIAL
		TRANSITION TEAMS USING REGISTERED NURSES AS
		CARE COORDINATORS AND SOCIAL WORKERS HAVE BEEN PUT IN PLACE TO REDUCE THE NUMBER OF PATIE NTS
		WHO ARE READMITTED TO THE HOSPITAL WITHIN 30
<u></u>		DAYS
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 CONTINUES-IN FY 2012, YALE-NEW
		HAVEN HOSPITAL MADE SIGNIFICANT INVESTMENTS IN AMBULATORY SITE DEVELOPMENT TO ENSURE ACCESS
		TO KEY HEALTH SERVICES FOR ITS PATIENTS IN THEIR
		COMMUNITIES THESE INCLUDED THE NORTH HAVEN AMBULATORY CARE CENTER, A FOUR-STORY, 121,500
		SQUARE-FOOT OUTPATIENT MEDICAL CENTER SERVICES
		PROPOSED FOR THE SITE, WHICH WILL BE COMPLETED IN JANUARY 2013, INCLUDE A SMILOW CANCER CENTER, A
		MULTIDISCIPLINARY INTERVENTIONAL IMMUNOLOGY
		UNIT WITH SPECIALIST IN MULTIPLE SCLEROSIS,
		ALLERGY AND IMMUNOLOGY, AND RHEUMATOLOGY, MRI UNIT, DIGITAL X-RAY DEVICES, PHARMACY, BLOOD DRAW
		STATION AND AN URGENT / PRIMARY CARE CENTER THE
		HOSPITAL'S URGENT CARE CENTER IN EAST HAVEN ADDED OCCUPATIONAL HEALTH SERVICES TO ITS
		COMPLEMENT OF SERVICES THE SITE IS OPEN 7 DAYS
		PER WEEK AND IS STAFFED BY A BOARD CERTIFIED FAMILY PRACTICE AND EMERGENCY MEDICINE
		PHYSICIANS WHO TREAT NON-LIFE THREATENING
		MEDICAL CONDITIONS, INJURIES AND ILLNESSES RADIOLOGY AND PHYSICAL THERAPY SERVICES WERE
		OPENED IN VARIOUS LOCATIONS TO SUPPORT THE YALE
		MEDICAL GROUP ORTHOPEDIC PRACTICE THE NEWLY CONSTRUCTED 12-BED CRISIS INTERVENTION UNIT AND
		CHEST PAIN CENTER IN THE YALE-NEW HAVEN HOSPITAL
		EMERGENCY DEPARTMENT OPENED IN 2012 ON THE
		HOSPITAL'S YORK STREET CAMPUS THE EMERGENCY DEPARTMENT ALSO OPENED ITS SPACIOUS NEW
		PATIENT-CENTRIC DESIGNED WAITING ROOM THAT
		FACES YORK STREET THE EMERGENCY DEPARTMENT RENOVATION AND EXPANSION PROJECT, WHICH WILL
		CONTINUE IN 2013, WILL ADD 32 EXAM ROOMS AND
		NEARLY 20,000 SQUARE FEET IN ADDITION TO YNHH'S RECERTIFICATION AS AN ADVANCED PRIMARY STROKE
		CENTER, YNHH CREATED AN INTENSIVIST MODEL IN ITS
		NEUROSURGICAL INTENSIVE CARE UNITS, MAKING IT THE FIRST FULLY INTENSIVIST UNIT IN CONNECTICUT
		AND ITS COMPREHENSIVE EPILEPSY CENTER WAS
		RECOGNIZED AS A LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS LEVEL 4
		EPILEPSY CENTERS ARE RECOGNIZED AS HAVING THE
		PROFESSIONAL EXPERTISE AND FACILITIES TO PROVIDE
		THE HIGHEST LEVEL MEDICAL AND SURGICAL EVALUATION AND TREATMENT FOR PATIENTS WITH
		COMPLEX EPILEPSY IN 2012, SMILOW CANCER HOSPITAL
		AND THE YALE CANCER CENTER WERE RENEWED AS A COMPREHENSIVE CANCER CENTER BY THE NATIONAL
		CANCER INSTITUTE (NCI), AND THE BREAST CENTER WAS
		ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS (NAPBC), MAKING IT THE
		ONLY NAPBC ACCREDITED, NCI-DESIGNATED
		COMPREHENSIVE CANCER CENTER IN THE NORTHEAST IN ADDITION TO THE ACQUISITION OF NINE NEW
		SMILOW CANCER HOSPITAL AMBULATORY CARE
		CENTERS, A SMILOW SATELLITE WAS OPENED AT GREENWICH HOSPITAL AND A CO-DEVELOPMENT
		AGREEMENT WITH THE CHARLOTTE HUNGERFORD
		HOSPITAL WAS FORMED YALE-NEW HAVEN CHILDREN'S HOSPITAL'S MEDICAL FOUNDATION PARTNERSHIP WITH
		THE CONNECTICUT CHILDREN'S MEDICAL CENTER, THE
		NORTHEAST PEDIATRIC SPECIALISTS, INC RECRUITED THE NEW CHIEF OF PEDIATRIC CARDIAC SURGERY FOR
		BOTH YNHH AND CONNECTICUT CHILDREN'S MEDICAL
		CENTER THIS INNOVATIVE ALIGNMENT ALLOWS CONNECTICUT'S TWO LEADING CHILDREN'S
		INSTITUTIONS TO ADDRESS KEY PEDIATRIC
		SUBSPECIALTY PHYSICIAN SHORTAGES AND TO MAINTAIN THEIR TERTIARY LEVELS OF CARE IN
		ADDITION, YALE-NEW HAVEN CHILDREN'S HOSPITAL,
		WAS DESIGNATED AS AN EXTRACORPOREAL LIFE
		SUPPORT ORGANIZATION CENTER OF EXCELLENCE IN LIFE SUPPORT THIS DESIGNATION SIGNIFIES TO
		PATIENTS AND FAMILIES A COMMITMENT TO
		EXCEPTIONAL PATIENT CARE AND DEMONSTRATES TO THE HEALTH CARE COMMUNITY AN ASSURANCE OF HIGH
		QUALITY STANDARDS, SPECIALIZED EQUIPMENT AND
		SUPPLIES, DEFINED PATIENT PROTOCOLS, AND ADVANCED STAFF EDUCATION IN 2012, BRIDGEPORT
		HOSPITAL'S 42 PEDIATRIC AND NEONATAL INTENSIVE
		CARE BEDS AND ITS PEDIATRIC CLINIC WERE INTEGRATED INTO YALE-NEW HAVEN CHILDREN'S
		HOSPITAL, ENHANCING REGIONAL ACCESS TO
		SPECIALTY PEDIATRIC SERVICES FOR THE 13TH YEAR, YNHH WAS SELECTED AS ONE OF THE MOST WIRED
		HOSPITALS IN THE NATION BY HOSPITALS AND HEALTH
		NETWORKS, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION THIS RECOGNITION
		IS BASED ON TECHNOLOGY ADVANCEMENTS MADE BY
		HEALTHCARE ORGANIZATIONS TO ENHANCE PATIENT SAFETY, CLINICAL QUALITY AND CUSTOMER SERVICE
		EACH YEAR, THOUSANDS OF MEMBERS OF THE
		COMMUNITY SUPPORT YNHH THROUGH PHILANTHROPY
		AND VOLUNTEERING IN FY 2012, 2,175 VOLUNTEERS DEDICATED A TOTAL OF 165,803 SERVICE HOURS TO THE
		HOSPITAL VOLUNTEERS WERE PLACED IN OVER 50
		AREAS THROUGHOUT THE HOSPITAL INCLUDING ADMITTING, ADULT EMERGENCY DEPARTMENT, CHILD
		PSYCHIATRY, COMMUNITY HEALTH, DENTAL CLINIC,
		HEART CENTER, LABORATORY MEDICINE,
		, , , , , , , , , , , , , , , , , , , ,

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

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	СТ

Software ID: Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

Recognized as a Hospital Facility	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year?52	
	Type of Facility
Name and address	(Describe)
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN,CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET	VARIOUS
NEW HAVEN, CT 06510 TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET	VARIOUS
NEW HAVEN, CT 06510	1

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

The state of the s	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 52	
	Type of Facility
Name and address	(Describe)
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET	VARIOUS
NEWHAVEN,CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN,CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	WARTOUG
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET	VARIOUS
NEWHAVEN,CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN,CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN,CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN,CT 06510	VARIOUS
	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN,CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN, CT 06510	
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA	VARIOUS
40 TEMPLE STREET NEW HAVEN,CT 06510	

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 52	
Name and address	Type of Facility (Describe)
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN,CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 40 TEMPLE STREET NEW HAVEN,CT 06510	VARIOUS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

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

OMB No 1545-0047

2011

DLN: 93493226007463

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I General Information 1 Does the organization maintain the selection criteria used to available Describe in Part IV the organization	records to substantı ward the grants or as	ate the amount of the			the grants or assist	ance, and	┌ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, In Part IV and Schedule	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
Enter total number of section 5Enter total number of other organization						_	32 5
For Privacy Act and Paperwork Reductio	n Act Notice, see the I	nstructions for Form 99	0.	Cat No 50055P		Schedu	le I (Form 990) 2011

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	15	30,000		FMV	

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

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

Software ID: Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NEW HAVEN165 CHURCH STREET NEW HAVEN,CT 06511		GOV	1,817,829				COMMUNTY BENEFIT DEV
COMMUNITY FOUNDATION OF GREATER NEW HAVEN28 LINCOLN WAY NEW HAVEN, CT 06510	06- 6032106	C-3	525,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY COMMUNITY COLLEGE60 SARGENT DRIVE NEW HAVEN, CT 06511	22- 3135128	C-3	205,000				SUPP NURSING CAREER
HABITAT FOR HUMANITY37 UNION STREET NEW HAVEN,CT 06511	06- 1178712	C-3	160,000	450	COMPARABLE RATE		SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP NEW HAVEN BRANCH545 WHALLEY AVE NEW HAVEN, CT 06511	06- 6099313	C-4	30,250			SPONSORSHIP
NEW HAVEN INTERNATIONAL FESTIVAL195 CHURCH STREET NEW HAVEN, CT 06511	06- 1444222	C-3	20,000			SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST403 JAMES STREET NEW HAVEN, CT 06511	65- 1203744	C-3	12,000				SUPPORT MISSION
VISITING NURSE ASSOCIATION SOUTHONE LONG WHARF DRIVE NEW HAVEN, CT	06- 0646941	C-3	11,300				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI DEFAMATION LEAGUEWHITNEY AVE NEW HAVEN,CT 06511	13- 1818723	C-3	10,000				SPONSORSHIP
BEULAH HEIGHT SOCIAL INTEGRATION782 ORCHARD STREET NEW HAVEN, CT 06511	06- 1290930	C-3	10,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW HAVEN CHAMBER OF COMMER900 CHAPEL STREET NEW HAVEN, CT 06510	06- 0646890	C-6	10,000				SPONSORSHIP
NEW HAVEN SYMPHONY ARCHESTRA70 AUDUBON STREET NEW HAVEN,CT 06510	06- 6000592	C-3	10,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMISING SCHOLARSHIP FUND INC44 UPPER STATE STREET NORTH HAVEN,CT 06473	80- 0112325	C-3	10,000				SUPPORT MISSION
WOMEN & FAMILY LIFE CENTER96 FAIR STREET GUILFORD, CT 06437	22- 2093815	C-3	10,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE501 GEORGE STREET NEW HAVEN, CT 06511	06- 1063758	I C-3	8,500				SUPPORT MISSION
SHUBERT THEATRE247 COLLEGE STREET NEW HAVEN, CT 06510	06- 1625278	1 (*-3	7,750				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CT STATE MISSIONARY BAPTIST CONVENT 10 CHERRY DRIVE DANBURY, CT 06812	06- 1421410	C-3	6,500		other)		SUPPORT MISSION
EASTER SEALS GOODWILL95 HAMILTON STREET NEW HAVEN,CT 06511	23- 7431264	C-3	5,350				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY SEED817 GRAND AVENUE NEW HAVEN, CT 06511	83- 0397621	C-3	5,000				SUPPORT MISSION
AMERICAN DIABETES ASSOCIATIONP O BOX 13050 ALEXANDRIA, VA 22312	13- 1623888	C-3	5,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER EMERGENCY AIDP O BOX 616 WESTPORT, CT 06881	03- 0600624	C-3	5,000				SUPPORT MISSION
JUVENILE DIABETES RESEARCH2969 WHITNEY AVE HAMDEN, CT	23- 1907729	C-3	5,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOMEN CT RACE FOR THE CURE 350 CHURCH STREET HARTFORD, CT 06102	75- 2844629	C-3	5,000				SPONSORSHIP
LEEWAY INC40 ALBERTS ST NEW HAVEN, CT 06511	22- 3065487	C-3	5,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CORPORATION540 ELLA T GRASSO BLVD NEW HAVEN,CT 06519	06- 1443579	C-3	5,000				SUPPORT MISSION
SHORELINE ARTS ALLIANCE725 BOSTON POST ROAD GUILFORD, CT	06- 1027403	C-3	5,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIVE-NEW HAVEN746 CHAPEL STREET NEW HAVEN,CT 06510	38- 3667019	C-3	5,000	450	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS 70 AUDUBON STREET NEW HAVEN, CT 06510	45- 1257955	C-3	100,000	1,769	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS DAY COMMITTEE INC105 ROBINWOOD ROAD HAMDEN,CT 06517	06- 1055636	I C-3	5,000		•		SUPPORT MISSION
COORDINATING COUNCIL FOR CHILDREN IN CRISIS 131 DWIGHT STREET NEW HAVEN, CT 06510	06- 0972684	I C-3	5,000	643	COMPARABLE RATE		SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CALVARY BAPTIST CHURCH 609 DIXWELL AVE NEW HAVEN,CT 06511	06- 1173497	C-3	10,000				SUPPORT MISSION
MARCH OF DIMES FOUNDATION500 WINDING BROOK DR GLASTONBURY, CT 06033	13- 1846366	C-3	5 ,0 0 0				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION30 EAST 33 ST NEWYORK, NY 10016	13- 1673104	C-3	6,000				SUPPORT MISSION
PATRONS OF THE NEW HAVEN133 ELM STREET NEW HAVEN,CT 06510	06- 1283798	C-3	5,000				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READ TO GROW53 SCHOOL GROUND RD UNIT 3 BRANFORD,CT 06405	06- 1572185	C-3	5,000				SUPPORT MISSION
WALLINGFORD CHAMBER OF COMMERCE100 SOUTH TURNPYKE RD WALLINGFORD, CT 06492	06- 0684642	C-6	6,500				SUPPORT MISSION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST INDIAN FOUNDATION INC 32 WINTONBURY AVENUE BLOOMFIELD, CT 06002	06- 0976022	C-2	5,000				SPONSORSHIP

