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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226006453

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
YALE NEW HAVEN HEALTH SERVICES CORP

Doing Business As

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

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

D Employer identification number
22-2529464

E Telephone number
(203)688-2069

G Gross receipts $ 329,715,898

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW YNHHS ORG

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

L Year of formation 1983

M State of legal domicile CT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,076
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	671,633
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	55,205

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	192,670,800	272,109,735
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,790,928	4,463,967
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,748,447	27,663,426
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,210,175	304,237,128
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	94,587,331	129,655,331
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,836,138	150,082,860
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	204,423,469	279,738,191
	19 Revenue less expenses Subtract line 18 from line 12	5,786,706	24,498,937

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	230,942,682	309,188,310
	21 Total liabilities (Part X, line 26)	136,256,908	213,383,917
	22 Net assets or fund balances Subtract line 21 from line 20	94,685,774	95,804,393

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-08-12 Date

▶ JAMES STATEN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00032493
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			EIN ▶ 34-6565596 Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 220,939,188 including grants of $) (Revenue $ 299,773,161)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 220,939,188

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, 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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	228		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,076		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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 interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

VINCENT TAMMARO
20 YORK STREET
NEW HAVEN, CT 06504
(203) 688-6088

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								8,597,676	13,818,308	5,294,553

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 253

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	CONSULTING	10,130,996
DELOITTE & TOUCHE LLP PO BOX 12001 DALLAS, TX 75312	CONSULTING	4,891,617
JONES DAY 51 LOUISIANA AVE WASHINGTON, DC 20001	LEGAL	3,676,076
REGAN TECHNOLOGIES CORPORATION 7 BARNES INDUSTRIAL RD WALLINGFORD, CT 06492	DATA MANAGEMENT	1,906,930
WIGGIN & DANA LLP 265 CHURCH STREET NEW HAVEN, CT 06508	LEGAL	1,395,252

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 103

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
		Business Code				
Program Service Revenue	2a	MANAGEMENT SERVICES 900099	182,960,286	182,960,286		
	b	INSURANCE PREMIUMS 900099	38,734,521	38,734,521		
	c	SYSTEM SUPPORT SERVICE 900099	30,418,291	30,418,291		
	d	EMERGENCY PREPAREDNESS 900099	14,863,554	14,863,554		
	e	MANAGEMENT SERVICES-EP 621990	4,718,620	4,046,987	671,633	
	f	All other program service revenue	414,463	414,463		
	g	**Total.** Add lines 2a–2f . . . . . ▶	272,109,735			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	420,519			420,519
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 29,522,218				
	b	Less cost or other basis and sales expenses: 25,478,770				
	c	Gain or (loss): 4,043,448				
	d	Net gain or (loss) . . . . . ▶	4,043,448			4,043,448
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	PHYSICIAN INTEGRATION 900099	25,446,530	25,446,530		
	b	OTHER INCOME-EXEMPT OR 900099	2,216,896	2,216,896		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	27,663,426			
	12	**Total revenue.** See Instructions . . . ▶	304,237,128	299,101,528	671,633	4,463,967

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,470,448		8,470,448	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,353,299	80,487,436	14,865,863	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,975,490	3,918,198	1,057,292	
9	Other employee benefits	13,431,958	11,851,432	1,580,526	
10	Payroll taxes	7,424,136	5,846,507	1,577,629	
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,332,251		11,332,251	
c	Accounting	283,196		283,196	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	25,120,037	19,782,029	5,338,008	
12	Advertising and promotion				
13	Office expenses	13,536,375	10,659,895	2,876,480	
14	Information technology				
15	Royalties . .				
16	Occupancy	21,087,520	16,606,422	4,481,098	
17	Travel	2,953,652	2,326,001	627,651	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,256,552	7,289,535	1,967,017	
23	Insurance	36,948,710	36,948,710		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES, FEES & MEMBERSHIP	11,407,426	8,983,348	2,424,078	
b	CLINICAL PROGRAM EXPENS	9,133,771	9,133,771		
c	TELEPHONE & DATA COMMUN	4,675,053	3,681,604	993,449	
d	OTHER OPERATING EXPENSE	4,210,951	3,316,124	894,827	
e					
f	All other expenses	137,366	108,176	29,190	
25	**Total functional expenses.** Add lines 1 through 24f	279,738,191	220,939,188	58,799,003	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		3,600,172	2	8,214,016
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		64,320,239	4	88,821,382
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,387,070	9	8,458,143
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 199,339,988			
	b	Less accumulated depreciation	10b 72,875,316	62,789,606	10c	126,464,672
	11	Investments—publicly traded securities		18,795,786	11	10,140,011
	12	Investments—other securities See Part IV, line 11		73,049,809	12	67,090,086
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		230,942,682	16	309,188,310
Liabilities	17	Accounts payable and accrued expenses		47,685,413	17	61,870,392
	18	Grants payable			18	
	19	Deferred revenue		57,077,214	19	118,035,450
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		31,494,281	25	33,478,075
	26	**Total liabilities.** Add lines 17 through 25		136,256,908	26	213,383,917
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		94,685,774	27	95,804,393
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		94,685,774	33	95,804,393
	34	Total liabilities and net assets/fund balances		230,942,682	34	309,188,310

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	304,237,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,738,191
3	Revenue less expenses Subtract line 2 from line 1	3	24,498,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	94,685,774
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-23,380,318
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	95,804,393

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS B KETCHUM DIRECTOR	1 00	X						0	0	0
RONALD B NORENESQ DIRECTOR	1 00	X						0	0	0
ROBERT A HAVERSAT DIRECTOR	1 00	X						0	0	0
JOHN L LAHEY DIRECTOR	1 00	X						0	0	0
RICHARD C LEVIN DIRECTOR	1 00	X						0	0	0
MICHAEL H FLYNN DIRECTOR	1 00	X						0	0	0
MARY C FARRELL DIRECTOR	1 00	X						0	0	0
MARVIN K LENDER VICE CHAIR	1 00	X						0	0	0
JULIA M MCNAMARA CHAIRWOMAN	1 00	X						0	0	0
JOSEPH R CRESPO DIRECTOR	1 00	X						0	0	0
JAMES A THOMAS DIRECTOR	1 00	X						0	0	0
F PATRICK MCFADDEN JR VICE CHAIR	1 00	X						0	0	0
DANIEL L MOSLEY DIRECTOR	1 00	X						0	0	0
DANIEL J MIGLIO DIRECTOR	1 00	X						0	0	0
BARBARA B MILLER DIRECTOR	1 00	X						0	0	0
MARNA P BORGSTROM CEO	20 00	X		X				1,036,989	1,036,989	626,752
MEREDITH B REUBEN DIRECTOR	1 00	X						0	0	0
NEIL DEFEO DIRECTOR	1 00	X						0	0	0
ELLIOT SUSSMAN DIRECTOR	1 00	X						0	0	0
STEPHEN ALLEGRETTO VP	3 00			X				35,683	440,089	172,861
QUINTON J FRIESEN VP	1 00			X				0	711,018	96,151
PATRICK MCCABE VP	2 00			X				23,073	489,675	172,336
NANCY LEVITT-ROSENTHAL VP	1 00			X				0	404,814	115,449
MELISSA TURNER VP	1 00			X				0	284,974	114,524
CAROLYN SALSGIVER VP	1 00			X				0	340,040	125,435