DLN: 93493226007463

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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

Pa	rt I Questions Regarding Compensation					
			Yes	Νo		
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					
	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					
а	Receive a severance payment or change-of-control payment?	4a		Νo		
ь	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c						
	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					
а	The organization?	5a		Νo		
b	Any related organization?	5b		Νο		
	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					
а	The organization?	6a		Νo		
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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	4B ,	SEVERANCE NONQUALIFIED EQUITY-BASED MARNA P BORGSTROM \$0 \$268,096 \$0 RICHARD D'AQUILA 0 161,328 0 JAMES M STATEN 0 139,024 0 KEVIN A MYATT 0 91,936 0 DANIEL BARCHI 0 87,008 0 WILLIAM J ASELTYNE 0 78,224 0 THOMAS J BALCEZAK 0 62,960 0 VINCENT PETRINI 0 61,088 0 PAUL N PATTON 0 59,168 0 THOMAS D LEARY 0 57,008 0 KEVIN F WALSH 0 55,088 0 STEPHEN M MERZ 0 46,896 0 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 2011 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011 CALENDAR YEAR FORM W-2S PATRICK LUDDY \$ 901,753 PETER HERBERT \$ 486,005 PATRICIA FITZSIMONS \$ 175,451 TWO FORMER OFFICERS, EDWARD J DOWLING AND ALVIN R JOHNSON AND ONE CURRENT OFFICER, PATRICK LUDDY RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE TRUST EDWARD DOWLING \$172,934 ALVIN JOHNSON \$ 65,635 PATRICK LUDDY \$ 3,566
	7	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

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PETER N HERBERT MD	(I) (II)	484,172 322,782	133,923 89,282		11,590 7,727	10,009 6,673		9,542 6,362
MARNA P BORGSTROM	(I) (II)	675,318 675,318	335,832 335,832	25,839 25,839	267,117 267,117	46,258 46,258	1,350,364 1,350,364	0
PAUL N PATTON	(I) (II)	304,014 0	93,115 0	51,140 0	118,318 0	32,349 0	598,936 0	0
WILLIAM J ASELTYNE	(I) (II)	326,984 108,995	98,084 32,695	52,319 17,440	109,031 36,344	52,980 17,660	639,398 213,134	0
KEVIN F WALSH	(I) (II)	285,210 0	73,593	52,609 0	111,824 0	35,061 0	558,297 0	0
THOMAS D LEARY	(I) (II)	286,973 15,104	72,625 3,822	34,034 1,791	124,505 6,553	20,640 1,086	538,777 28,356	3,341 176
JAMES M STATEN	(ı) (ıı)	373,179 373,179	121,224 121,224		140,812 140,812	20,846 20,846		0
PATRICK M LUDDY	(I) (II)	294,145 0	63,579 0	938,884 0	61,385 0	17,288 0	1,375,281	219,343
VINCENT PETRINI	(ı) (ıı)	324,636 0	104,580	53,598 0	126,197 0	23,362	632,373 0	3,056 0
KEVIN A MYATT	(I) (II)	272,649 181,766	109,673 73,116		118,042 78,695	24,087 16,058		0
THOMAS J BALCEZAK	(I) (II)	335,122 0	81,958 0	57,279 0	132,010 0	23,628	629,997 0	7,427 0
STEPHEN M MERZ	(I) (II)	209,489 0	55,777 0	58,647 0	90,946 0	28,034 0	442,893 0	0
RICHARD D'AQUILA	(I) (II)	749,634 83,293	256,017 28,446	137,052 15,228	282,130 31,348	46,113 5,124	1,470,946 163,439	0
PATRICIA S FITZSIMONS	(I) (II)	344,435 0	129,907	233,136 0	19,164 0	38,349 0	764,991 0	0
DANIEL BARCHI	(I) (II)	84,820 339,282	0	7,602 30,408	35,952 143,807	16,063 64,253		0
ABE LOPMAN	(ı) (ıı)	344,235 0	158,670 0	70,218 0	15,736 0	17,898 0	606,757 0	8,117 0
SUHER BAKER	(ı) (ıı)	329,829 0	48,930 0	23,405	13,758 0	18,215 0	434,137 0	621 0
MARJORIE G GUGLIN	(ı) (ıı)	268,187 0	71,807 0	56,166 0	17,150 0	21,178 0	434,488 0	0

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-MIS	SC compensation	(C) Deferred	·	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
RICHARD S STAHL	(ı) (ıı)	404,264 0	141,017 0	81,550 0	22,050 0	3,715 0	652,596 0	10,614	
CYTHIA SPARER	(ı) (ıı)	337,914 0	125,000	41, 807 0	7,350 0	35,890 0	547,961 0	0	
MICHAEL APKON	(ı) (ıı)		0 0	194,964 0	0	0	194,964 0	89,000	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493226007463

2011

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

									0	6-0646	5652			
Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	:e (f) Description	of Purpose	(g) De	feased	Beha Iss	On alf of uer		Pool ancing
									Yes	No	Yes	No	Yes	No
A_	CHEFA- SERIES J-1	06-0806186	20774UFP5	09-26-2006	184,574,1	184,574,131 CANCER HOSPITAL CONSTRUCTION			Х		Х		Х	
В_	CHEFA- SERIES K-1	06-0806186	20774UVY8	05-14-2008	54,555,0	555,000 REFUND OF SERIES I			Х		Х		Х	
С	CHEFA- SERIES K-2	06-0806186	20774UVZ5	05-14-2008	54,550,0	00 REFU	REFUND OF SERIES I-2			Х		X		Х
D	CHEFA- SERIES L-1	06-0806186	20774UWA9	05-14-2008	53,730,0	00 REFU	REFUND OF SERIES J-2			Х		Х		Х
Pa	rt III Proceeds													
1	A mount of bonds retired				Α			В	С			D		
2	A mount of bonds defeased				 							 		
3	Total proceeds of issue				20:	3,907,79!	5	54,555,000		54,5	550,000	,†	53	,754,048
4	Gross proceeds in reserve f	funds												
5	Capitalized interest from pro	roceeds					†					†		
6	Proceeds in refunding escro	Proceeds in refunding escrow					1							
7	Issuance costs from procee	eds				3,297,52	3	291,973		2	291,973			286,645
8	Credit enhancement from pi	roceeds												
9	Working capital expenditure	es from proceeds					T							
10	Capital expenditures from p	proceeds			201	0,610,27	2							
11	O ther spent proceeds													
12	O ther unspent proceeds													
13	Year of substantial complet	tion			200	9	20	08		2008			2008	
					Yes	No	Yes	No	Yes	\Box	No	Yes	;	No
14	Were the bonds issued as p	part of a current refur	nding issue?			X	X		Х	\perp		X		
15	Were the bonds issued as p	part of an advance re	funding issue?			Х		Х			Χ			Х
16	Has the final allocation of proceeds been made?			Х		Х		Х			Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х		X		Х			Х		
Pai	ri IIII Private Business	s Use												
					A		_	В		C		 	D	
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued)

	•		4	I	В	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	×		Х		×		×	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	х		Х		Х		Х	
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government •		0 %		0 %		2 560 %		0 510 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5		0 %		0 %		2 560 %		0 510 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		X		Х		Х	

Par	rt IV Arbitrage		•	•				•	
	-	Α	-	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		х		x		х
2	Is the bond issue a variable rate issue?	+	Х	Х		Х		Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		х		х		х
ь	Name of provider				-		<u>-</u>		
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?			<u> </u>					
4a	Were gross proceeds invested in a GIC?	Х			Х		Х		X
ь	Name of provider	MORGAN STA	ANLEY		1				
С	Term of GIC	2 0000/	0000000						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
5	Were any gross proceeds invested beyond an available temporary period?	х		1	×		×		х
6	Did the bond issue qualify for an exception to rebate?		х	1	х		х		х

Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

	Identifier	Return Reference	Explanation
	PART III,		THE ORGANIZATION HAS IN-HOUSE LEGAL STAFF WHO PROVIDE ROUTINE REVIEW OF MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH
	LINE 3B		AGREEMENTS RELATING TO THE FINANCED PROPERTY TO ENSURE THAT SUCH AGREEMENTS ARE COMPLIANT WITH APPLICABLE SAFE HARBORS
ı			IN-HOUSE COUNSEL CONSULT WITH THE HOSPITAL'S OUTSIDE BOND COUNSEL AS NEEDED, INCLUDING ON NON-ROUTINE ISSUES

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

DLN: 93493226007463

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YALE-NEW HAVEN HOSPITAL

Employer identification number

YAL	E-NEW HAVEN HOSPITAL								0	6-064	6652			
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce (f)	Description	of Purpose	(g) De	feased	(h) Beha Iss	alf of		Pool
									Yes	No	Yes	No	Yes	No
A_	CHEFA- SERIES L-2	06-0806186	20774UWB7	05-14-2008	53,730,	000 REFUI	ND OF SERII	ES J-3		Х		Х		Х
В	CHEFA- SERIES M	06-0806186	20774U5T8	12-22-2010	105,436,	335 CONS	TRUCTION	PROJECT		Х		X		X
Pa	rt III Proceeds													
					A			В		С			D	
1	A mount of bonds retired													
2	Amount of bonds defeased													
3	Total proceeds of issue				į	54,754,048	1	05,436,335						
4	Gross proceeds in reserve f	unds						13,343,981						
5	Capitalized interest from pro	oceeds						5,030,954						,
6	Proceeds in refunding escro	W												
7	Issuance costs from proceeds					286,645		1,861,661						
8	Credit enhancement from pr	oceeds												
9	Working capital expenditure	s from proceeds												
10	Capital expenditures from p	roceeds						95,171,677						
11	Other spent proceeds													
12	O ther unspent proceeds													
13	Year of substantial completi	on			20	06	2.0	12						
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	art of a current refur	nding issue?		Х			Х						
15	Were the bonds issued as pa	art of an advance re	funding issue?			X		X						
16	Has the final allocation of pr	oceeds been made?	,		Х		Х							
17	Does the organization maint allocation of proceeds?	·	and records to su	pport the final	х		Х							
Pa	rt IIII Private Business	Use					<u> </u>					_		
				<u> </u>	_	_	В		<u> </u>		 	D		
					Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

	· · · · · · · · · · · · · · · · · · ·								
Par	t IIII Private Business Use (Continued)								
		4	4		В		С	ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х		Х					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		Х					
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %				

Χ

0 %

Χ

Part IV Arbitrage

Total of lines 4 and 5

5

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

Part V Procedures To Undertake Corrective Action

Enter the percentage of financed property used in a private business use as a result of

unrelated trade or business activity carried on by your organization, another section

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226007463

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.