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH E JANELL VP	1 00			X				0	368,828	100,295
FRANK A CORVINO EXECUTIVE VP	4 00			X				144,739	1,302,649	157,265
EUGENE J COLUCCI VP	1 00			X				0	549,445	170,444
JAMES B MORRIS VP	2 00			X				14,455	346,915	119,979
VINCENT TAMMARO VP	6 00			X				69,053	391,298	147,943
RICHARD D'AQUILA EXECUTIVE VP	4 00			X				126,967	1,142,703	364,715
KEVIN A MYATT SR VP	16 00			X				295,553	443,329	236,882
DAVID WURCEL VP	1 00			X				0	499,656	146,975
WILLIAM J ASELTYNE VP	10 00			X				159,130	477,387	216,018
PETER N HERBERT MD SR VP	16 00			X				641,846	962,767	35,999
MICHAEL DIMENSTEIN VP	4 00			X				35,272	317,442	108,703
JAMES M STATEN EXECUTIVE VP	20 00			X				532,683	532,683	323,318
WILLIAM S GEDGE SR VP	40 00			X				739,472	0	225,907
GAYLE L CAPOZZALO EXECUTIVE VP	40 00			X				1,217,519	0	203,569
ROBERT NORDGREN VP	1 00			X				0	331,674	177,472
DANIEL BARCHI SR VP	28 00			X				323,478	138,634	260,075
JOHN SKELLY VP	40 00			X				514,325	0	189,517
WILLIAM M JENNINGS EXEC VP	4 00			X				53,118	478,067	303,580
NORMAN G ROTH SR VP	6 00			X				106,941	605,996	196,451
ANDREA L BENIN DIRECTOR OF PERFORMANCE MGNT	40 00					X		334,251	0	37,049
PAMELA L SCAGLIARINI DIRECTOR OF SUPPLY CHAIN MGNT	40 00					X		340,975	0	46,704
RICHARD LISITANO VP EPIC INPATIENT CLIN SYSTEM	40 00					X		353,813	0	82,654
MICHAEL J CEMENOJR DIRECTOR OF IT	40 00					X		389,910	0	565
DONALD WAGGAMAN DIRECTOR OF TREASURY	40 00					X		346,472	0	18,966
ROBERT J TREFRY FORMER OFFICER	0 00						X	0	1,221,236	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK L ANDERSEN FORMER OFFICER	0 00						X	761,959	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226006453

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) YALE-NEW HAVEN HOSPITALINC	060646652	3	Yes						0
(B) BRIDGEPORT HOSPITAL	060646554	3	Yes						0
(C) GREENWICH HOSPITAL	060646659	3	Yes						700,000
(D) NORTHEAST MEDICAL GROUP INC	061330992	9	Yes						26,510,056
Total									27,210,056

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

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

b **33 1/3% support tests—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 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the 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

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) YALE-NEW HAVEN HOSPITALINC	060646652	3	Yes						0
(B) BRIDGEPORT HOSPITAL	060646554	3	Yes						0
(C) GREENWICH HOSPITAL	060646659	3	Yes						700000
(D) NORTHEAST MEDICAL GROUP INC	061330992	9	Yes						26510056

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226006453

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,117,614	396,124	1,721,490
d Equipment		125,158,055	72,479,192	52,678,863
e Other		72,064,319		72,064,319
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				126,464,672

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN MCIC-VERMONT	55,425,175	C
(B) INVESTMENT IN YALE ENDOWMENT FUND	128,007	F
(C) CASH SURRENDER VALUE OF LIFE INSURANCE	11,428,314	F
(D) ALTERNATIVE INVESTMENTS	22,361	F
(E) INVESTMENT IN NEPC	86,229	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	67,090,086	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PROFESSIONAL LIABILITY INSURANCE	11,775,175
ACCRUED SUPPLEMENTAL RETIREMENT	21,702,900
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	33,478,075

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226006453

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PART I, LINE 4B THE INDIVIDUALS LISTED BELOW 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 SEVERANCE NONQUALIFIED EQUITY-BASED MARNA P BORGSTROM - $268,096 - RICHARD D'AQUILA - $161,328 - JAMES M STATEN - $139,024 - WILLIAM A JENNINGS - $107,120 - WILLIAM S GEDGE - $100,896 - NORMAN G ROTH - $ 94,416 - KEVIN A MYATT - $ 91,936 - DANIEL BARCHI - $ 87,008 - WILLIAM J ASELTYNE - $ 78,224 - EUGENE J COLUCCI - $ 71,760 - PATRICK MCCABE - $ 71,664 - STEPHEN ALLEGRETTO - $ 67,488 - DAVID WURCEL - $ 63,952 - ROBERT NORDGREN - $ 60,752 - VINCENT TAMMARO - $ 57,488 - NANCY LEVITT-ROSENTHAL - $ 54,272 - JOSEPH E JANELL - $ 52,640 - JAMES B MORRIS - $ 46,928 - CAROLYN SALSGIVER - $ 45,728 - MELISSA TURNER - $ 40,416 - MICHAEL DIMENSTEIN - $ 13,280 - 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 THESE AMOUNTS INCLUDE ACCUMULATIONS OF FUTURE BENEFITS THAT FOR CERTAIN INDIVIDUALS INCLUDE MULTIPLE YEARS OF SERVICE LEADING UP TO THE VESTING OF BENEFITS THAT OCCURRED IN THE 2011 CALENDAR YEAR ACCORDINGLY, THOSE AMOUNTS INCLUDED IN COLUMN B (III) THAT WERE RECOGNIZED AS 2011 CALENDAR YEAR VESTED AMOUNTS THAT WERE PREVIOUSLY REPORTED ON PRIOR YEARS' FORM 990 AS DEFERRED COMPENSATION HAVE BEEN IDENTIFIED IN COLUMN F SEVERANCE NONQUALIFIED EQUITY-BASED PETER HERBERT - $ 486,005 - GAYLE CAPOZZALO - $ 294,699 - FRANK CORVINO - $ 261,824 - QUINTON FRIESEN - $ 173,947 - ROBERT TREFRY - $ 24,695 - THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457 (F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)
	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