2011

OMB No 1545-0047

Open to Public Inspection

	of the organization W HAVEN HOSPITAL							E	mployer i	dent if ica	tion numb	er
TALL IN	THE TIME IN THE STATE OF THE							lo	6-06466	5 2		
Part I								organı	zations	only).		
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F	Part IV, line 25a d	or 25b, c	or Form	990-EZ,	Part V , I	ine 40b	
	(a) Name of disq	اعادات	norcon			41.5		٠.				(c) rected?
1	(a) Name of disq	uaiiiieu	person			(b) Desc	ription	of trans	action		Yes	
											Tes	INO
2 Fr	nter the amount of tax impos	ed on t	he organ	nization man	aners or	disqualified ners	ons dur	ing the v	ear unde	r		
	ection 4958							_	•	· · \$ —		
3 Er	nter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			🕨	, \$		
Part :							_					
	Complete if the organiz	zation a T	inswere	i "Yes" on F	orm 990	Part IV, line 26	, or Fori	n 990-l	(f)		<u>a</u>	
			oan to				(e) i	[n	Approv		(g)Writ	ten
(a) Na	me of interested person and		om the ization?	(c)Orig principal a		(d)Balance due	defau		by boar	d or	agreeme	
	purpose			principara	annount				commit	tee?		1
		То	From				Yes	No	Yes	No	Yes	No
								-				
								-	-	-		1
								+				1
								+	-		-	-
Total					▶ \$	1			+			
Part I	Grants or Assistar	· · ·	· ·	ina Intore		Porconc	l .					
Paill	Complete if the orga						/ line 2	7				
						een interested per						
	(a) Name of interested pers	on	``	-	•	ganızatıon		(c) A m	nount of g	rant or ty	pe of assı	stance

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	(c) A mount of	(d) Description of transaction	organı	aring of zation's
	person and the transaction organization			Yes	No No
(1) LAURA LOMBARDO-BOYLE	SEE SCHEDULE O	101,325	SEE PART V		No
(2) CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	675,026	SEE PART V		No
(3) UNITED ILLUMINATING CO	SEE SCHEDULE O	3,475,480	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
Identifier	Return Reference	PART IV, COLUMN DBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSNAME OF INTERESTED PERSON LAURA LOMBARDO-BOYLETHE HOSPITAL EMPLOYS LAURA LOMBARDO-BOYLE, THE DAUGHTER OF TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE MS LOMBARDO-BOYLE HAD BEEN AN EMPLOYEE OF THE HOSPITAL BEFORE MS LINDSKOG'S APPOINTMENT TO THE HOSPITAL'S BOARD OF TRUSTEES DURING THE HOSPITAL'S TAX YEAR AMOUNT OF TRANSACTION \$101,325 NAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES, INC OFFICER JOHN SKELLY IS A DIRECTOR OF CENTURY FINANCIAL SERVICES, INC CENTURY FINANCIAL SERVICES, INC PROVIDES BILLING AND COLLECTION SERVICES FOR THE HOSPITAL A PORTION OF CENTURY FINANCIAL SERVICES, INC IS INDIRECTLY OWNED BY THE HOSPITAL'S CORPORATE PARENT AMOUNT OF TRANSACTION \$657,025 74 NAME OF INTERESTED PERSON UNITED ILLUMINATING CO TRUSTEES JOHN L LAHEY AND JAMES P TORGERSON ARE DIRECTORS OF UIL HOLDINGS CORPORATION, THE PARENT COMPANY OF UNITED ILLUMINATING CO THE HOSPITAL PURCHASED ELECTRICITY AND GAS SERVICES FROM UNITED ILLUMINATING CO, THE ONLY SUPPLIER OF ELECTRICITY AND GAS AVAILABLE TO THE HOSPITAL RATES CHARGED BY UNITED ILLUMINATING CO ARE REVIEWED AND APPROVED BY THE CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL AMOUNT OF TRANSACTION \$3,475,480 40 SOME OF THE HOSPITAL'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF RELATED ORGANIZATIONS OR AFFILIATES WITHIN THE HOSPITAL'S CORPORATE SYSTEM THE HOSPITAL ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE RELATED ORGANIZATIONS AND AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL
		INTERESTS IN THE RELATED ORGANIZATIONS OR AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR
		ROLES AT THE HOSPITAL Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

NonCash Contributions

DLN: 93493226007463

OMB No 1545-0047

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL

SCHEDULE M

(Form 990)

Employer identification number

06-0646652

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	Method of contribution			
1	Art—Wo	orks of art			y				
		storical treasures .							
		actional interests							
		and publications							
		g and household							
•	goods								
6	Cars ar	nd other vehicles							
7	Boats a	and planes							
8	Intelled	ctual property							
9	Securit	ies—Publicly traded .	Х	3	15,094	STOCK EXCHANG	E QUO	TES	
10	Securit	ies—Closely held stock .							
11		ies—Partnership, LLC, t interests							
12	Securit	ies—Miscellaneous							
13	contrib	ed conservation oution—Historic ures							
14	-	ed conservation oution—O ther							
15	Real es	tate—Residential .							
16	Real es	tate—Commercial							
17	Real es	tate—Other							
18	Collect	ibles							
19	Food in	ventory	Х	1	5,080	CAMPARABLE MA	RKET	RICE	
20	Drugs a	and medical supplies .							
21	Taxıdeı	rmy							
22	Historia	cal artıfacts							
23	Scientif	fic specimens							
24	Archeo	logical artifacts							
25	Other	(ELECTRONICS)	Х	1	3,791	COMPARABLE MA	RKET I	PRICE	
26	Other▶	(GIFTCARDS/BAGS)	Х	2	16,131	COMPARABLE MA	RKET I	PRICE	
		EVENT							
		·(TICKETS)	Х	1	4,015	COMPARABLE MA	ARKET I	PRICE	
28	O ther •	·							
29				anızatıon durıng the tax ye: 8283, Part IV, Donee Ackr		29		1 I	0
20-	D	والمراجع والمراجع المراجع والمراجع والمراجع	.	a h., aanturbt	auto, managuta di ca Dacat T. J	1 20 +6-+-+		Yes	No
SU a	_				erty reported in Part I, lines				
		•			on, and which is not require	d to be used			
		empt purposes for the enti					30a		No
b	If"Yes	s," describe the arrangeme	ent in Part 1	II					
31	Does t	the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a		the organization hire or use outions?	e third part 	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
h	If "Yes	s," describe in Part II							
33			revenues	n column (c) for a type of n	roperty for which column (a) is checked.			
		be in Part II				,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226007463

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

2011

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number
	06-0646652
	<u> </u>

Identifier Return Reference	Explanation
PROGRAM SERVICE STATEMENT FORM 990, PART III, LINE 4A	YALE-NEW HAVEN HOSPITAL IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL, WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S HOSPITAL, YALE-NEW HAVEN PSY CHIATRIC HOSPITAL AND SMILOW CANCER HOSPITAL FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT AND THE FOURTH VOLUNTARY HOSPITAL IN THE NATION, IT SERVES AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOLS OF MEDICINE AND NURSING YNHH HAS TWO INPATIENT CAMPUSES IN NEW HAVEN, THE MAIN YORK STREET CAMPUS AND THE SAINT RAPHABL CAMPUS ON CHAPEL STREET YNHH SY ORK STREET CAMPUS AND ASSOCIATED AMBULATORY SITES ARE MAGNET-DESIGNATED BY THE AMERICAN NURSES CREDENTIALING CENTER YNHH IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS YALE-NEW HAVEN PROVIDED SERVICES FOR NEARLY 62,000 INPATIENTS AND MORE THAN 774,000 OUTPATIENT VISITS LAST YEAR, RELYING ON THE SKILLS OF NEARLY 12,000 EMPLOYEES NEARLY 4,000 UNIVERSITY AND COMMUNITY PHYSICIANS AND 600 RESIDENT PHYSICIANS RRACTICE IN MORE THAN 100 MEDICAL SPECIAL TIES YNHH IS AFFILIATED WITH THE NATIONALLY DESIGNATED YALE CANCER CENTER IN ADDITION TO ITS TWO NEW HAVEN INPATIENT CAMPUSES, YALE-NEW HAVEN ALSO INCLUDES THE GRIMES CENTER, YALE-NEW HAVEN SHORELINE MEDICAL CENTER, EAST HAVEN URGENT CARE AT FOXON, TEMPLE RECOVERY CARE CENTER AND NUMBROUS OUTPATIENT RADIOLOGY AND BLOOD-DRAWING SERVICES IN NEW HAVEN AND SURROUNDING TOWNS DURING FISCAL YEAR 2012, YNHH PROVIDED \$242 8 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES \$168 7 MILLION DOLLARS IN CHARTIY CARE (AT COST), AND UNDER REIMBURSED MEDICAID (AT COST), \$59 4 MILLION IN HEALTH PROFESSIONS EDUCATION, AND \$14 8 MILLION IN COMMUNITY HEALTH IMPROVEMENTS AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL \$3 1 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY HEALTH IMPROVEMENTS, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, BOVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUS

Identifier	Return Reference	Explanation
	FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE HOSPITAL SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE HOSPITAL AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE HOSPITAL WAS ABLE TO CONFIRM THAT 22 VOTING MEMBERS ARE INDEPENDENT THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING VOTING MEMBER IS NOT INDEPENDENT,

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE MEDICAL CENTER REALTY, INC, MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC, YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, AND YORK ENTERPRISES, INC

Identifier	Return Reference	Explanation
	, , , , , , , , , , , , , , , , , , , ,	THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YNH NETWORK CORP, WHICH IS THE PARENT OF THE HOSPITAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE YNH NETWORK CORPORATION SHALL HAVE THE RIGHT TO ELECT THE ORGANIZATION'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE BY LAWS

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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE FINANCE SUBSEQUENTLY IT IS SENT TO ERNST & YOUNG US, LLP FOR THEIR INITIAL REVIEW AFTER ALL COMMENTS FROM THE ABOVE GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US, LLP FOR FINAL REVIEW PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN

ldentifier Retur Refere	- - - - - - - - - -
FORM 99 PART VI, SECTION LINE 12C	DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNH-IS 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 YNH-IS BY LAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNH-IS 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 COMPENSATION DECISIONS ARE 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. IN TIS COMPENSATION DELIBERATIONS ARE COMPELED BY AN INDEPENDENT, NATIONAL COMPENSATION COMMITTEE IN TIS COMPENSATION DELIBERATIONS ARE COMPELED BY AN INDEPENDENT, NATIONAL COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNDING THE THE CONTINUE 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 FUNDING THE PLANT OF THE PLANT CONTINUE COMPENSATION COMMITTEE. AND PROVIDED TO THE EXECUTIVE COMPENSATION FOR EXECUTIVES IN FUNDING THE PLANT OF THE EXECUTIVE COMPENSATION OF REASONABLENESS." UNDER THE STEPS NECESSARY TO QUALIFY FOR THE EXECUTIVE COMPENSATION OF REASONABLENESS." UNDER THE STEPS NECESSARY TO QUALIFY FOR THE EXECUTIVE COMPENSATION OF REASONABLENESS." UNDER THE STEPS NECESSARY TO QUALIFY FOR THE EXECUTIVE COMPENSATION OF AND ANNUAL BASIS IN ADDITION, THE EXE
		EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
	PART VI, SECTION C, LINE	FORM 990, PART VI, SECTION C, 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
	PART VII, COLUMN B	OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,394,454 FUNDING OF CLINICAL PROGRAMS -12,803,853 BEQUESTS, GIFTS & GRANTS 11,846,729 NET ASSETS RELEASE FOR OPERATIONS 342,000 INVESTMENT INCOME RELEASED FROM RESTRICTIONS 749,904 AUXILIARY SERVICES 106,147 PENSION & POST RETIREMENT ADJUSTMENTS -54,174,000 CHANGE IN INTEREST IN PERPETUAL TRUST 1,221,000 TRANSFER TO YNHHSC -6,100,000 TRANSFER TO YNH NETWORK CORP 456,000 NET ASSETS RELEASE FOR OPERATIONS -2,961,523 RELEASE FOR WINCHESTER/MCFADDEN 6,754,894 CPI ADJUSTMENTS 564,623 SWAP MARKET VALUE ADJUSTMENTS -12,609,904 CHANGE IN MV OF INVESTMENTS 46,047,042 RELEASE FOR FREE CARE 888,527 INVESTMENT RESERVE 1,320,486 OTHER CHANGES IN NET ASSETS- CLINICAL PROGRAMS -4,591,333 TOTAL TO FORM 990, PART XI, LINE 5 -16,548,807

ldentifier	Return Reference	Explanation
		DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILED ON BEHALF OF THE TAXPAYER UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS). THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT. TAXPAYER NAME, YALE-NEW HAVEN HOSPITAL ADDRESS. 20 YORK STREET NEW HAVEN, CT 06504 IDENTIFYING NUMBER OF U.S. TAX RETURN WITH WHICH THE FORMS 5471 WERE OR WILL BE FILED. 06-0646652 IRS. SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED. OGDEN, UT 84201-0027

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

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

DLN: 93493226007463

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Internal Revenue Service						<u> </u>	ispectio	n
Name of the organization YALE-NEW HAVEN HOSPITAL						lentification number		
-1 .:			1 1157 11		06-06466	5 2		
Part I Identifica	tion of Disregarded Entities (Compl	ete if the organization	on answered "Yes"	on Form 990, P	art IV, line 33.)			
Name, addres	(a) ss, 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		
	tion of Related Tax-Exempt Organi lated tax-exempt organizations during t		ıf the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
Name, address,	(a) 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)		Section 5 cont	g) 12(b)(13) trolled nization
							Yes	No
See Additional Data Table								
For Privacy Act and Paper	work Reduction Act Notice, see the Instructi	ons for Form 990.	Cat No 50	135Y		Schedule R (Form 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Pai	rt 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) Dispropritionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Obsproprtionate allocations? Code V—UBI General amount in box 20 of Schedule K-1 part		i) ral or aging ner?	(k) Percentage ownership
							Yes	No	Yes	No		
(1) SHORELINE SURGERY CENTER LLC												
60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE	СТ	N/A									
(2) SSC II LLC												
111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE	СТ	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTER												
55 HOLLY HILL LANE GREENWICH, CT 06830 27-3411797	HEALTHCARE	СТ	N/A									
Down TV Talamatic	ication of Pelated (6	T (C-				 		00 D- + IV	

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							

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" Note. Complete line 1 if any entity is listed in Parts II, III or IV	on Form 990, Par	t IV, line 34, 35, 3	oA, Or 36.)	Yes	No	
1 F	ruring the tax year, did the organization engage in any of the following transactions with one or more related organiz	rations listed in Parts	: II-IV?				
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	acions nated in i arts	, II-IV .	1a		No	
	Gift, grant, or capital contribution to related organization(s)			1b		No	
	Gift, grant, or capital contribution from related organization(s)			1c		No	
	Loans or loan guarantees to or for related organization(s)				Yes		
	Loans or loan guarantees by related organization(s)			1e	1	No	
_	Loans of foat guarantees by related organization(s)						
f	Sale of assets to related organization(s)			1f		No	
	Purchase of assets from related organization(s)			1g		No	
	Exchange of assets with related organization(s)			1h		No	
	Lease of facilities, equipment, or other assets to related organization(s)			1i	Yes		
j	Lease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No	
	Performance of services or membership or fundraising solicitations for related organization(s)			1k	Yes		
	Performance of services or membership or fundraising solicitations by related organization(s)			11	Yes		
n	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
	Sharing of paid employees with related organization(s)			1n		No	
o	Reimbursement paid to related organization(s) for expenses			10	Yes		
р	Reimbursement paid by related organization(s) for expenses			1p		No	
q	Other transfer of cash or property to related organization(s)			1q	Yes		
r	Other transfer of cash or property from related 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, incl	luding covered relation	onships and transact	on thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determir involved	_	ount	
	ee Additional Data Table						
2)							
3)							
4)							
→)							
5)							
-,							

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No																	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

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

Schedule R (Form 990) 2011

Software ID: **Software Version:**

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

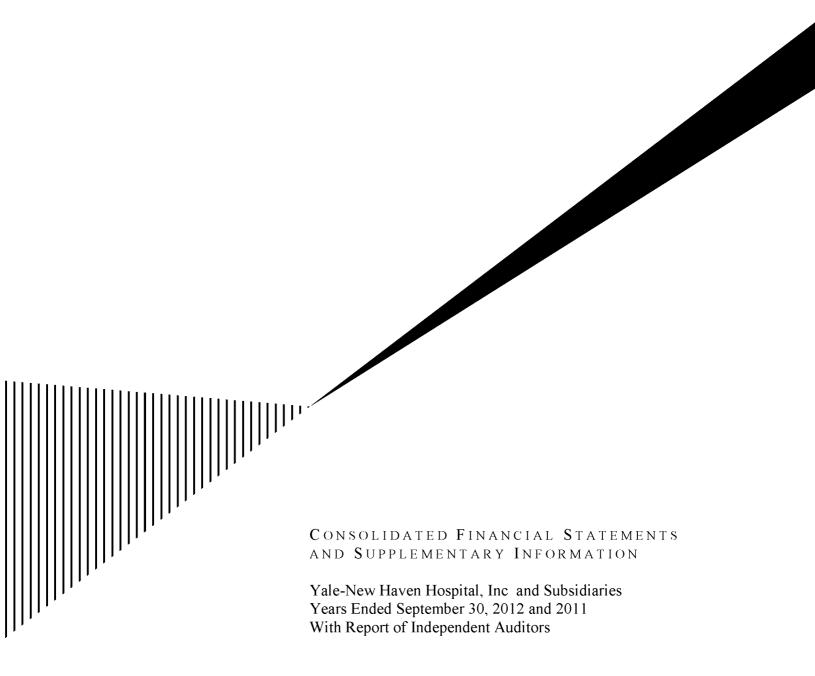
Form 990, Schedule R, Part	II - Identification of R	elated Tax	-Exempt Org	anizations	3		
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	TI CONTRO	
GREENWICH HOSPITAL					GREENWICH		Τ
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE	СТ	501C3	LINE 3	HEALTH CARE SERVICES INC	Yes	
GREENWICH HEALTH CARE SRVS	5				YALE NEW		
5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT	СТ	501C3	1	HAVEN HEALTH SERVICES INC		No
GREENWICH HOSPITAL ENDOW FUND INC					GREENWICH		
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT	СТ	501C3		HEALTH CARE SERVICES INC	Yes	
BRIDGEPORT HOSP & HEALTHCARE SRVS					YALE NEW		
267 GRANT STREET BRIDGEPORT, CT 06610	SYSTEM SUPPORT	СТ	501C3	LINE 11A, I	HAVEN HEALTH SERVICES INC		No
06-1066729 BRIDGEPORT HOSPITAL					BRIDGEPORT		
267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE	СТ	501C3	LINE 3	HOSP & HEALTHCARE SRVS	Yes	
SCHS PROPERTIES INC					BRIDGEPORT HOSP &		
267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	СТ	501C2		HEALTHCARE SRVS	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC				LINE 11A, I	BRIDGEPORT HOSP &		
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	СТ	501C3		HEALTHCARE SRVS	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC					BRIDGEPORT HOSP &		
267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	СТ	501C3	LINE 7		Yes	
NORMA F PFREIM BREAST CANCER INC							
111 BEACH ROAD FAIRFIELD, CT 06430	HEALTHCARE	СТ	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
06-0567752 NORTHEAST MEDICAL GROUP							+-
INC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	СТ	501C3		YALE NEW HAVEN HEALTH SERVICES INC	Yes	
06-1330992 NORTHEAST MEDICAL GROUP							+-
PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	СТ	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP	Yes	
YALE NEW HAVEN HEALTH							
789 HOWARD AVE NEW HAVEN, CT 06519	SYSTEM SUPPORT	СТ	501C3	LINE 11A, I	N/A		No
YNH NETWORK CORP					YALE NEW		+
789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	СТ	501C3	LINE 11A, I	HAVEN HEALTH SERVICES INC		Νo
YALE-NEW HAVEN CARE CONTINUUM CORP							
789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME/HEALTHCARE	СТ	501C3	LINE 3	YNHNETWORK	Yes	
CARITAS INSURANCE					YALE-NEW		<u> </u>
30 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	HAVEN HOSPITAL		No
5 PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	СТ	501(C)(3)	LINE 11B,	GREENWICH HEALTH CARE SERVICES INC	Yes	
06-1207316	<u> </u>	<u> </u>	I	<u> </u>	I	l	l

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

orm 990, Schedule R	, Part IV - Identifi	cation of	Related Organ		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
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	СТ	N/A	С			
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	СТ	YNH NETWORK CORP	С			
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1405531	HEALTHCARE	СТ	YALE-NEW HAVEN HOSPITAL	С	45,704	1,000	100 000
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	СТ	YORK ENTERPRISES INC	С			
YNH GERIATRICS SERVICESPC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561581	HEALTHCARE	СТ	YALE-NEW HAVEN HOSPITAL	С	4,681	5,790	
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561583	HEALTHCARE	СТ	YALE-NEW HAVEN HOSPITAL	С	4,270	3,016	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1436530	HEALTHCARE	СТ	YALE-NEW HAVEN HOSPITAL	С		17,030	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	СТ	GREENWICH HEALTHCARE SERVICES INC	С			
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	СТ	GREENWICH HEALTH SERVICES INC	С			
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	СТ	GREENWICH HEALTH SERVICES INC	С			
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	СТ	GREENWICH HEALTH SERVICES INC	С			
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	СТ	YNH NETWORK CORP	С			
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	СТ	YALE NEW HAVEN HEALTH SERVICES CORP	С			
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	СТ	YORK ENTERPRISES INC	С			
GREENWICH OCCUP HEALTH SERV INC-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	С			
LUKAN IMDEMNITY CO LTD VALLIS BLDG 58 PAR LA VILLE RD HAMILTON BD	INSURANCE	BD	YALE-NEW HAVEN HOSPITAL	С			100 000 %
98-1072793 GREENWICH OCCUP HEALTH SERV INC-NJ 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	GREENWICH HOSPITAL	С			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	YALE NEW HAVEN HEALTH SERVICES CORP	I	2,883	COMPARABLE MARKET VALUE
(2)	YALE NEW HAVEN HEALTH SERVICES CORP	0	20,948,812	TRANSACTION REVIEW
(3)	YALE NEW HAVEN HEALTH SERVICES CORP	L	115,716,530	COMPARABLE MARKET VALUE
(4)	YALE NEW HAVEN HEALTH SERVICES CORP	Q	9,000,000	
(5)	MEDICAL CENTER REALTY INC	L	71,370	COMPARABLE MARKET VALUE
(6)	MEDICAL CENTER PHARMACY	R	72,625	TRANSACTION REVIEW
(7)	YALE NEW HAVEN MEDICAL CENTER INC	R	422,625	TRANSACTION REVIEW
(8)	NORTHEAST MEDICAL GROUP INC	К	3,252,320	TRANSACTION REVIEW
(9)	YALE NEW HAVEN AMBULATORY SERVICES CORP	D	12,539,721	TRANSACTION REVIEW
(10)	YNH NETWORK CORP	Q	613,000	CASH
(11)	YALE NEW HAVEN CARE CONTINUUM CORP	D	3,592,710	TRANSACTION REVIEW



Ernst & Young LLP

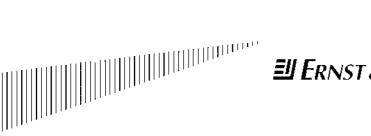


Consolidated Financial Statements and Supplementary Information

Years Ended September 30, 2012 and 2011

Contents

Report of Independent Auditors	1
Consolidated Balance Sheets	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7
Supplementary Information	
Report of Independent Auditors on Supplementary Information	52
Consolidating Balance Sheet	53
Consolidating Statement of Operations and Changes in Net Assets	55





Ernst & Young LLP Goodwin Square 225 Asylum Street Hartford, CT 06103-1506

Tel +1 860 247 3100 Fax +1 860 725 6040 www ey com

Report of Independent Auditors

Board of Trustees Yale-New Haven Hospital, Inc

We have audited the accompanying consolidated balance sheets of Yale-New Haven Hospital, Inc and Subsidiaries (the "Hospital") as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Yale-New Haven Hospital, Inc and Subsidiaries at September 30, 2012 and 2011, and the consolidated results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles in the U S

As discussed in Notes 1 and 9 to the accompanying consolidated financial statements, in 2012 the Hospital changed its method of accounting for estimated insurance claims receivable and insurance claims liabilities with the adoption of Accounting Standards Update 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries.

Ernst + Young LLP

December 21, 2012

Consolidated Balance Sheets

		September 30			
	2012 20			2011	
	(In Thousands)			nds)	
Assets					
Current assets					
Cash and cash equivalents	\$	64,557	\$	65,883	
Short-term investments		613,360		402,559	
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately					
\$59,610,000 in 2012 and \$43,206,000 in 2011		202,909		167,383	
Other receivables		48,641		56,201	
Professional liabilities insurance recoveries receivable –		•		,	
current portion		15,739		13,514	
Other current assets		47,394		24,630	
Amounts on deposit with trustee in debt service fund		6,619		6,320	
Total current assets		999,219		736,490	
Assets limited as to use		105,688		129,997	
Long-term investments		164,238		141,525	
Deferred financing costs, less accumulated amortization		5,182		5,488	
Professional liabilities insurance recoveries receivable –		2,102		5,100	
non-current		40,271		50,081	
Goodwill		35,685		_	
Other assets		177,199		129,845	
Property, plant, and equipment					
Land and land improvements		33,191		19,467	
Buildings and fixtures	1	,068,530		952,346	
Equipment		426,413		419,565	
	1	,528,134]	,391,378	
Less accumulated depreciation		601,670		566,850	
		926,464		824,528	
Construction in progress		63,603		43,207	
		990,067		867,735	
Total assets	\$2	2,517,549	\$2	2,061,161	

	September 30				
	2012 2011				
	(In Thousands)				
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 134,051	\$ 99,381			
Accrued expenses	168,508	120,959			
Professional liabilities- current portion	15,739	13,514			
Current portion of long-term debt	45,198	10,185			
Current portion of capital lease obligation	55,292	2,862			
Other current liabilities	2,926	3,848			
Total current liabilities	421,714	250,749			
Long-term debt, net of current portion	674,969	509,022			
Capital lease obligation, net of current portion	52,237	107,529			
Accrued pension and postretirement benefit obligations	280,718	240,901			
Professional liabilities	105,313	75,533			
Other long-term liabilities	180,195	155,019			
Deferred revenue	53,625	48,321			
Total liabilities	1,768,771	1,387,074			
Commitments and contingencies					
Net assets					
Unrestricted	676,008	604,617			
Temporarily restricted	46,026	43,947			
Permanently restricted	26,744	25,523			
Total net assets	748,778	674,087			
Total liabilities and net assets	\$2,517,549	\$2,061,161			

See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30					
	2012	2011				
	(In Thousands)					
Operating revenue						
Net patient service revenue	\$ 1,713,271	\$ 1,442,057				
Other revenue	47,684	46,640				
Total operating revenue	1,760,955	1,488,697				
Operating expenses						
Salaries and benefits	757,263	690,314				
Supplies and other expenses	758,058	620,912				
Depreciation	73,101	67,948				
Insurance	15,680	13,376				
Bad debts	32,622	26,390				
Interest	17,720	16,867				
Total operating expenses	1,654,444	1,435,807				
Income from operations	106,511	52,890				
Non-operating gains and losses, net	24,098	14,272				
Excess of revenue over expenses	130,609	67,162				

(Continued on next page.)

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30 2012 2011						
	(In Thousands)						
Unrestricted net assets							
Other changes in net assets Transfer to Yale-New Haven Health Services Corporation –	\$	342	\$	(273)			
Clinical Development Fund		(9,000)		(12,000)			
Transfer from Yale-New Haven Health Services Corporation		2,900		2,900			
Net transfer from Yale-New Haven Network Corporation		456		6,250			
Net assets released from restrictions for purchases of fixed							
assets		258		1,774			
Pension and other postretirement liability adjustments		(54,174)		(28,727)			
Increase in unrestricted net assets		71,391		37,086			
Temporarily restricted net assets							
Income from investments		280		512			
Net realized gains on investments		471		3,065			
Change in net unrealized gains and losses on investments		6,394		319			
Bequests, contributions, and grants		11,847		15,280			
Net assets released from restrictions for purchases of							
fixed assets		(258)		(1,774)			
Net assets released from restrictions for free care		(889)		(782)			
Net assets released from restrictions for operations		(2,962)		(5,003)			
Net assets released from restrictions for clinical programs		(12,804)		(16, 195)			
Increase (decrease) in temporarily restricted net assets		2,079		(4,578)			
Permanently restricted net assets							
Change in beneficial interest in perpetual trusts		1,221		(733)			
Increase (decrease) in permanently restricted net assets		1,221		(733)			
Increase in net assets		74,691		31,775			
Net assets at beginning of year		674,087		642,312			
Net assets at end of year	\$	748,778	\$	674,087			

See accompanying notes.