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARNA P BORGSTROM	(I)	675,318	335,832	25,839	267,117	46,259	1,350,365	0
	(II)	675,318	335,832	25,839	267,117	46,259	1,350,365	0
STEPHEN ALLEGRETTO	(I)	26,077	6,945	2,661	10,308	2,657	48,648	0
	(II)	321,618	85,658	32,813	127,130	32,766	599,985	0
QUINTON J FRIESEN	(I)	0	0	0	0	0	0	0
	(II)	373,815	101,376	235,827	73,767	22,384	807,169	0
PATRICK MCCABE	(I)	15,583	5,123	2,367	6,524	1,231	30,828	0
	(II)	330,707	108,725	50,243	138,457	26,124	654,256	0
NANCY LEVITT-ROSENTHAL	(I)	0	0	0	0	0	0	0
	(II)	291,174	76,828	36,812	114,178	1,271	520,263	11,745
MELISSA TURNER	(I)	0	0	0	0	0	0	0
	(II)	192,662	51,018	41,294	86,349	28,175	399,498	0
CAROLYN SALSGIVER	(I)	0	0	0	0	0	0	0
	(II)	242,393	53,390	44,257	105,495	19,940	465,475	11,945
JOSEPH E JANELL	(I)	0	0	0	0	0	0	0
	(II)	247,405	68,035	53,388	79,590	20,705	469,123	0
FRANK A CORVINO	(I)	79,105	28,806	36,828	13,525	2,202	160,466	45
	(II)	711,944	259,250	331,455	121,723	19,815	1,444,187	402
EUGENE J COLUCCI	(I)	0	0	0	0	0	0	0
	(II)	377,986	104,636	66,823	148,427	22,017	719,889	2,186
JAMES B MORRIS	(I)	10,195	2,532	1,728	3,923	876	19,254	204
	(II)	244,671	60,771	41,473	94,155	21,025	462,095	4,901
VINCENT TAMMARO	(I)	46,979	14,596	7,478	17,496	4,696	91,245	0
	(II)	266,214	82,711	42,373	99,142	26,609	517,049	0
RICHARD D'AQUILA	(I)	83,293	28,446	15,228	31,348	5,124	163,439	0
	(II)	749,634	256,017	137,052	282,130	46,113	1,470,946	0
KEVIN A MYATT	(I)	181,766	73,116	40,671	78,695	16,058	390,306	0
	(II)	272,649	109,673	61,007	118,042	24,087	585,458	0
DAVID WURCEL	(I)	0	0	0	0	0	0	0
	(II)	338,040	102,965	58,651	137,902	9,073	646,631	17,154
WILLIAM J ASELTYNE	(I)	108,995	32,695	17,440	36,344	17,661	213,135	0
	(II)	326,984	98,084	52,319	109,031	52,982	639,400	0
PETER N HERBERT MD	(I)	322,782	89,282	229,782	7,727	6,673	656,246	6,362
	(II)	484,172	133,923	344,672	11,590	10,009	984,366	9,542
MICHAEL DIMENSTEIN	(I)	25,418	5,088	4,766	7,115	3,756	46,143	0
	(II)	228,758	45,791	42,893	64,032	33,800	415,274	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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES M STATEN	(I)	373,179	121,224	38,280	140,812	20,847	694,342	0
	(II)	373,179	121,224	38,280	140,812	20,847	694,342	0
WILLIAM S GEDGE	(I)	497,694	173,582	68,196	206,496	19,411	965,379	0
	(II)	0	0	0	0	0	0	0
GAYLE L CAPOZZALO	(I)	611,828	225,236	380,455	140,600	62,969	1,421,088	0
	(II)	0	0	0	0	0	0	0
ROBERT NORDGREN	(I)	0	0	0	0	0	0	0
	(II)	294,233	0	37,441	114,735	62,737	509,146	0
DANIEL BARCHI	(I)	296,871	0	26,607	125,831	56,221	505,530	0
	(II)	127,231	0	11,403	53,928	24,095	216,657	0
JOHN SKELLY	(I)	357,718	91,856	64,751	138,206	51,311	703,842	0
	(II)	0	0	0	0	0	0	0
WILLIAM M JENNINGS	(I)	49,353	0	3,765	21,610	8,748	83,476	0
	(II)	444,179	0	33,888	194,493	78,729	751,289	0
NORMAN G ROTH	(I)	72,257	23,772	10,912	25,990	3,478	136,409	0
	(II)	409,454	134,705	61,837	147,277	19,706	772,979	0
ANDREA L BENIN	(I)	230,386	67,882	35,983	15,341	21,708	371,300	7,681
	(II)	0	0	0	0	0	0	0
PAMELA L SCAGLIARINI	(I)	261,475	41,819	37,681	19,223	27,481	387,679	0
	(II)	0	0	0	0	0	0	0
RICHARD LISITANO	(I)	239,873	54,592	59,348	26,950	55,704	436,467	0
	(II)	0	0	0	0	0	0	0
MICHAEL J CEMENOJR	(I)	186,610	54,859	148,441	565	0	390,475	0
	(II)	0	0	0	0	0	0	0
DONALD WAGGAMAN	(I)	251,830	52,889	41,753	17,150	1,816	365,438	0
	(II)	0	0	0	0	0	0	0
ROBERT J TREFRY	(I)	0	0	0	0	0	0	0
	(II)	0	244,656	976,580	0	0	1,221,236	172,500
MARK L ANDERSEN	(I)	0	151,757	610,202	0	0	761,959	140,000
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226006453

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	356,148	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
		PART IV, COLUMN DBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSNAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES, INC OFFICERS PATRICK MCCABE AND DAVID WURCEL ARE OFFICERS OF CENTURY FINANCIAL SERVICES, INC , WHICH PROVIDES BILLING AND COLLECTION SERVICES FOR AND IS PARTIALLY OWNED BY YALE-NEW HAVEN HEALTH SERVICES CORPORATION AMOUNT OF TRANSACTION $356,148 38 PART IVBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSSOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226006453

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

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	YALE NEW HAVEN HEALTH SYSTEM (YNHHS) FORMED IN 1996 TO ENHANCE THE QUALITY AND SCOPE OF HE ALTHCARE SERVICES FOR RESIDENTS OF CONNECTICUT, EASTERN NEW YORK, SOUTHWESTERN RHODE ISLAN D AND BEYOND YNHHS INCLUDES THREE CORPORATE MEMBER DELIVERY NETWORKS YALE-NEW HAVEN HOSP ITAL (YNHH), BRIDGEPORT HOSPITAL (BH), GREENWICH HOSPITAL (GH), AS WELL AS A PHYSICIAN FOU NDATION, NORTHEAST MEDICAL GROUP (NEMG) THE HEALTH SYSTEM ALSO HAS CLINICAL RELATIONSHIPS WITH SEVERAL OTHER HOSPITALS IN CONNECTICUT YNHHS HAS A SHARED GOVERNANCE MODEL IN WHICH EACH DELIVERY NETWORK HAS ITS OWN BOARD OF DIRECTORS AND A SYSTEM BOARD OF DIRECTORS INCL UDES REPRESENTATIVES FROM EACH DELIVERY NETWORK YALE NEW HAVEN HEALTH IS CONNECTICUT'S LE ADING HEALTHCARE SYSTEM, PROVIDING COMPREHENSIVE, COST-EFFECTIVE, ADVANCED PATIENT CARE CH ARACTERIZED BY SAFETY, QUALITY AND SERVICE. YNHHS HAS A FORMAL AFFILIATION AGREEMENT WITH YALE UNIVERSITY TO SUPPORT PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH YALE NEW HAVEN HEALTH SYSTEM'S VISION IS TO ENSURE THE PROVISION OF CLINICALLY SUPERIOR, APPROPRIA TE CARE BY COLLABORATING WITH PROVIDERS AND PAYORS TO DEVELOP INNOVATIVE, COST-EFFECTIVE H EALTHCARE DELIVERY MODELS THAT IMPROVE CARE AND VALUE FOR PATIENTS AND ENHANCE THE HEALTH OF THE COMMUNITIES WE SERVE. YALE NEW HAVEN HEALTH OFFERS PATIENTS THE FULL CONTINUUM OF H EALTHCARE SERVICES, FROM PRIMARY PHYSICIAN CARE TO NURSING HOME CARE TO THE MOST COMPLEX A CUTE CARE AVAILABLE IN THE WORLD CLINICAL SERVICES INCLUDE PRIMARY AND PREVENTIVE CARE, SPECIALTY, ACUTE AND SUB-ACUTE CARE, REHABILITATION, SKILLED NURSING AND COORDINATION OF H OME CARE. SAFETY, QUALITY AND OPERATIONAL EFFECTIVENESS PATIENT CARE SAFETY AND CLINICAL Q UALITY YNHHS CONTINUED MOVING TOWARD STANDARDIZING CLINICAL QUALITY AND PATIENT SAFETY THI S YEAR, MONITORING PERFORMANCE ON MORE THAN 120 METRICS ACROSS THE SYSTEM KEY ACHIEVEMENT S INCLUDED MEDICARE-RELATED VALUE BASED PURCHASING (VBP) METRICS, HAND HYGIENE, OPERATING ROOM TIME-OUTS AND CORRECT PATIENT IDENTIFICATION YNHHS IMPLEMENTED THE INFLUENCER MODEL TO IMPROVE HAND HYGIENE EFFORTS SYSTEM-WIDE AND OBSERVATIONS HAVE SHOWN SIGNIFICANT IMPROV EMENTS IN COMPLIANCE RATES A STANDARD TIME-OUT PROCESS FOR THE OPERATING ROOMS WAS ROLLED OUT ACROSS YNHHS, WITH A COMMON POLICY AND BEST PRACTICE EXPECTATIONS YNHHS ADOPTED THE SMART ACCESS TO MEDICAL INFORMATION (SAMI) AUTOMATED SYSTEM AT ALL THREE HOSPITALS SAMI, CURRENTLY FUNCTIONAL AT BRIDGEPORT HOSPITAL, ESTIMATES THE VBP SCORE AND SUPPORTS A WIDE V ARIETY OF CLINICAL WORKFLOW PROCESSES INCLUDING PATIENT TAGGING AND CONCURRENT REVIEW FOR CORE MEASURE COMPLIANCE. ONE OF THE OUTCOMES FROM THE AGENCY FOR HEALTHCARE RESEARCH AND Q UALITY'S SAFETY CULTURE SURVEY THAT WAS ADMINISTERED IN 2011 TO OVER 14,000 SYSTEM EMPLOYE ES WAS THE IMPLEMENTATION OF SYSTEM-WIDE MORNING SAFETY ROUNDS AT EACH HOSPITAL SAFETY SU RVEYS CONTINUED THROUGH JANUARY 2013 A MAJOR NURSING CARE STANDARDIZATION INITIATIVE KICK ED OFF IN JANUARY 2012 TO DEVELOP SYSTEM-WIDE STANDARDS OF CARE. THIS YEAR'S ACCOMPLISHMEN TS INCLUDE THE SELECTION OF A SINGLE EVIDENCE-BASED PRACTICE MODEL, THE CREATION OF A SING LE INFRASTRUCTURE FOR RESEARCH, A STANDARDIZED PATIENT- AND FAMILY-CENTERED CARE MODEL AND PILOTS TO DETERMINE THE MOST EFFECTIVE WAY TO PROVIDE PRIVATE SITTERS TO PATIENTS OPERAT IONS IMPROVEMENT YNHHS CONTINUED TO OPTIMIZE ITS COST MANAGEMENT AND EFFICIENCY, COMPLETIN G A THOROUGH COST POSITIONING ASSESSMENT OF THE SYSTEM'S ADMINISTRATIVE AND CLINICAL ENTER PRISE, INCLUDING SUPPLIES AND OTHER NON-LABOR COSTS, LABOR AND LABOR PRODUCTIVITY, CLINICA L REDESIGN AND HUMAN RESOURCES THE ASSESSMENT IDENTIFIED OPPORTUNITIES TO REDUCE ANNUAL E XPENSES BY ABOUT $125 MILLION AND A FIVE-YEAR CUMULATIVE SAVINGS PROJECTION OF ABOUT $500 MILLION IN 2012, A SYSTEM-WIDE INFRASTRUCTURE WAS ASSEMBLED AND INITIATIVES WERE IMPLEMEN TED TO ACHIEVE SAVINGS IN EACH AREA SUPPLY CHAIN MANAGEMENT YNHHS, IN PARTNERSHIP WITH VH A HOSPITALS ACROSS THE NORTHEAST, HAS CONTINUED TO REALIZE VALUE THROUGH THE NORTHEAST PUR CHASING COALITION, LLC (NPC), WHICH YNHHS HELPED FORM IN 2011 YNHHS PROVIDES BOTH CONTRAC TING AND CLINICAL SUPPORT TO THE NPC IN AN EFFORT TO REDUCE THE COST OF SUPPLIES WHILE MAI NTAINING HIGH QUALITY AND SAFETY IN 2012, THE NPC EXPANDED ITS EFFORTS TO INCLUDE MORE SA VINGS IN THE AREA OF MEDICAL DEVICES AND DEVELOPED A BUSINESS PLAN TO ADDRESS PHARMACEUTIC ALS IN 2013 YNHHS REALIZED $1 8 MILLION IN SAVINGS WITH THE PARTNERSHIP OF MORE THAN 80 C LINICIANS, INCLUDING OVER 60 PHYSICIANS IN 2012, YNHHS RECEIVED BOTH THE VHA LEADERSHIP S UPPLY CHAIN AWARD FOR PROCESS IMPROVEMENT IN PROCUREMENT OPERATIONS, AND AN AWARD FROM ECR I INSTITUTE, A HEALTH RESEARCH SERVICES ORGANIZATION, FOR LEADING PRACTICE INTEGRATION OF SUPPLY CHAIN TOOLS TO REDUCE COST AND IMPROVE PATIENT SAFETY CLINICAL AND INFORMATION TEC HNOLOGY EPIC WENT LIVE AT GREENWICH HOSPITAL IN APRIL WITH THE NEW ELECTRONIC MEDICAL RECO RD, PATIENT REGISTRATION, SCHEDULING AND BILLING S

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	YSTEMS EPIC IS ON SCHEDULE AND ON BUDGET FOR IMPLEMENTATION AT YNHH, THE NEW SAINT RAPHAE L CAMPUS AND BRIDGEPORT HOSPITAL IN 2013 MORE THAN 235 PROVIDERS REPRESENTING YALE MEDICA L GROUP (YMG), NEMG AND COMMUNITY PRACTICES IN NEW HAVEN AND FAIRFIELD COUNTIES ARE USING YNHHS' EPIC ELECTRONIC MEDICAL RECORD AND 3,000 PATIENTS, SYSTEM-WIDE, SUBSCRIBE TO THE YN HHS EPIC MY CHART SERVICE, THE SYSTEM'S ELECTRONIC PATIENT PORTAL YNHHS LAUNCHED THE ONCOR E CLINICAL TRIALS MANAGEMENT SYSTEM AT SMILOW CANCER HOSPITAL AND IN OB/GYN, PEDIATRICS AN D THERAPEUTIC RADIOLOGY TO REVIEW AND APPROVE STUDIES, ENROLL SUBJECTS, BUILD STUDIES, TRA CK ADVERSE EVENTS, AND AID REPORTING, BUDGETING AND INVOICING INTERNALLY, THE INFORMATION TECHNOLOGY SERVICES DEPARTMENT CREATED A NEW SYSTEM-WIDE SERVICE DESK, CONSOLIDATING WHAT HAD BEEN THREE SEPARATE ITS HELP DESKS TO SUPPORT EMPLOYEES AT EACH HOSPITAL YNHHS WAS S ELECTED AMONG THE MOST WIRED HEALTHCARE SYSTEMS IN THE NATION BY THE AMERICAN HOSPITAL ASS OCIATION'S HOSPITALS AND HEALTH NETWORKS MAGAZINE, REFLECTING TECHNOLOGY ADVANCEMENTS TO E NHANCE PATIENT SAFETY, CLINICAL QUALITY, SAFETY, CARE CONTINUUM AND CUSTOMER SERVICE PROV IDER OF CHOICE CLINICAL SERVICES YNHHS CONTINUED ITS STANDARDIZATION OF QUALITY, CLINICAL AND OPERATIONAL PROTOCOLS AND PROCEDURES, IMPROVED CARE COORDINATION AND DEVELOPED MORE CO ST-EFFECTIVE CARE DELIVERY BRIDGEPORT HOSPITAL'S 42 PEDIATRIC AND NEONATAL INTENSIVE CARE UNIT BEDS AND PEDIATRIC CLINIC WERE INTEGRATED INTO YALE-NEW HAVEN CHILDREN'S HOSPITAL IN FEBRUARY, ENHANCING REGIONAL ACCESS FOR CHILDREN AND THEIR FAMILIES YNHH OPENED A PEDIAT RIC OUTPATIENT SPECIALTY CENTER IN NORWALK, AND GREENWICH HOSPITAL IS EXPANDING ITS PEDIAT RIC SUBSPECIALTY CLINIC BRIDGEPORT HOSPITAL'S CARDIAC SURGERY PROGRAM BECAME PART OF THE YALE SCHOOL OF MEDICINE CARDIAC SURGERY PROGRAM, PROVIDING HIGH-QUALITY CARDIAC SURGICAL S ERVICES AND EXPANDING ACCESS INTO FAIRFIELD COUNTY GREENWICH HOSPITAL AND YALE-NEW HAVEN HOSPITAL'S HEART & VASCULAR CENTER JOINTLY SUBMITTED A CERTIFICATE OF NEED TO INITIATE AN ELECTIVE ANGIOPLASTY PROGRAM AT GREENWICH HOSPITAL YNHHS' DELIVERY NETWORKS CREATED A SET OF QUALITY METRICS TO USE IN A QUALITY IMPROVEMENT PROJECT INVOLVING EACH DELIVERY NETWOR K'S GERIATRIC PRIMARY CARE PROGRAM, AMBULATORY CONSULTATION CLINICS AND SKILLED NURSING FA CILITY SERVICES YNHH AND THE AREA AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT ARE PARTIC IPATING IN THE CENTER FOR MEDICARE AND MEDICAID-SUPPORTED COMMUNITY BASED CARE TRANSITIONS PROGRAM TO REDUCE READMISSIONS AND HELP ELDERLY PATIENTS SAFELY TRANSITION FROM THE HOSPI TAL BACK TO THEIR HOMES CONNECTICUT'S LARGEST CANCER PRACTICE, MEDICAL ONCOLOGY & HEMATOL OGY, PC, ALONG WITH LITCHFIELD COUNTY'S CONNECTICUT ONCOLOGY & HEMATOLOGY, WERE INTEGRATED INTO SMILOW CANCER HOSPITAL THIS ADDED SEVEN ADDITIONAL PRACTICE SITES TO THE SMILOW CAN CER HOSPITAL NETWORK AND EXPANDED ACCESS TO THE LATEST CLINICAL TRIALS FOR PATIENTS IN DER BY, GUILFORD, HAMDEN, NEW HAVEN, ORANGE, SHARON, TORRINGTON AND WATERBURY SMILOW CANCER H OSPITAL, YALE CANCER CENTER (YCC) AND GREENWICH HOSPITAL SIGNED AN AGREEMENT TO CREATE A S MILOW CANCER HOSPITAL CAMPUS AT GREENWICH AND EXPAND CANCER SERVICES TO FAIRFIELD AND WEST CHESTER COUNTIES SIMILARLY, BRIDGEPORT HOSPITAL, SMILOW AND YCC REACHED AN AGREEMENT TO C OLLABORATE ON THE CANCER PROGRAM GROWTH AND DEVELOPMENT IN BRIDGEPORT, INCLUDING THE PARK AVENUE RADIATION ONCOLOGY FACILITY, WHICH OPENED IN SEPTEMBER 2012