Consolidated Statements of Cash Flows

	Year Ended September 30 2012 2011			
	(In Thousands)			ds)
Cash flows from operating activities				
Increase in net assets	\$	74,691	\$	31.775
Adjustments to reconcile increase in net assets to net cash provided by				
operating activities				
Depreciation		73,101		67.948
Net realized and change in net unrealized gains and losses on investments		(60,465)		(21.801)
Change in fair value of interest rate swap agreements		7,318		4.421
Amortization of long-term debt premium		(854)		(885)
Amortization of deferred financing costs		306		317
Bad debts		32,622		26,390
Change in perpetual trusts		(1,221)		733
Transfer to Yale-New Haven Health Services Corporation –				
Clinical Development Fund		9,000		12.000
Transfer from Yale-New Haven Health Services Corporation		(2,900)		(2.900)
Transfer from YNH- Network Corporation		(456)		(6.250)
Bequests, contributions and grants, net of restricted pledges		(14,807)		(16.941)
Pension and other postretirement liability adjustments		54,174		28.727
Changes in operating assets and liabilities				
Accounts receivable, net		(68,148)		(58,328)
Other receivables		14,960		(20.152)
Other assets		7,593		(56,621)
Accounts pavable		34,670		(1.597)
Accrued expenses		1,130		12.574
Professional insurance recoveries and liabilities		39,590		2,103
Other current liabilities, accrued pension and postretirement benefit				
obligations, other long-term liabilities, and deferred revenue		(32,851)		27.019
Net cash provided by operating activities		167,453		28.532
Cash flows from investing activities				
Net acquisitions of property, plant, and equipment		(97,254)		(79,667)
Capitalized interest		1,977		3.054
Cash paid for acquisition, net of cash acquired		(133,800)		· <u>-</u>
Net change in investments		(173,049)		(27.189)
Increase in debt service fund		(299)		(1.696)
Assets whose use is limited		25,530		(65.079)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund		(9,000)		(12,000)
Transfer from YNH Network Corporation		456		6.250
Transfer from Yale-New Haven Health Services Corporation		2,900		2.900
Net cash used in investing activities		(382,539)		(173.427)
Cash flows from financing activities				
Proceeds from issuance of debt		_		105,436
Proceeds from note payable		212,000		40.000
Payments on capital lease obligation		(2,862)		(2.622)
Repayments of long-term debt		(10,185)		(13.577)
Deferred financing costs		_		(1.956)
Bequests, contributions and grants, net of pledges		14,807		16,941
Net cash provided by financing activities		213,760		144,222
Net decrease in cash and cash equivalents		(1,326)		(673)
•				
Cash and cash equivalents at beginning of year Cash and cash equivalents at end of year	<u> </u>	65,883 64,557	\$	65.883
Casii and Casii equivalents at end of vear		U 1 ,33/	υ	02,003

See accompanying notes

Notes to Consolidated Financial Statements

September 30, 2012

1. Organization and Significant Accounting Policies

Organization

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

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

Acquisition

On September 12, 2012, the Hospital, Yale-New Haven Ambulatory Services Corporation ("ASC"), a wholly-owned subsidiary of YNHNC, Yale-New Haven Care Continuum Corporation ("YNHCCC"), a wholly owned subsidiary of YNHNC, and Medical Center Pharmacy and Home Care Center, Inc , a subsidiary of York Enterprise, Inc ("York") which is a wholly owned subsidiary of YNHNC, acquired substantially all of the business, assets, and operations and assumed certain liabilities of the Saint Raphael Healthcare System, Inc ("SRHS"), including substantially all of the assets of its wholly-owned subsidiary, the Hospital of Saint Raphael ("HSR"), a 511-bed acute care hospital located in New Haven, CT Other affiliates of SRHS whose assets were acquired in connection with the transaction include the following

- Saint Regis Health Center, Inc d/b/a Sister Anne Virginie Grimes Health Center ("Grimes"), a tax-exempt, skilled nursing facility that operated with 120 licensed beds which was a wholly-owned subsidiary of SRHS In connection with the transaction, YNHCCC acquired substantially all of the land, buildings, equipment and bed licenses associated with Grimes
- Caritas Insurance Company, Ltd ("Caritas") a Vermont-domiciled, captive insurance company licensed under Chapter 141 of Title 8 of the Vermont Statutes Annotated Caritas is a tax-exempt supporting organization having the Hospital as its sole shareholder Caritas provides excess professional liability coverage and general liability coverage Caritas was a wholly-owned subsidiary of HSR

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

- Lukan Indemnity Company, Ltd ("Lukan") a Bermuda-domiciled captive insurance company that provides primary professional liability coverage Lukan was a whollyowned subsidiary of HSR In connection with the transaction, the Hospital acquired 100% of the stock of Lukan
- DePaul Health Services Corporation ("DePaul") a Connecticut nonstock corporation which held interests in joint ventures and other assets on behalf of HSR In connection with the transaction, ASC acquired certain interests in investments from DePaul
- Saint Raphael Foundation, Inc (the "Foundation") a tax-exempt fundraising foundation of HSR which was a subsidiary of SRHS In connection with the transaction, certain assets of the Foundation were acquired by the Hospital

The total consideration transferred by the Hospital, ASC, YNHCCC and York was approximately \$237 9 million, including \$160 0 million in cash and an installment payable plus the assumption of liabilities totaling \$77 9 million, as follows (in thousands)

Cash consideration	\$ 150,000
Installment payments	10,000
Assumption of liabilities	77,927
Total consideration transferred	\$ 237,927

The acquisition of substantially all of the business, assets, and operations and assumption of liabilities of HSR included installment payments in the amount of \$10 million payable in two equal installments in October 2012 and March 2013 The first installment payment of \$5 million was made on October 12, 2012

The Hospital and its affiliates have accounted for the business combination applying the acquisition method of accounting in accordance with Accounting Standards Codification Topic 805, Business Combinations

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes the estimated fair value of the assets acquired and liabilities assumed at the acquisition date Determining the fair value of the assets acquired and liabilities assumed requires judgment and involves the use of significant accounting estimates and assumptions, including assumptions with respect to future cash inflows and outflows and discount rates, among others

		Hospital	ASC	Y	NHCCC	,	York		Total
Assets acquired									
Cash	\$	16,200	\$ _	\$	_	\$	_	\$	16,200
Other current assets		7,240	_		_		187		7,427
Other receivables		7,400	_		_		_		7,400
Goodwill		35,685	_		_		_		35,685
Other long-term assets		53,771	12,500		700		_		66,971
Property, plant and equipment		100,156	_		4,075		13		104,244
		220,452	12,500		4,775		200		237,927
Liabilities assumed									
Accrued expenses		36,419	_		775		_		37,194
Other long-term liabilities		40,733	_		_		_		40,733
Total		77,152	_		775		_		77,927
Assets and liabilities acquired	\$	143,300	\$ 12,500	\$	4,000	\$	200	\$	160,000
Cash paid for acquisition	\$	150,000	\$ _	\$	_	\$	_	\$	150,000
Installment payments	<u>\$</u>	10,000	\$ _	\$		\$	_	_	10,000
Change in net assets								\$	

The Hospital recorded goodwill in the amount of \$35.7 million. In determining the amount of goodwill, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date. Factors contributing to goodwill that resulted from the acquisition include, but are not limited to, the efficiencies that will result from the combination of the campuses and their proximity.

YNHCCC, ASC and York each respectively paid amounts equal to the fair values for assets acquired, net of liabilities assumed, with cash provided by the Hospital

The results of the business, assets, and operations acquired for the period September 12, 2012 through September 30, 2012 have been combined with the Hospital and included in the consolidated financial statements

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes amounts attributed to HRS since the acquisition date that are included in the accompanying consolidated financial statements (in thousands)

	Period From September 12, 2012 to September 30, 2012				
Total operating revenue	\$ 22,260				
Total operating expense	23,532				
Loss from operations	(1,272)				
Non-operating gains and losses, net	71				
Deficiency of revenue over expenses	\$ (1,201)				
Change in net assets					
Unrestricted net assets	\$ (1,201)				
Temporarily restricted net assets	_				
Permanently restricted net assets	<u> </u>				
Total change in net assets	\$ (1,201)				

The following table represents pro forma financial information, assuming the acquisition of HRS had taken place October 1, 2010. The pro forma information includes adjustments for the amortization of intangible assets. The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the acquisition date (in thousands)

	Year Ended September 30			
		2012		2011
Total operating revenue	\$	2,257,918	\$	1,993,214
Total operating expense		2,162,129		1,937,853
Gain from operations		95,789		55,361
Non-operating gains and losses, net		25,465		14,665
Excess of revenue over expenses	\$	121,254	\$	70,026
Change in net assets				
Unrestricted net assets	\$	74,634	\$	(1.616)
Temporarily restricted net assets		(2,389)		(2.507)
Permanently restricted net assets		921		(2,712)
Total change in net assets	\$	73,166	\$	(6,835)

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Principles of Consolidation

The accompanying consolidated financial statements present the accounts and transactions of the Hospital and its wholly-owned subsidiaries Caritas and Lukan All significant intercompany revenue and expenses and intercompany balance sheet accounts have been eliminated in consolidation

Use of Estimates

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

During fiscal 2012 and 2011, the Hospital recorded a change in estimate of approximately \$10.2 million and \$10.6 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2012 and 2011, respectively.

Temporarily and Permanently Restricted Net Assets

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

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Contributions, including unconditional promises to give, are recognized as revenue in the period received Conditional promises to give are not recognized until the conditions on which they depend are substantially met

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

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2012 and 2011, are expected to be received as follows (in thousands)

	September 30			
	2012	2011		
Less than one year	\$ 1,596	\$ 1,187		
One to five years	2,054	1,662		
	3,650	2,849		
Less unamortized discount on contributions receivable				
(0 2% to 4 2%)	(108)	(174)		
	3,542	2,675		
Allowance for uncollectible contributions	(106)	(80)		
	\$ 3,436	\$ 2,595		

Donor Restricted Gifts

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Cash and Cash Equivalents

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

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

Accounts Receivable

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

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

Investments

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

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital participates in the Yale New Haven Health System Investment Trust (the "Trust"), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools the Long-Term Investment Pool ("L-TIP") and the Intermediate-Term Investment Pool ("I-TIP") Governance of the Trust is performed by the Yale New Haven Health System Investment Committee

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1 Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods As of September 30, 2012, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2013 Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice

Certain alternative investments (non-traditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for under the equity method and utilizing Yale University's (the "University") reported net asset value per unit for measurement of the units' fair value for the Yale University investment

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately \$80.9 million in these alternative investments, of which approximately \$77.4 million has been funded as of September 30, 2012.

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool") Under the terms of the agreement for the years ended September 30, 2012 and 2011, the Trust transferred \$50 0 million and \$100 0 million, respectively, to the University in exchange for units in the Pool The Trust's interest in the Pool is reported at fair value based on the net asset value per units held The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash

Under the terms of the investment management agreement with the University, withdrawals of the Trust's investment in the Pool can be made annually by the Trust on July 1 For withdrawals of amounts less than \$150 0 million or 75% of the Trust's investment in the Pool, \$100 0 million or 50% of the Trust's investment in the Pool, and \$50 0 million or 25% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 180 days, 90 days, and 30 days, respectively, prior to the University's fiscal year ending June 30 For withdrawals greater than \$150 0 million or more than 75% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 270 days prior to the University's fiscal year end of June 30

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital These Board-designated assets are commingled in the University's endowment pool At September 30, 2012 and 2011, the carrying value of assets managed by the University under this arrangement was approximately \$8 5 million and \$8 6 million, respectively Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement

In 2011, the investment management agreement between the Trust and the University was modified to allow the Trust to obtain a cash advance, up to a maximum of \$75 million, on a monthly basis For these advances interest of U S Prime rate, plus two percent (2%) will be paid by the Trust Repayments on the advances are made by the Trust by way of redemptions of a sufficient number of Trust's units in the Endowment using the June 30th unit valuation No advances have been requested or taken by the Trust

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories

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

Assets Limited as to Use

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

Perpetual Trusts

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

Interest Rate Swap Agreements

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees The Hospital makes annual contributions to the YNHHSC Voluntary Employee Beneficiary Association ("VEBA") plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits Annually, premiums are set to reflect the estimated cost of benefits During the years ended September 30, 2012 and 2011, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$102.4 million and \$89.3 million, respectively

The Hospital is self-insured for workers' compensation claims Estimated amounts are accrued for claims, including claims incurred but not reported ("IBNR") and are based on Hospital-specific experience At September 30, 2012 and 2011, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$13.3 million, discounted at 3.0%, and \$13.4 million, discounted at 3.5%, respectively, and are included in accrued expenses in the accompanying consolidated balance sheets

Professional Liability Insurance

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

Property, Plant, and Equipment

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital and the Housing Authority of New Haven ("HANH") have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of \$5 7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of \$5 2 million, unless the pledged account is extended with an annual increase of approximately \$180,000. As of September 30, 2012, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account

Goodwill

Goodwill is not amortized but instead tested at least annually for impairment or more frequently when events or changes in circumstances indicate that the assets might be impaired This impairment test is performed annually at the reporting unit level The Hospital evaluates goodwill at the entity level as management has determined that the Hospital's operation comprise a single reporting entity Goodwill is considered to impaired if the carrying value of the reporting unit, including goodwill, exceeds the reporting unit's fair value Reporting unit fair value is estimated using both income (discounted cash flows) and market approaches

The discounted cash flow approach requires the use of assumptions and judgments including estimates of future cash flows and the selection of discount rates. The market approach relies on comparisons to publicly traded stocks or to sales of similar companies. The Hospital has determined that no goodwill impairment exists at September 30, 2012.

Deferred Revenue

Deferred revenue includes amounts which have been received that relate to future years Amounts will be reduced as revenue is earned

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

related to ongoing operations are included in other revenue, other gains and losses are classified as non-operating gains and losses Included in non-operating gains and losses are expenses incurred related to the acquisition of the Saint Raphael

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

Income Taxes

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

Operating Expenses

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses For the years ended September 30, 2012 and 2011, the Hospital recorded approximately \$52.9 million as reductions to expenses

Deferred Financing Costs

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

Impairment of Assets

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

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Change in Accounting Principle

In August 2010, the Financial Accounting Standards Board ("FASB") issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of October 1, 2011. The Hospital elected to retrospectively adopt the guidance as of October 1, 2010. The adoption resulted in an increase to current assets and liabilities of approximately \$13.5 million and an increase to long-term assets and liabilities of approximately \$50.1 million as of September 30, 2011. The adoption did not affect the Hospital's financial condition, net results of operations, or cash flows

New Accounting Pronouncements

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

In August 2010, the FASB issued Accounting Standards Update ("ASU") 2010-23, *Measuring Charity Care for Disclosure* The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying consolidated financial statements for all periods presented.

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2012 presentation

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

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

Third-party payor receivables included in other receivables were \$28.4 million and \$31.1 million at September 30, 2012 and 2011, respectively. Third-party payor receivables included in other long-term assets were \$16.7 million and \$12.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other current liabilities were \$2.8 million and \$1.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other long-term liabilities were \$28.6 million and \$28.3 million at September 30, 2012 and 2011, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data Such amounts are included in the accompanying balance sheets

Additionally, certain payors' payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years might be realized

Notes to Consolidated Financial Statements (continued)

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

Revenue from Medicare and Medicaid programs accounted for approximately 27% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and approximately 29% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011 Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 30% and 29%, respectively, for the year ended September 30, 2012 and approximately 31% and 28%, respectively, for the year ended September 30, 2011 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10 Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2006 for Medicare and 1995 for Medicaid Other years remain open for settlement

The significant concentrations of accounts receivable for services to patients include 28% from Medicare, 11% from Medicaid, and 61% from non-governmental payors at September 30, 2012 and 30% from Medicare, 8% from Medicaid, and 62% from non-governmental payors at September 30, 2011

Net patient service revenue is comprised of the following for the years ended September 30, 2012 and 2011 (in thousands)

	2012	2011
Gross revenue from patients	\$ 5,740,304	\$ 4,443,296
Deductions		
Contractual allowances	3,948,050	2,939,940
Charity and free care (at charges)	78,983	61,299
Net patient service revenue	\$ 1,713,271	\$ 1,442,057

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense

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

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

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$69.8 million and \$55.9 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

The estimated cost of charity care provided was \$47 8 million and \$32 3 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2012 and 2011, bad debt expense, at charges, was \$32.6 million and \$26.4 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue During the years ended September 30, 2012 and 2011, the Hospital received \$73 2 million and \$33 0 million, respectively, in CDSHP distributions, of which approximately \$51 9 million and \$23 0 million was related to charity care The Hospital made payments into the CDSHP of \$56 5 million and \$14 1 million for the years ended September 30, 2012 and 2011, respectively, for the 1% assessment

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

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

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

4. Investments and Assets Limited as to Use

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

	 2012	2011
Money market funds	\$ 156,663	\$ 108,579
U S equity securities	28,378	11,113
U S equity securities –common collective trusts	6,331	33,319
International equity securities (a)	40,019	37,523
Fixed income		
U S government	87,329	41,719
U S government – common collective trusts	82,872	58,205
International government (b)	43,236	31,704
Commodities	676	1,010
Hedge funds		
Absolute return (c)	48,614	44,783
Long/short equity (d)	12,205	12,653
Real estate (e)	9,905	10,168
Interest in Yale University endowment pool (f)	361,550	278,719
Perpetual trusts (g)	 12,127	10,906
Total	\$ 889,905	\$ 680,401

Notes to Consolidated Financial Statements (continued)

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

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

The Hospital's ownership percentage of the Trust was approximately 85 8% and 85 2% as of September 30, 2012 and 2011, respectively The Hospital's prorata portion of the Trust's investments are included above in the table

Included in assets limited as to use at September 30, 2012 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7) These funds consisted of money market funds of approximately \$13 3 million and \$60 7 million at September 30, 2012 and 2011, respectively

5. Endowment

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

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

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

Changes in endowment net assets for the year ended September 30, 2012 are as follows (in thousands)

	Temporarily Restricted		manently estricted	Total
Endowment net assets, beginning of year Investment return	\$	37,338	\$ 25,523	\$ 62,861
Investment income		249	_	249
Net appreciation (realized and unrealized)		6,213	_	6,213
Total investment return		6,462	_	6,462
Contributions Appropriation of endowment assets for		2	_	2
expenditure Other changes		(7,124)	_	(7,124)
Change in value of beneficial interest trusts			 1,221	 1,221
Endowment net assets, end of year		36,678	\$ 26,744	\$ 63,422

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

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

	Temporarily Restricted	Permanently Restricted Total
Endowment net assets, beginning of year	\$ 41,829	\$ 26,256 \$ 68,085
Investment return		
Investment income	443	- 443
Net appreciation (realized and unrealized)	3,104	- 3,104
Total investment return	3,547	- 3,547
Contributions	2	- 2
Appropriation of endowment assets for expenditure	(8.040)	- (8.040)
Other changes		
Change in value of beneficial interest trusts		(733) (733)
Endowment net assets, end of year	\$ 37.338	\$ 25,523 \$ 62,861
		September 30
		2012
		(in thousands)
The portion of perpetual endowment funds subject restriction under CUPMIFA	ect to a time	
Without purpose restrictions		\$ 8,297 \$ 8,478
With purpose restrictions		28,381 28,860
Total endowment funds classified as temporarily	restricted net ass	sets \$ 36,678 \$ 37,338

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity

Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation Actual returns in any given year may vary from this amount

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

Strategies Employed for Achieving Objectives

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

Spending Policy and How the Investment Objectives Relate to Spending Policy

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

6. Temporarily and Permanently Restricted Net Assets

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

	September 30				
	2	2012		2011	
Plant improvement and expansion Specific hospital operations, teaching, research, free	\$	568	\$	441	
care, and training	4	15,458	2	43,506	
	\$ 4	16,026	\$ 4	13,947	

Permanently restricted net assets of approximately \$26.7 million and \$25.5 million at September 30, 2012 and 2011, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care, and other services.

Notes to Consolidated Financial Statements (continued)

7. DebtA summary of debt is as follows (in thousands)

	September 30				
		2012		2011	
Hospital revenue bonds financed with the State of Connecticut					
Health and Educational Facilities Authority ("CHEFA")					
Series J (5 12% effective interest rate)	\$	159,110	\$	164,295	
Series K (3 11% effective interest rate)		94,955		98,305	
Series L (3 68% effective interest rate)		107,460		107,460	
Series M (5 24% effective interest rate)		100,175		101,825	
Bank line of credit payable		187,000		_	
Bank line of credit payable		25,000		_	
Capital lease obligation – November 2010		53,827		55,309	
Capital lease obligation – December 2010		53,702		55,082	
Bank note payable (0 08% effective interest rate)		40,000		40,000	
		821,229		622,276	
Add premium		6,467		7,322	
Less current portion		(100,490)		(13.047)	
-	\$	727,206	\$	616,551	

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

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately \$216 6 million The Series K revenue bonds were issued as Variable Rate Demand Bonds ("VRDBs") in two sub-series, Series K-1 and K-2, approximately \$54 6 million each, with an effective rate of 1 1% in 2011 and 2010 The proceeds from the Series K issuance were used to

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

refund the Series I revenue bonds The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately \$53 7 million each, with an effective rate of 0 8% in 2012 and 2011 The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds

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

In December 2010, the Hospital issued Series M revenue bonds totaling approximately \$104 4 million. The proceeds, including a premium of approximately \$10 million, are being used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital's infrastructure, and to pay for bond issuance costs. The bond premium is being amortized and is included in capitalized interest. The Series M revenue bonds were issued as one series consisting of approximately \$33.9 million of serial bonds bearing interest at 4.69%, and approximately \$17.6 million, \$17.8 million, and \$35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N A (the "Bank") for \$40 0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of \$8 0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0 50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made.

In July 2012, the Hospital entered into a line of credit with the Bank in the amount of \$270 million which was subsequently increased to \$1870 million upon the execution of the HSR asset purchase agreement. In July 2012, the Hospital drew the unconditional loan of \$270 million to outfit a new facility. In September 2012, the Hospital drew the remaining \$1600 million to fund the acquisition of HSR. The line of credit requires the Hospital to repay the Bank in 24 equal monthly installments commencing on August 1, 2013. The full amount of the remaining balance is due on July 12, 2015. This obligation bears interest at a rate equal to LIBOR plus 0.45% per annum.

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

In September 2012, the Hospital drew on its \$500 million line of credit with the U S Bank, established in January 2012, in the amount of \$250 million The U S Bank line of credit requires repayment of the aggregate principal amount on the 364th day subsequent to the advance This obligation bears interest at a rate equal to LIBOR plus 0 50% per annum

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital's debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others As of September 30, 2012 and 2011, the Hospital was in compliance with these covenants

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

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

	_	Debt		Capital Lease bligations
2013	\$	45,198	\$	58,757
2014		204,512		4,647
2015		19,445		4,821
2016		19,945		4,879
2017		20,425		4,879
Thereafter		404,175		63,810
	\$	713,700	_	141,793
Less interest				(34,264)
Total capital lease obligation			\$	107,529

Capitalized interest at September 30, 2012 and 2011 totaled \$26.9 million and \$24.9 million, respectively

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

The Hospital has entered into interest rate swap agreements with financial institutions related to the Hospital's Series K and Series L debt, and future obligations The Series K and Series L swaps were carried over as part of the refunding of the Series I and Series J debt On September 20, 2012, the Hospital entered into a Forward Starting Interest Rate swap, a LIBOR Swap Rate Lock and a SIFMA Rate Lock swap with two different counterparties The agreements require the Hospital to pay a fixed rate and receive a floating rate based on LIBOR or SIFMA The change in market value, as well as the net interest paid or received under the swap agreement, for the Series J/Series L swap has been capitalized as part of the interest costs related to construction of the Cancer Hospital until construction was complete. Once the Cancer Hospital became operational these amounts were recorded in the statements of operations.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized At September 30, 2012 and 2011, the fair value of all swap agreements based on current interest rates was approximately \$39.3 million and \$31.9 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities)

For the Series K swap, there was an unfavorable change in fair value of approximately \$0.9 million for the years ended September 30, 2012 and 2011 which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap, \$4.6 million and \$4.2 million has been collateralized by the Hospital and is being held by the financial institution as of September 30, 2012 and 2011, as required by the swap agreement

For the Series L swaps, there was an unfavorable change in fair value of approximately \$20 million and \$35 million for the years ended September 30, 2012 and 2011, respectively, which was recorded in excess of revenue over expenses. No collateral was required under the Series L swap agreement for the years ended September 30, 2012 and 2011.