Identifier	Return Reference	Explanation
		HOSPITAL OF SAINT RAPHAEL IN 2012, YALE-NEW HAVEN HOSPITAL WORKED THROUGH THE PLANNING AND PROCESSES NECESSARY TO ACQUIRE THE HOSPITAL OF SAINT RAPHAEL, INCLUDING APPROVALS FROM TH E FEDERAL TRADE COMMISSION, STATE ATTORNEY GENERAL, THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS AND THE VATICAN BOLSTERED BY STRONG COMMUNITY SUPPORT, THE TRANSACTION CLOSED SUCC ESSFULLY ON SEPTEMBER 12, 2012 THE ACQUISITION PROVIDED YNHH WITH 533 MUCH-NEEDED BEDS AN D MAKES YNHH THE FOURTH LARGEST HOSPITAL IN THE COUNTRY, WITH 1,541 BEDS IT ALSO PRESERVE D ALMOST 3,500 JOBS, BROUGHT FINANCIAL STABILITY TO THE FORMER HOSPITAL OF SAINT RAPHAEL A ND AN OPPORTUNITY FOR GROWTH THE INTEGRATION EXPANDS YALE NEW HAVEN HEALTH SYSTEM BY NEAR LY 30% SERVICE EXCELLENCE THE YNHHS SERVICE EXCELLENCE COUNCIL, DESIGNED TO CREATE A CONS ISTENT PATIENT EXPERIENCE ACROSS ALL SYSTEM ENTITIES, COMPLETED ITS FIRST YEAR OF OPERATIO N WITH A FOCUS ON PATIENT SATISFACTION STANDARDIZATION AND COMMON BENCHMARKING METHODOLOGY AND REPORTING BEST PRACTICES SHARED FOR IMPLEMENTATION ACROSS THE HEALTH SYSTEM IN 2012 INCLUDED THE USE OF A DISCHARGE AND MEDICATION FOLDER AND THE IMPLEMENTATION OF CARE PARTN ERS TO SUPPORT PATIENTS DURING HOSPITALIZATION THE 2011 YNHHS SERVICE EXCELLENCE CONFEREN CE IN NOVEMBER DREW ALMOST 600 EMPLOYEES AND FEATURED ABSTRACTS AND POSTER PRESENTATIONS A BOUT SERVICE EXCELLENCE PROJECTS IMPLEMENTED BY VARIOUS STAFF MEMBERS AND DEPARTMENTS SER VICE GROWTH YALE NEW HAVEN HEALTH SYSTEM REMAINED THE LEADING HEALTH SYSTEM IN THE STATE O F CONNECTICUT IN 2012, ALTHOUGH OVERALL ADMISSIONS TO CONNECTICUT HOSPITALS DECREASED SLIG HTLY YNHHS DISCHARGED 93,923 PATIENTS - 22 1 PERCENT OF THE STATE'S INPATIENT DISCHARGES ACCOUNTABLE CARE SOLUTIONS & EMPLOYEE CARE COORDINATION PROGRAM THE YNHHS ACCOUNTABLE CAR E SOLUTIONS TASK FORCE FOCUSED ON DEVELOPING THE SYSTEM'S SKILLS AND INFRASTRUCTURE TO PAR TNER WITH PHYSICIANS, PROVIDERS AND PAYERS IN PROVIDING INTEGRATED, COORDINATED AND ACCOUN TABLE CARE IN JANUARY, YNHHS LAUNCHED THE ACCOUNTABLE CARE EMPLOYEE HEALTH PILOT - LIVING WELL CARES CARE COORDINATION PROGRAM - FOR EMPLOYEES WITH DIABETES MORE THAN 80 PATIENTS ENROLLED IN THE PROGRAM YNHHS IS ALSO EVALUATING ADDITIONAL PROGRAMS AND HAS SUBMITTED NU MEROUS APPLICATIONS FOR INNOVATIVE PILOTS TO LEARN THE SKILLS NEEDED FOR SUCCESS IN AN ACC OUNTABLE CARE, VALUE BASED, BUNDLED PAYMENT ENVIRONMENT NORTHEAST MEDICAL GROUP NORTHEAST MEDICAL GROUP (NEMG), YNHHS' MULTISPECIALTY MEDICAL FOUNDATION, COMPLETED ITS SECOND FULL YEAR OF OPERATION AND EXPANDED ITS MEMBERSHIP TO MORE THAN 1,000 EMPLOYEES AND 550 PHYSIC IANS - INCLUDING BOTH HOSPITAL-BASED PHYSICIANS AND A GROWING NUMBER OF COMMUNITY BASED PH YSICIANS IN 2012, NEMG IMPLEMENTED AN ADVERTISING CAMPAIGN TO HEIGHTEN AWARENESS OF THE G ROUP AND SOME OF ITS NEWLY JOINED COMMUNITY PRACTITIONERS NEMG HAS IMPLEMENTED EPIC INTO MANY OF ITS COMMUNITY PRACTICES AND CURRENTLY HAS OVER 80 PHYSICIANS USING THE ELECTRONIC HEALTH RECORD NEMG HAS ALSO IMPLEMENTED MEDICAL HOME PILOTS IN TWO OF ITS PRIMARY CARE PR ACTICES AND THIS, ALONG WITH GREATER CARE COORDINATION, WILL ENSURE THAT PATIENTS RECEIVE THE RIGHT CARE IN THE RIGHT PLACE ACROSS THE HEALTH SYSTEM BY ENGAGING PHYSICIANS ACROSS ITS NETWORK, NEMG HAS ALSO ESTABLISHED QUALITY METRICS IN EIGHT SPECIALTIES THAT WILL HELP MEASURE AND IMPROVE THE CARE DELIVERED COMMUNITY BENEFITS EACH YEAR YNHHS DELIVERY NETWO RKS PROVIDED OVER $330 MILLION (AT COST) IN COMMUNITY BENEFIT AND COMMUNITY-BUILDING ACTIV ITIES AS PART OF THE SYSTEM-WIDE COMMITMENT TO SERVE AS STRONG COMMUNITY PARTNERS, EACH Y NHHS DELIVERY NETWORK PROVIDED NUMEROUS HEALTH SCREENINGS, COMMUNITY EDUCATION SESSIONS, C OMMUNITY-BUILDING EVENTS, COMMUNITY LEADERSHIP ACTIVITIES AND GRANTS AND ASSISTANCE TO IMP ROVE AND ENHANCE THE HEALTH OF ITS LOCAL COMMUNITY IN ADDITION, THE AREA OF COMMUNITY BEN EFITS ALSO INCLUDES COSTS ASSOCIATED WITH HEALTH PROFESSIONS EDUCATION, UNCOMPENSATED AND UNDER-COMPENSATED CARE CENTER FOR EMERGENCY PREPAREDNESS AND HEALTHCARE SOLUTIONS CENTER FOR EMERGENCY PREPAREDNESS AND HEALTHCARE SOLUTIONS (CEPHS) CONTINUED TO PROVIDE EMERGENCY PREPAREDNESS AND BUSINESS CONTINUITY SERVICES TO THE DELIVERY NETWORKS, OTHER HEALTHCARE ORGANIZATIONS THROUGHOUT THE COUNTRY, AS WELL AS SERVING AS A CONNECTICUT DEPARTMENT OF PU BLIC HEALTH-DESIGNATED EMERGENCY PREPAREDNESS CENTER OF EXCELLENCE THROUGH ITS GRANTS MAN AGEMENT SERVICES, CEPHS ASSISTED THE DELIVERY NETWORKS IN GRANT FUNDING TO SUPPORT TRANSLA TIONAL RESEARCH PROJECTS AND PROGRAMS IN HEALTHCARE REFORM-RELATED AREAS INCLUDING PATIENT CARE TRANSITIONS, HEALTHCARE-ASSOCIATED INFECTIONS AND ELECTRONIC HEALTH RECORDS ADDITIO NAL GRANT AND CONTRACT AWARDS INCLUDE BACKGROUND CHECK SYSTEMS FOR STATES, EMERGENCY PREPA REDNESS AND RESPONSE PROGRAMS, DENTAL SERVICES, TRANSLATIONAL RESEARCH AND EDUCATION AND T RAINING PROGRAMS GRANTS AND CONTRACT AWARDS TOTALED OVER $27 MILLION FOR SERVICES AND PRO GRAMS PROVIDED TO PUBLIC AND PRIVATE ORGANIZATIONS

Identifier	Return Reference	Explanation
		, COVERING GEOGRAPHIC AREAS ACROSS CONNECTICUT, THE COUNTRY AND INTERNATIONALLY EMPLOYER OF CHOICE HUMAN RESOURCES YNHHS REMAINED COMMITTED TO RECRUITING AND RETAINING A HIGH QUAL ITY WORKFORCE THROUGH A RANGE OF HUMAN RESOURCES INITIATIVES RESULTS OF THE 2011 EMPLOYEE ENGAGEMENT SURVEY, SHARED IN JANUARY 2012, SHOWED HEALTH SERVICES CORPORATION RANKING IN THE 99TH PERCENTILE OF EMPLOYEE ENGAGEMENT IN THE FALL, THE 2012 EES SURVEY LAUNCHED WITH A SECOND SURVEY - A CULTURAL VALUES ASSESSMENT DEVELOPED BY THE BARRETT VALUES CENTRE - T O HELP SUPPORT THE CULTURAL INTEGRATION OF YALE-NEW HAVEN HOSPITAL, THE HOSPITAL OF SAINT RAPHAEL AND OTHER MEMBERS OF YNHHS, AS WELL AS UNDERSTAND THE CULTURAL INGREDIENTS OF A SU CCESSFUL HEALTHCARE SYSTEM YNHHS DEBUTED REDCARPET, AN ELECTRONIC ONBOARDING SYSTEM FOR N EW EMPLOYEES, ALLOWING THEM TO COMPLETE ALL NECESSARY PRE-EMPLOYMENT PAPERWORK ELECTRONICA LLY AND BEGIN A SMOOTH TRANSITION INTO THE ORGANIZATION REDCARPET PROVED TO BE INVALUABLE , AS ALMOST 3,500 EMPLOYEES FROM THE HOSPITAL OF SAINT RAPHAEL BECAME YNHH EMPLOYEES LITER ALLY OVERNIGHT ON SEPTEMBER 12, 2012 SEVERAL NEW LIVINGWELL CARES EMPLOYEE HEALTH AND WEL LNESS INITIATIVES WERE IMPLEMENTED IN 2012 TO HELP EMPLOYEES FOCUS ON WELLNESS, PREVENTIVE CARE AND DISEASE MANAGEMENT ACTIVE HEALTH MANAGEMENT WAS SELECTED TO PROVIDE INDIVIDUALI ZED HEALTH COACHING AND DISEASE MANAGEMENT FOR 42 HEALTH CONDITIONS AND MATERNITY CARE TH E EMPLOYEE AND FAMILY RESOURCES PROGRAM (EFR) - AN INTEGRATED EMPLOYEE ASSISTANCE AND WORK /LIFE RESOURCE AND REFERRAL PROGRAM - WAS INTRODUCED THROUGHOUT YNHHS IN JANUARY 2012 TO O FFER FREE, CONFIDENTIAL COUNSELING AND SUPPORT SERVICES TO ALL YNHHS EMPLOYEES AND THEIR F AMILIES INSTITUTE FOR EXCELLENCE THIS YEAR, THE INSTITUTE FOR EXCELLENCE (IFE), YNHHS'S L EARNING CENTER, PROVIDED 16,530 HOURS OF TRAINING FOR 2,066 EMPLOYEES AND MANAGERS THROUGH 22 COURSES IN 120 TRAINING SESSIONS IN ADDITION, 62 NEW EMPLOYEE ORIENTATION SESSIONS HE LPED 1,805 NEW EMPLOYEES ACROSS THE HEALTH SYSTEM IN 2012, THE IFE, WHICH OVERSEES THE HE ALTHSTREAM LEARNING CENTER, ALSO ASSUMED RESPONSIBILITY FOR INFORMATION TECHNOLOGY TRAININ G AND EDUCATION THIS YEAR THE SYN APSE (SIMULATION AT YALE NEW HAVEN ADVANCING PATIENT S AFETY AND EDUCATION) CENTER FOR LEARNING, TRANSFORMATION AND INNOVATION PROVIDED APPROXIMA TELY 30,000 HOURS OF SIMULATION-ENHANCED EDUCATION TO OVER 7,000 INTERDISCIPLINARY EMPLOYE ES FROM ACROSS YNHHS THE CENTER HOSTED THE FIRST SIMULATION USERS GROUP MEETING TO FOSTER RELATIONSHIPS AND COLLABORATION ACROSS THE SYSTEM FINANCIAL PERFORMANCE ECONOMIES OF SCA LE YNHHS'S FINANCE DEPARTMENT REORGANIZED, IN 2012, TO BETTER FOCUS ON THE SAINT RAPHAEL T RANSACTION, COST AND VALUE POSITIONING, AND A MORE CONSISTENT BUDGETING PROCESS ACROSS THE HEALTH SYSTEM THROUGH A MULTI-PHASE FINANCING APPROACH, THE DEPARTMENT WORKED CLOSELY WI TH UNDERWRITERS AND INVESTMENT BANKERS TO ACQUIRE THE ASSETS OF THE HOSPITAL OF SAINT RAPH AEL THE DEPARTMENT ALSO CONSOLIDATED GREENWICH HOSPITAL'S BILLING DEPARTMENT INTO THE SYS TEM BILLING OFFICE TREASURY THE TREASURY DEVELOPED A MULTI-PHASE FINANCING APPROACH FOR T HE HOSPITAL OF SAINT RAPHAEL ACQUISITION AND OTHER PROJECTS, INCLUDING A $187 MILLION BRID GE LOAN FACILITY, $192 MILLION OF INTEREST RATE HEDGES, AND $232 MILLION OF PERMANENT FINA NCING ADDITIONALLY, BRIDGEPORT HOSPITAL RECEIVED CREDIT RATINGS OF A3 AND A FROM MOODY'S AND FITCH RESPECTIVELY, WHILE ALSO ISSUING $38 MILLION OF ITS SERIES D BONDS FINALLY, THE SYSTEM DIVERSIFIED AND ENHANCED ITS BANKING RELATIONSHIPS AND CASH MANAGEMENT PROCESSES, RESULTING IN LOWER BANKING COSTS, HIGHER INVESTMENT INCOME AND BETTER BANKING SERVICES