For the Forward Starting Interest Rate swap, the LIBOR Swap Rate Lock and the SIFMA Rate Lock swaps, there was an unfavorable change in fair value of \$1 0 million, \$1 9 million, and \$1 6 million, respectively, for the year ended September 30, 2012, which was recorded in excess of revenue over expenses

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

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

	Expiration	Hospital	Hospital		Amount at iber 30,
Swap Type	Date	Receives	Pays	2012	2011
Series K – Fixed to Floating	July 1, 2025	LIBOR	3 11%	\$ 63,977	\$ 66.269
Series L – Fixed to Floating	July 1, 2036	LIBOR	3 68%	44,505	44,505
Forward Starting Interest Rate		67% of			
Swap	July 1, 2053	LIBOR	2 84%	50,000	_
LIBOR Swap Rate Lock	July 1, 2043	LIBOR	2 73%	92,000	_
SIFMA Rate Lock	July 1, 2048	SIFMA	2 66%	50,000	
				\$ 300,482	\$ 110,774

For the years ended September 30, 2012 and 2011, the Hospital paid approximately \$16.5 million and \$15.8 million, respectively, for interest related to long-term debt, exclusive of the swap agreements

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

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

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

Assets recorded under the capital lease obligations totaled \$115.1 million as of September 30, 2012 and 2011. Accumulated depreciation for the capital lease obligations totaled \$8.0 million and \$4.2 million at September 30, 2012 and 2011, respectively

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits

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

The employees formerly employed by SRHS will receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the qualified defined benefit pension plan and vesting under this plan, but not for purposes of establishing an opening accumulation account or for any other purpose under this plan

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees The Hospital's contributions for the 403(b) plan are determined based on employee contributions and years of service The Hospital contributed approximately \$11 9 million and \$10 9 million for the years ended September 30, 2012 and 2011, respectively The Hospital maintains a Section 457 non-qualified deferred compensation plan Contributions are made on a pre-tax basis The balances recorded at September 30, 2012 and 2011 in other assets and other long-term liabilities were \$21 7 million and \$18 4 million, respectively The employees formerly employed by SRHS shall receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the contributory 403(b) plan and vesting under this plan but not for any other purpose under this plan

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

Included in unrestricted net assets at September 30, 2012 and 2011 are the following amounts that have not yet been recognized in net periodic pension cost unrecognized prior service credit of \$0.1 million and \$0.3 million, respectively, and unrecognized actuarial losses of \$183.6 million and \$129.7 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2013 are \$0.6 million and \$9.6 million, respectively

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2012 and 2011 (in thousands)

	Defined Benefit Pension Plans			Postretirement Benefits Plan				
		2012		2011		2012		2011
Change in benefit obligation								
Benefit obligation at prior measurement date	\$	405,642	\$	374,050	\$	63,687	\$	58,103
Service cost		22,106		18,385		3,442		3,092
Interest cost		18,803		17,407		3,183		3,014
Actuarial loss		53,111		13,409		10,588		818
Benefits paid		(24,189)		(17.609)		(1,270)		(1,340)
Benefit obligation at current measurement date		475,473		405,642		79,630		63,687
Change in plan assets								
Fair value of assets at prior measurement date		225,895		228,281		_		_
Actual return on plan assets		25,511		2,338		_		_
Employer contributions		44,735		12,885		1,270		1,340
Benefits paid		(24,189)		(17.609)		(1,270)		(1,340)
Fair value of assets at current measurement date		271,952		225,895		_		_
Accrued benefit cost	\$ ((203,521)	\$	(179,747)	\$	(79,630)	\$	(63,687)

Benefit Obligation and Assumptions

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

	September 30					
	 2012		2011			
Projected benefit obligation	\$ (475,473)	\$	(405,642)			
Accumulated benefit obligation	(398,939)		(342,050)			
Fair value of plan assets	271,952		225,895			

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

At September 30, 2012 and 2011, the underfunded status of the qualified defined benefit pension plan was approximately \$154.1 million and \$136.8 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$49.4 million and \$43.0 million, respectively. Additionally, there are assets limited as to use of approximately \$64.7 million and \$58.4 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2012 and 2011, respectively

The net periodic benefit cost for the years ended September 30, 2012 and 2011 is as follows (in thousands

	Defined Benefit Pension Plans				ent an			
		2012		2011		2012		2011
Service cost	\$	22,106	\$	18,385	\$	3,442	\$	3,092
Interest cost		18,803		17,407		3,183		3,014
Expected return on plan assets		(20,521)		(19.350)		_		_
Amortization of prior service cost		(462)		(462)		259		264
Recognized net actuarial loss		4,738		2,711		-		
Net periodic benefit cost	\$	24,664	\$	18,691	\$	6,884	\$	6,370

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2012 and 2011 are as follows

	Defined Pensio		Postretirement Benefits Plan		
-	2012	2011	2012	2011	
Discount rate for determining benefit obligations at year-end, qualified plan Discount rate for determining benefit obligations at year end, non-qualified	3.60%	4 80%	4.00%	5 10%	
plan	4.00	5 10	_	_	
Rate of compensation increase	5.00	5 00	_	_	

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2012 and 2011 are as follows

	Defined Benefit Pension Plans		Postretirement Benefits Plan		
	2012	2011	2012	2011	
Discount rate for determining net periodic benefit cost at year-end, qualified plan Discount rate for determining net periodic	4.80%	4 80%	5.10%	5.30%	
benefit cost at year end, non-qualified plan	5.10	5 30	_	_	
Expected rate of return on plan assets	7.75	7 75	_	_	
Rate of compensation increase	5.00	5 00	_	_	

For measurement purposes relating to the postretirement benefits plan, a 70% and 80% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2012 and fiscal 2011, respectively Rates are assumed to decline to 40% through fiscal 2014

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

	1% Increase	1% Decrease
Effect on total of service and interest cost components Effect on postretirement benefit obligation	\$ 13 142	\$ (15) (144)

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The asset allocation of the Hospital's qualified pension plan at September 30, 2012 and 2011 was as follows

	Target Percentag Allocation Plan Ass		_
Asset Category	2013	2012	2011
Equity securities	36%	42%	41%
Debt securities	26	27	28
Real assets	14	11	12
All other assets	24	20	19
Total	100%	100%	100%

The pension assets carried at fair value, as of September 30, 2012 and 2011 are classified in the following tables (see Footnote 14 for description) (in thousands)

	September 30, 2012						
	1	Level 1	Level 2 Level 3		Level 3	Total	
Money market funds	s	18,306	\$	_	\$	_	\$ 18,306
U S equity securities		53,150		_		_	53,150
International equity securities		58,819		_		_	58,819
Fixed income							
U S government		53,392		_		_	53,392
International government		12,985		6,425		_	19,410
Commodities		5,469		_		6,127	11,596
Private Equity		_		_		509	509
Hedge funds							
Absolute return		_		32,115		_	32,115
Long/short equity		_		7,871		_	7,871
Real estate		_		_		16,784	16,784
Total investments	\$	202,121	\$	46,411	\$	23,420	\$ 271,952

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

	September 30, 2011						
	Level 1		L	evel 2	evel 2 Level 3		Total
Money market funds	\$	4,673	\$	_	\$	_	\$ 4,673
U S equity securities		47,070		_		_	47,070
International equity securities		45,118		_		_	45,118
Fixed income							
U S government		51,551		_		_	51,551
International government		13,260		_		_	13,260
Commodities		4,923		_		5,745	10,668
Private Equity		_		_		331	331
Hedge funds							
Absolute return		_	2	29,362		_	29,362
Long/short equity		_		8,235		_	8,235
Real estate		_		_	1	5,627	15,627
Total investments	\$ 1	66,595	\$ 3	37,597	\$ 2	1,703	\$ 225,895

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

	Cor	nmodities	 ivate Juity	Real Estate	Total
Fair value at September 30, 2010	\$	5,852	\$ _	\$ 14,599	\$ 20,451
2011 Realized and unrealized gains and losses		686	_	3,049	3,735
2011 Purchases, sales, transfers, issuances and					
settlements, net		(793)	331	(2.021)	(2.483)
Fair value at September 30, 2011	<u> </u>	5,745	331	15,627	21,703
2012 Realized and unrealized gains and losses		18	(57)	206	167
2012 Purchases, sales, transfers, issuances and					
settlements, net		364	235	951	1,550
Fair value at September 30, 2012	\$	6,127	\$ 509	\$ 16,784	\$ 23,420

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio.

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

return assumption of 7 75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses The actual return on assets of the pension plan for the years ended September 30, 2012 and 2011 was 11 1% and 2 7%, respectively

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

	fined Benefit ension Plans	Postretireme Benefits Pla			
Estimated benefit payments related to years					
ending September 30					
2013	\$ 35,244	\$	2,521		
2014	35,199		2,832		
2015	36,398		3,063		
2016	36,570		3,316		
2017	38,078		3,646		
2018 to 2022	202,611		24,096		

The Hospital expects to contribute approximately \$41.6 million for pension benefits and \$2.5 million for postretirement benefits payments in fiscal 2013

9. Professional Liability Insurance

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

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

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

Additionally, because the purchase and sales management agreement entered into with YNHHSC in 1998 meet criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately \$118 million)

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$84.5 million and \$89.0 million at September 30, 2012 and 2011, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$29.7 million and \$30.4 million for the Hospital at September 30, 2012 and 2011, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$28.5 million and \$25.4 million, respectively, based on a discount rate of 3.0% and 3.5% for the years ended September 30, 2012 and 2011, respectively

The Hospital has recorded related insurance recoveries receivable of approximately \$560 million and \$636 million at September 30, 2012 and 2011, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Lukan, the Hospital sponsored professional liability program, continues to manage all incidents and claims reported to Lukan prior to the acquisition of SRHS, as well as extending professional liability coverage for post acquisition risks to certain affiliated community clinicians

Prior to the acquisition of SRHS, Caritas provided excess professional liability and general liability insurance to SRHS and their employed clinicians Caritas continues to manage all incidents and claims reported prior to the acquisition of SRHS

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately \$36.6 million at September 30, 2012 and are included in professional liabilities in the accompanying consolidated statements of financial position

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated

10. Commitments and Contingencies

Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2013 through 2024 Future minimum lease payments under these leases are as follows (in thousands)

2013	\$ 12.419
2014	10.929
2015	8.180
2016	7.448
2017	6,350
Thereafter	18.018
	\$ 63,344

The Hospital incurred net rent and parking expense under these leases of approximately \$10.9 million and \$10.1 million for each of the years ended September 30, 2012 and 2011, respectively

Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue Deferred revenue, from this agreement, at September 30, 2012 and 2011 was \$46 6 million and \$48 3 million, respectively

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

Litigation

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

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

11. Functional Expenses

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

		Ended nber 30
	2012	2011
Health care services General and administrative	\$ 1,422,822 231,622	\$ 1,234,794 201,013
	\$ 1,654,444	\$ 1,435,807

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions

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

	•	Year Ended September 30			
	20	12	2011		
Recovery of expenses					
YNHHSC					
Facility rental	\$ 2	,883 \$	2,736		
Shared services		230	2,322		
Other		_	1,190		
	\$ 3	,113 \$	6,248		
Bridgeport Hospital					
Resident fees	\$ 2	,379 \$	2,444		
Other	1	,107	1,000		
	\$ 3	,486 \$	3,444		
Ambulatory Services Corporation					
Salaries and benefits	\$ 5	,654 \$	4,993		
Other		336	185		
	\$ 5	,990 \$	5,178		

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

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

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

		nr Ended ember 30
	2012	2011
Operating expenses		
Professional and general liability insurance	\$ 20,948	\$ 20,654
Information systems	37,673	18,805
System business office	17,739	15,198
Other business services	67,613	47,529
	\$ 143,973	\$ 102,186

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions (continued)

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

	September 30			
		2012		2011
Other receivables				
YNHHSC	\$	2,283	\$	2,974
Bridgeport Hospital		_		362
York Enterprises, Inc		482		133
Ambulatory Services Corporation		369		894
Greenwich Hospital		560		23
Northeast Medical Group, Inc		_		340
Other assets				
YNH Care Continuum Corporation		4,000		_
Ambulatory Services Corporation		12,500		_
·		20,194	\$	4,726
Accounts payable				
YNHHSC	S	28,503	\$	23,960
Greenwich Hospital		´ –	•	51
Bridgeport Hospital		1,501		_
YNH Network Corporation		613		_
York Enterprises, Inc		16		19
Northeast Medical Group Inc		2,912		_
YNH Care Continuum Corporation		407		_
Other long-term liabilities				
YNHHSC		42,385		38,162
	<u></u>	76,337	\$	62,192

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

The Hospital funds certain capital assets purchased by YNHHSC Included in prepaid expenses and other assets were approximately \$13.9 million and \$49.8 million, respectively, at September 30, 2012 and approximately \$2.7 million and \$30.7 million, respectively, at September 30, 2011

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions (continued)

Additionally, for the years ended September 30, 2012 and 2011, the Hospital funded YNHHSC approximately \$9 0 million and \$12 0 million, respectively, as part of its participation in the New Clinical Program Development Corporation ("NCPDC") The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs The NCPDC Board approves the funding of initiatives

13. Other Revenue

Other revenue consisted of the following (in thousands)

	Year Ended September 30					
		2012		2011		
Cafeteria and vending	\$	7,756	\$	7,129		
Contributions		2,960		2,667		
Parking income		4,087		3,555		
Net assets released from restrictions for operations		2,962		5,003		
Net assets released from restrictions for free care		889		782		
Net assets released from restrictions for medical research						
and clinical programs		12,804		16,195		
Grants		8,314		7,432		
Electronic health records incentive payment		2,649		_		
Other		5,263		3,877		
	\$	47,684	\$	46,640		

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act ("HITECH") The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology In subsequent years, providers must demonstrate meaningful

Notes to Consolidated Financial Statements (continued)

13. Other Revenue (continued)

use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received EHR incentive payment revenue totaling \$2.6 million for Medicaid for the year ended September 30, 2012, is included in other revenue in the accompanying 2012 consolidated statement of operations. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

14. Non-Operating Gains and Losses, Net

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

	Year Ended September 30					
		2012		2011		
Income from investments, donations and other, net	\$	5,959	\$	21,138		
Change in unrealized gains and losses on investments		47,932		(1.949)		
Change in fair value of swaps, including counterparty payments		(12,610)		(9.781)		
Acquisition costs related to Saint Raphael Healthcare System		(22,103)		(6.051)		
Medical residents FICA tax refund		4,920		10,915		
	\$	24,098	\$	14,272		

15. Fair Value Measurements

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

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

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

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

Financial assets carried at fair value as of September 30, 2012 are classified in the following table in two of the three categories described above (in thousands)

	September 30, 2012								
	Level 1	Level 2	Level 3	Total					
Cash and cash equivalents Money market funds U S equity securities International equity securities	\$ 64,557 156,663 28,378 40,019	\$ - - - -	\$ - - -	\$ 64,557 156,663 28,378 40,019					
Fixed income U.S. government International government Interest in Yale University endowment pool Investments at fair value	87,329 26,227 — — \$ 403,173	17,009 - \$ 17,009	361,550 \$ 361,550	87,329 43,236 361,550 781,732					
Common collective trusts Alternative investments Perpetual trusts Investments not at fair value Total investments				89,203 71,400 12,127 172,730 \$ 954,462					
Liabilities Interest rate swaps	<u>s</u> –	\$(39,269)	<u>\$</u>	\$ (39,269)					

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of 2011 are classified in the following table in two of the three categories described above (in thousands)

	September 30, 2011									
	Level 1	Level 2	Level 3	Total						
	<u></u>									
Cash and cash equivalents	\$ 65,883	\$ -	\$ -	\$ 65,883						
Money market funds	108,579	_	_	108,579						
U S equity securities	11,113	_	_	11,113						
International equity securities	37,523	_	_	37,523						
Fixed income										
U S government	41,719	_	_	41,719						
International government	31,704	_	_	31,704						
Interest in Yale University endowment pool		_	278,719	278,719						
Investments at fair value	\$ 296,521	\$ -	\$ 278,719	575,240						
Common collectine tructs				01.521						
Common collective trusts				91,524						
Alternative investments				68,614						
Perpetual trusts				10,906						
Investments not at fair value				171,044						
Total investments				\$ 746,284						
Y 1.1.										
Liabilities		A. (21.051)	Φ.	A (21.051)						
Interest rate swaps	<u> </u>	\$ (31,951)	\$	\$ (31,951)						

The following is a rollforward of assets classified as level 3 of the valuation hierarchy

Interest in Yale University Endowment Pool:

Fair value at September 30, 2010	\$ 175,332
2011 Unrealized gains	15,641
2011 Purchases	87,746
Fair value at September 30, 2011	278,719
2012 Unrealized gains	38,570
2012 Purchases	44,261
Fair value at September 30, 2012	\$ 361,550

The fair value of debt was approximately \$741.7 million and \$528.9 million at September 30, 2012 and 2011, respectively. The fair value of the capital leases was approximately \$112.6 million and \$118.7 million at September 30, 2012 and 2011, respectively.

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan (see Note 8) In addition, included in the table above are investments at September 30, 2012 and 2011 in common collective trusts totaling approximately \$89.2 million and \$91.5 million, respectively, other alternative investments totaling approximately \$71.2 million and \$68.6 million, respectively, and perpetual trusts totaling approximately \$12.1 million and \$10.9 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2012 and 2011.

The following is a summary of total investments as of September 30, 2012 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands)

Description of Investment	 Carrying Value	Unfunded Commitment		Redemption Frequency	Notice Period	Funds Availability
Hedge funds						
Long/short equity	\$ 12,205	\$	_	Annually	100 days	December 31
Absolute return	48,614		_	Annually	100 days	December 31
Real estate	9,905		3,507	N/A	N/A	N/A
Commodities	676		9,963	N/A	N/A	N/A

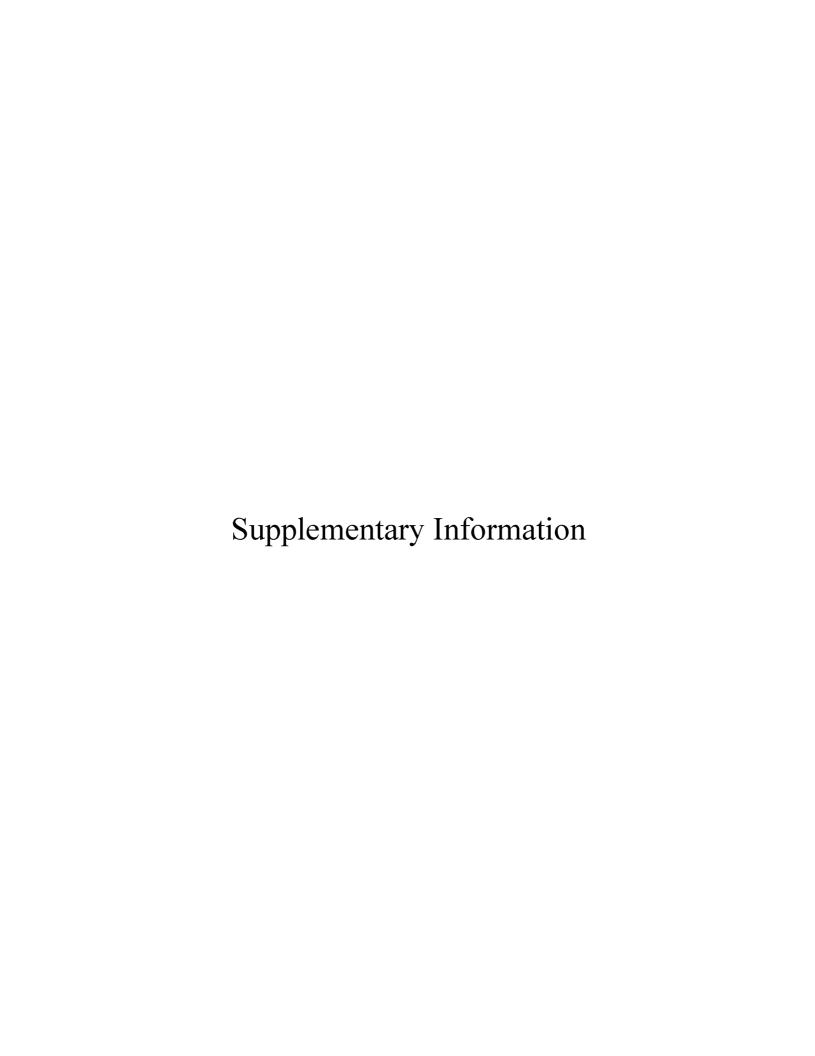
Notes to Consolidated Financial Statements (continued)

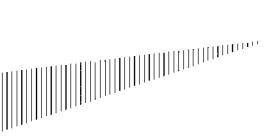
16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service ("IRS") announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act ("FICA") taxes Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005 Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2012 and 2011, the Hospital has recorded estimated net revenue of approximately \$4.9 million and \$109 million, respectively, in non-operating gains and losses, related to FICA medical resident refunds claims that have met the IRS refund requirements. At September 30, 2012 and 2011, the Hospital recorded a net receivable of approximately \$18.2 million and \$24.7 million, respectively included in other assets and a payable of approximately \$13.8 million at September 30, 2012 and 2011 included in other long-term liabilities. The Hospital has established its estimate based on information presently available and this estimate is subject to change as the IRS adjudicates the claims

17. Subsequent Events

Subsequent events have been evaluated through December 21, 2012, which is the date the financial statements were available to be issued No events have occurred that require disclosure or adjustment of the financial statements







Ernst & Young LLP Goodwin Square 225 Asylum Street Hartford, CT 06103-1506

Tel +1 860 247 3100 Fax +1 860 725 6040 www.ey.com

Report of Independent Auditors on Supplementary Information

Board of Trustees Yale-New Haven Hospital, Inc and Subsidiaries

We have audited the consolidated financial statements of Yale-New Haven Hospital, Inc. and Subsidiaries as of and for the years ended September 30, 2012 and 2011, and have issued our report thereon dated December 21, 2012 which contained an unqualified opinion on those financial statements Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating balance sheets consolidating statement of operations and change in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole

December 21, 2012

Ernst + Young LLP

Consolidating Balance Sheet

September 30, 2012

(In Thousands)

	Hospital Lukan			Caritas	Eliminations	Total
Assets						
Current assets						
Cash and cash equivalents	\$ 64,528	\$ 20	\$	9	\$ -	\$ 64,557
Short-term investments	571,302	26,65	0	15,408	_	613,360
Accounts receivable for services to patients, net	202,909		_	_	_	202,909
Other recenables	48,257	38	4	_	_	48,641
Professional liabilities insurance recoveries receivable –current portion	15,739		_	_	_	15,739
Other current assets	47,328	2	0	4 6	_	47,394
Amounts on deposit with trustee in debt service fund	6,619		_	_	_	6,619
Total current assets	956,682	27,07	4	15,463	_	999,219
Assets limited as to use	105,688		_	_	_	105,688
Long-term investments	156,946	7,29	2	_	_	164,238
Deferred financing costs, less accumulated amortization	5,182		_	_	_	5,182
Professional liabilities insurance recoveries receivable –non-current	40,271		_	_	_	40,271
Goodwill	35,685		_	_	_	35,685
Other assets	188,494		_	1,331	(12,626)	177,199
Property, plant, and equipment						
Land and land improvements	33,191		_	_	_	33,191
Buildings and fixtures	1,068,530		_	_	_	1,068,530
Equipment	426,413		_	_	_	426,413
	1,528,134		_	_	_	1,528,134
Less accumulated depreciation	601,670		_	_	_	601,670
·	926,464		_	_	_	926,464
Construction in progress	63,603		_	_	_	63,603
	990,067		_	_	_	990,067
Total assets	\$ 2,479,015	\$ 34,36	6 \$	16,794	\$ (12,626)	\$ 2,517,549

Consolidating Balance Sheet (continued)

September 30, 2012 (In Thousands)

	Hospital		Lukan		ukan C		Caritas		Caritas Eliminations		Total
Liabilities and net assets (deficiency)											
Current liabilities											
Accounts payable	\$ 133.	902	\$	85	\$	64	\$	_	\$ 134,051		
Accrued expenses	168,			_		_		_	168,508		
Professional liabilities –current portion		739		_		_		_	15,739		
Current portion of debt	45,	198		_		_		_	45,198		
Current portion of capital lease obligation	55,	292		_		_		_	55,292		
Other current liabilities	2.	847		_		79		_	2,926		
Total current liabilities	421.	48 6		85		143		_	421,714		
Long-term debt, net of current portion	674,	969		_		_		_	674,969		
Long-term capital lease obligation, net of current portion	52,	237		_		_		_	52,237		
Accrued pension and postretirement benefit obligations	280,	718		_		_		_	280,718		
Professional liabilities	68.	733		29,802		6,778			105,313		
Other long-term liabilities	178.	1 69		395		1,331		_	180,195		
Deferred revenue	53.	625		_		_		_	53,625		
Total liabilities	1,730,	237		30,282		8,252		_	1,768,771		
Net assets											
Unrestricted	676,	800		4,084		8,542		(12,626)	676,008		
Temporarily restricted	4 6,	026		_		_		_	46,026		
Permanently restricted	26.	744						_	26,744		
Total net assets	748.	778		4,084		8,542		(12,626)	748,778		
Total liabilities and net assets	\$ 2,479.	015	\$	34,366	\$	16,794	\$	(12,626)	\$ 2,517,549		

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2012 (In Thousands)

	Hospital	Hospital Lukan		Eliminations	Total
Operating revenue					
Net patient service revenue	\$ 1,713,271	\$ -	\$ -	\$ -	\$ 1,713,271
Other revenue	47,560	124	_	_	47,684
Total operating revenue	1,760,831	124	_	_	1,760,955
Operating expenses					
Salaries and benefits	757,263	_	_	_	757,263
Supplies and other expenses	758,217	_	_	(159)	758,058
Depreciation	73,101	_	_	_	73,101
Insurance	15,328	215	137	_	15,680
Bad debts	32,622	_	_	_	32,622
Interest	17,720	_	_	_	17,720
Total operating expenses	1,654,251	215	137	(159)	1,654,444
Income (loss) from operations	106,580	(91)	(137)	159	106,511
Nonoperating gains (losses), net	24,029	70	(1)	_	24,098
Excess (deficiency) of revenue over expenses	130,609	(21)	(138)	159	130,609

(Continued on next page)

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2012 (In Thousands)

	Hospi	Iospital		Lukan		Caritas I		Eliminations		Total
Unrestricted net assets										
Excess (deficiency) of revenue over expenses (continued)	\$ 130.	609	\$	(21)	\$	(138)	\$	159	\$	130,609
Other changes in net assets		342		_		_		_		342
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9.	000)		_		_		_		(9,000)
Transfer from Yale-New Haven Health Services Corporation	2.	900		_		_		_		2,900
Net Transfer from YNH Network Corporation		45 6		_		_		_		456
Net assets released from restrictions for purchases of fixed assets		258		_		_		_		258
Pension and other postretirement liability adjustments	(54,	174)		_		_		_		(54, 174)
Increase (decrease) in unrestricted net assets	71.	391		(21)		(138)		159		71,391
Temporarily restricted net assets										
Income from investments		280		_		_		_		280
Net realized gains on investments	,	1 71		_		_		_		471
Change in net unrealized gains and losses on investments	6,	394		_		_		_		6,394
Bequests and contributions	11,	847		_		_		_		11,847
Net assets released from restrictions for purchases of fixed assets	(258)		_		_		_		(258)
Net assets released from restrictions for free care	(889)		_		_		_		(889)
Net assets released from restrictions for operations	(2.	962)		_		_		_		(2.962)
Net assets released from restrictions for clinical programs	(12,	804)		_		_		_		(12,804)
Increase in temporarily restricted net assets	2.	079		_		_		_		2,079
Permanently restricted net assets										
Change in beneficial interest in perpetual trusts	1.	221		_		_		_		1,221
Increase in permanently restricted net assets	1.	221		_		_		_		1,221
Increase (decrease) in net assets	74.	691		(21)		(138)		159		74,691
Net assets (deficiency) at beginning of year	674.	087		4,105		8,680		(12,785)		674,087
Net assets (deficiency) at end of year	\$ 748.	778	\$	4,084	\$	8542	\$	(12,626)	\$	748,778

Emst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality We make a difference by helping our people, our clients and our wider communities achieve their potential

For more information, please visit www ey com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.