Identifier	Return Reference	Explanation
		BRIDGEPORT HOSPITAL DELIVERY NETWORK BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED UR BAN TEACHING HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000 OUTPATIENTS A YEAR BRIDGEPORT HOSPITAL IS BEST IN FAIRFIELD COUNTY FOR GERIATRICS ACCORDING TO U S NE WS & WORLD REPORT'S 2011-2012 BEST HOSPITALS RANKINGS THE HOSPITAL IS THE SITE OF THE CON NECTICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE, THE HEART INSTITUTE, IN CLUDING THE CONNECTICUT ARRHYTHMIA CENTER, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAIN ING OF MORE THAN 200 RESIDENT PHYSICIANS AND FELLOWS A MEMBER OF YALE NEW HAVEN HEALTH SY STEM SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING, WHICH GRADUATES M ORE NURSES THAN ANY OTHER NURSING SCHOOL IN CONNECTICUT DURING FISCAL YEAR (FY) 2012, BRI DGEPORT HOSPITAL PROVIDED APPROXIMATELY $58 5 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $36 6 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT CO ST), $17 6 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER $4 3 MILLION IN COMMUNITY HEA LTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRI BUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $104,000 DOLLARS WAS PROVIDED IN THE AREA OF CO MMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTA L IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING BRIDGEPORT HOSPITA L HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENT ATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS GREENWICH HOSPITAL DELIVERY NETWO RK GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 13,000 INPATIEN T DISCHARGES AND 2,300 BIRTHS A YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICA L, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS, AS WELL AS MEDICAL INNOVATIONS FROM ROBOTIC SURGERY TO SOPHISTICATED DIAGNOSTIC IMAGING TO NATIONAL CLINICAL TRIALS GREE NWICH HOSPITAL SERVES FAIRFIELD, CONNECTICUT AND WESTCHESTER, NEW YORK COUNTIES GREENWICH HOSPITAL, A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1998, IS A LEADER IN SERVICE EXC ELLENCE, CONSISTENTLY RANKING IN THE TOP FIVE PERCENT NATIONALLY FOR PATIENT SATISFACTION THE MAIN CAMPUS INCLUDES THE HELMSLEY MEDICAL BUILDING AND WATSON PAVILION OTHER SPECIAL IZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M A ND HARRY B HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTH LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR (FY) 2012, GREENWICH HOSPITAL PROVIDED APPROXIMATELY $25 MILLION IN COMMUNITY BENEFITS THIS FI GURE INCLUDES $19 2 MILLION DOLLARS IN CHARITY CARE AND UNDER REIMBURSED MEDICAID (AT COST), $2 8 MILLION IN HEALTH PROFESSIONS EDUCATION AND $3 1 MILLION IN COMMUNITY HEALTH IMPRO VEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS T O COMMUNITY GROUPS AN ADDITIONAL $594,000 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, W ORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING GREENWICH H OSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS YALE-N EW HAVEN DELIVERY NETWORK YALE-NEW HAVEN HOSPITAL IS A 1,541-BED ACUTE AND TERTIARY CARE H OSPITAL, WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S HOSPITAL, YALE-NEW HAVEN PSYCHIATRIC HOS PITAL 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 F OR YALE SCHOOLS OF MEDICINE AND NURSING YNHH HAS TWO INPATIENT CAMPUSES IN NEW HAVEN, THE MAIN 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 CREDE NTIALING CENTER YNHH IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS YALE-NEW HAVEN PROVIDED SERVICE S 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 PRACTICE IN MORE THAN 100 MEDICAL SPECIALTIES YNHH IS AFFILI ATED WITH THE NATIONALLY DESIGNATED YALE CANCER CENTER IN ADDITION TO ITS TWO NEW HAVEN I NPATIENT CAMPUSES, YALE-NEW HAVEN ALSO INCLUDES THE GRIMES CENTER, YALE-NEW HAVEN SHORELIN E MEDICAL CENTER, EAST HAVEN URGENT CARE AT FOXON,

Identifier	Return Reference	Explanation
		TEMPLE RECOVERY CARE CENTER AND NUMEROUS 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 CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $59 4 MILLION IN HEALTH PROFESSIONS ED UCATION, AND $14 8 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSI DIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $3 1 MILLION D OLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT F OR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COAL ITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUSING YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJE CTS TO IMPROVE HEALTH AND INCREASE ACCESS NORTHEAST MEDICAL GROUP SINCE IT WAS ESTABLISHE D TWO YEARS AGO, NORTHEAST MEDICAL GROUP (NEMG), A NOT-FOR-PROFIT MULTISPECIALTY MEDICAL F OUNDATION, HAS ALIGNED PHYSICIANS AND MID-LEVEL PROVIDERS ACROSS THE HEALTH SYSTEM IN ADD ITION TO COMMUNITY PHYSICIANS, NEMG INCLUDES HOSPITAL-BASED PHYSICIANS AT GREENWICH HOSPIT AL, BRIDGEPORT HOSPITAL AND YNHH NEMG EXTENDS FROM RYE BROOK, NEW YORK TO GUILFORD, CONNE CTICUT NEMG INCLUDES MORE THAN 40 PRACTICE SITES IN SOUTHERN CONNECTICUT, REPRESENTING AB OUT 550 PHYSICIANS THROUGH ITS GROWING PHYSICIAN NETWORK, NEMG HELPS THE HEALTH SYSTEM BE TTER CARE FOR PATIENTS ACROSS THE CONTINUUM - FROM HOSPITALS TO NURSING HOMES TO HOME NEM G OFFERS ITS MEMBERS OPPORTUNITIES FOR COLLABORATION AND RESOURCES TO IMPROVE PRACTICE MAN AGEMENT AND CLINICAL QUALITY NEMG SUPPORTS PHYSICIAN PRACTICES THROUGH ECONOMIES OF SCALE , ASSISTANCE WITH RECRUITMENT EFFORTS AND SUPPORT FOR THE DELIVERY OF INTEGRATED, HIGH-QUA LITY CARE SPECIALTY NETWORKS AND NETWORK PARTICIPANTS HEART AND VASCULAR CENTER LED BY YA LE-NEW HAVEN HOSPITAL, THE HEART AND VASCULAR CENTER BRINGS TOGETHER CARDIAC AND VASCULAR SURGEONS, CARDIOLOGISTS AND INTERVENTIONAL RADIOLOGISTS FROM YALE-NEW HAVEN HOSPITAL AND Y ALE SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL, GREENWICH HOSPITAL AND LAWRENCE & MEMORIAL HO SPITAL THE HEART AND VASCULAR CENTER HAS DEVELOPED STRONG REFERRAL RELATIONSHIPS WITH BOT H MEDICAL CENTER-BASED AND COMMUNITY BASED HEART AND VASCULAR PHYSICIANS, SHARING BEST PRA CTICES AND ENHANCED QUALITY AND SAFETY SYSTEMS THE HEART AND VASCULAR CENTER HAS ENHANCED ACCESS TO PRIMARY ANGIOPLASTY AND CATHETERIZATION, VENTRICULAR ASSIST DEVICE IMPLANTS AND THE LATEST IN CARDIAC SURGERY, INCLUDING HEART TRANSPLANTS IT HAS ALSO DEVELOPED AMBULAT ORY CASE MANAGEMENT TOOLS AND REPORTING SYSTEMS FOR ITS MANAGED CARE CONTRACTS SMILOW CAN CER HOSPITAL NETWORK SMILOW CANCER HOSPITAL NETWORK IS AN ALLIANCE OF PHYSICIANS AND HOSPI TALS IN CONNECTICUT THAT PROVIDES PATIENTS WITH OUTSTANDING EXPERTISE IN CANCER TREATMENT AND ACCESS TO THE LATEST DISCOVERIES IN CANCER RESEARCH THIS YEAR, YNHHS INTRODUCED THE S MILOW CANCER HOSPITAL SATELLITE AT GREENWICH HOSPITAL LED BY SMILOW CANCER HOSPITAL AND Y ALE CANCER CENTER - THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CEN TER IN SOUTHERN NEW ENGLAND - SMILOW CANCER HOSPITAL NETWORK OFFERS CLINICIANS ACCESS TO T OOLS AND KNOWLEDGE THAT CAN HELP GUIDE DECISION-MAKING IN THE MANAGEMENT OF CANCER, AS WEL L AS MAXIMIZE THE QUALITY AND SAFETY OF CANCER CARE AND A REFERRAL NETWORK FOR PATIENTS SE EKING SECOND OPINIONS OR REQUIRING TERTIARY CARE

Identifier	Return Reference	Explanation
		TELESTROKE NETWORK YALE NEW HAVEN HEALTH SYSTEM, IN CONJUNCTION WITH YALE-NEW HAVEN STROKE CENTER, CREATED THE STATE'S FIRST TELEMEDICINE STROKE PROGRAM IN 2008 THE YALE-NEW HAVEN TELESTROKE NETWORK UTILIZES HIGH-SPEED NETWORK VIDEOCONFERENCING AND IMAGE-SHARING TECHNOLOGY WITH PARTNER HOSPITALS TO RAPIDLY ASSESS AND CONSULT WITH PARTNERS ON TREATMENT OPTIONS FOR ACUTE STROKE VICTIMS MEMBERS INCLUDE LAWRENCE & MEMORIAL HOSPITAL IN NEW LONDON, SHARON HOSPITAL IN SHARON, AND GRIFFIN HOSPITAL IN DERBY, WHICH JOINED IN 2012 THE TELESTROKE NETWORK ALLOWS SUBSCRIBING HOSPITALS TO PROVIDE EXPERT ACUTE STROKE CARE FOR PATIENTS WITHOUT TRANSFERRING THEM TO YNHH FOR DIAGNOSIS THE YALE-NEW HAVEN STROKE CENTER IS A STATE-DESIGNATED PRIMARY STROKE CENTER, AND A NATIONALLY-DESIGNATED PRIMARY STROKE CENTER THROUGH THE JOINT COMMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES DIRECTORS DANIEL J MIGLIO AND JOHN L LAHEY ARE BOARD MEMBERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL 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 CENTURY FINANCIAL SERVICES, INC , COMMUNITY HEALTH CARE PHYSICIANS, P C , GREENWICH HEALTH SERVICES, INC , GREENWICH INTEGRATIVE MEDICINE, P C , GREENWICH PEDIATRIC SERVICES, P C , MEDICAL CENTER REALTY, INC , MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC , QUINNIPIAC MEDICAL, P C , SSC II, LLC, YNH GERIATRICS SERVICES, P C , YNH MEDICAL SERVICES, P C , YNHH-MSO, INC , YNHH PHYSICIANS CORP , YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, AND YORK ENTERPRISES, INC

Identifier	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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990, PART VI, SECTION C, LINE 18 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
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY (CC R-7) AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO IMMEDIATELY REPORT MATERIAL CHANGES TO THEIR MOST RECENTLY COMPLETED DISCLOSURE STATEMENT THESE DISCLOSURE STATEMENTS AND REPORTS ARE REVIEWED BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

Identifier	Return Reference	Explanation
		FORM 990 PART VII OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND THE ENTITIES LISTED IN SCHEDULE R

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,369,838 TRANSFER TO/FROM AFFILIATES-NEMG/NCDP/NETWORK CORP -22,010,056 OTHER CHANGES IN NET ASSETS -424 TOTAL TO FORM 990, PART XI, LINE 5 -23,380,318

Identifier	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 - | DLN: 93493226006453

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,524,657	1,589,757		No			No	51 000 %
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	4,130,890	1,691,260		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	5,242,158	1,095,517		No			No	35 000 %

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
BRIDGEPORT RENEWAL LLC 267 GRANT AVE BRIDGEPORT, CT 06610 06-1452169	RENTAL	CT	91,887	539,866	SOUTHERERN CONNECTICUT HEALTH SYSTEM PROPERTIES
900 KING STREET ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILDING OPERATIONS	CT	0	0	GREENWICH HOSPITAL
GREENWICH PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	0	620,364	GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT	0	106,885	GREENWICH HOSPITAL
GREENWICH ENDOSCOPY CENTER LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805473	HEALTHCARE	CT	0	0	GREENWICH HEALTH CARE SERVICES INC
2015 WEST MAIN STREET ASSOC LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 73-1718563	RENTAL	CT	679,522	4,137,950	PERRYRIDGE CORPORATION
GH REALTY HOLDING LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1623145	RENTAL	CT	1,062,932	8,290,281	PERRYRIDGE CORPORATION
GREENWICH AMBULATORY SURGERY CENTER 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0810580	HEALTHCARE	CT	14,978,000	3,129,000	GREENWICH HEALTH CARE SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE	CT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC	Yes	
GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE	CT	501C3	LINE 3	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
SCHS PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT	CT	501C3	LINE 7	BRIDGEPORT HOSP & HEALTHCARE SERVICES	Yes	
NORMA F PFREIM BREAST CANCER INC 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 06-1330992	HEALTHCARE	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
YNH NETWORK CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YNH NETWORK CORP	Yes	
CARITAS INSURANCE 40 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C	1,428,916	381,563	100 000 %
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	YNH NETWORK CORP	C	5,180,872	18,534,742	100 000 %
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1405531	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	45,704	1,000	100 000 %
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	YORK ENTERPRISES INC	C	1,610,361	6,014,287	100 000 %
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561581	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	4,681	5,790	100 000 %
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561583	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	4,270	3,016	100 000 %
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1436530	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C		17,030	100 000 %
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	GREENWICH HEALTH CARE SERVICES CORP	C	434,338	236,599	100 000 %
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	36,633	6,360	100 000 %
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	298,238		100 000 %
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	2,593,604	1,873,018	100 000 %
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	YNH NETWORK CORP	C		8,135,254	100 000 %
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C	11	100,855	100 000 %
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	65,221	7,277,847	100 000 %
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C	4,869,692	2,912,510	95 320 %
GREENWICH OCCUPATIONAL HEALTH SERVICES INC-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C	5,452	41,743	100 000 %
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON BD 98-1072793	INSURANCE	BD	YALE-NEW HAVEN HOSPITAL	C			100 000 %
GREENWICH OCCUPATIONAL HEALTH SERVICES INC- NJ 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	GREENWICH HEALTH SERVICES INC	C			100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	BRIDGEPORT HOSPITAL	K	50,566,669	COMPARABLE MARKET VALUE
(2)	BRIDGEPORT HOSPITAL	P	2,182,000	TRANSACTION REVIEW
(3)	BRIDGEPORT HOSPITAL	R	48,267,670	CASH
(4)	YALE-NEW HAVEN HOSPITAL	K	115,716,530	COMPARABLE MARKET VALUE
(5)	YALE-NEW HAVEN HOSPITAL	P	20,948,812	TRANSACTION REVIEW
(6)	YALE-NEW HAVEN HOSPITAL	J	2,883	COMPARABLE MARKET VALUE
(7)	YALE-NEW HAVEN HOSPITAL	R	9,000,000	CASH
(8)	GREENWICH HOSPITAL	K	33,936,581	COMPARABLE MARKET VALUE
(9)	NORTHEAST MEDICAL GROUP INC	K	2,778,123	COMPARABLE MARKET VALUE
(10)	NORTHEAST MEDICAL GROUP INC	Q	26,510,056	CASH
(11)	YALE NEW HAVEN AMBULATORY SERVICES CORP	K	318,238	COMPARABLE MARKET VALUE
(12)	YNH NETWORK CORP	K	24,041	COMPARABLE MARKET VALUE
(13)	YNH NETWORK CORP	Q	2,900,000	CASH
(14)	YORK ENTERPRISES INC	K	216,854	COMPARABLE MARKET VALUE
(15)	GREENWICH HEALTHCARE SERVICES INC	R	10,082,520	COMPARABLE MARKET VALUE
(16)	BRIDGEPORT HOSPITAL & HEALTHCARE	R	13,319,646	COMPARABLE MARKET VALUE
(17)	YALE-NEW HAVEN CARE CONTINUUM CORP	Q	276,000	CASH