

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



DLN: 93493226026114

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013 D Employer identification number B Check if applicable YALE-NEW HAVEN HOSPITAL Address change 06-0646652 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (203)688-6088 City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06504 Amended return Application pending **G** Gross receipts \$ 2,567,280,611 Name and address of principal officer H(a) Is this a group return for RICHARD D'AOUILA Yes 
 No affiliates? 20 YORK STREET NEW HAVEN, CT 06504 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **□ H(c)** Group exemption number ► Website: ► WWW YNHH ORG **L** Year of formation 1826 **M** State of legal domicile CT Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTH CARE SERVICES Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 13,445 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) . . . . . 6 2,397 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 3,265,917 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 24,129,960 39,185,578 Program service revenue (Part VIII, line 2g) . . . 1,713,271,001 2,282,916,081 9,245,062 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11,636,039 10 23,866,361 27,119,832 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,770,512,384 2,360,857,530 13 3,106,979 2,673,987 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 757,233,153 1,025,605,513 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 6,586,976$ b 1,211,949,935 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 918,825,299 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,679,165,431 2,240,229,435 18 19 Revenue less expenses Subtract line 18 from line 12 . 91,346,953 120,628,095 (Assets or id Balances **Beginning of Current End of Year** Year 2,658,309,741 20 Total assets (Part X, line 16) . . . 2,479,697,137 21 1,730,286,772 1.639.474.037 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances Subtract line 21 from line 20 749,410,365 1,018,835,704 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  JAMES STATEN CFO Type or print name and title			2014-08-08 Date	
Paid	Print/Type preparer's name  Firm's name ► ERNST & YOUNG	Preparer's signature US LLP	Date	Check   If self-employed   Firm's EIN   34	PTIN P00032493 4-6565596
Preparer Use Only				Phone no (317	) 681-7000
May the IRS	discuss this return with the prepar		ns)		

(Expenses \$

Total program service expenses ►

1,954,277,461

Part TV	Checklist o	f Required	Schedules
	CHECKHISLO	Reduired	Sciledules

	<u> </u>		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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, 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 $IV^{\square}$	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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	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 and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	Vec	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b and 19?	38	Yes	

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1,306		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <b>\rightarrow</b> BD			
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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 as charitable contributions?	6a		Νo
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
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		Νo
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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. 

	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			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?	10a 10b		No
			Yes	No
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	

- 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 Other (explain in Schedule O)
- 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 during the tax year
- 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 (203)688-2069

Form	990	(2012)
------	-----	--------

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	, ,		organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

(A) Name and Title		(B) A verage hours per week (list any hours	verage Position (do not check urs per more than one box, unless ek (list person is both an officer y hours and a director/trustee) Reportable compensation from the organization (Worganizations (Variable) (Vari								compensation V- from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relati organiza	ed
											+		
											+		
											+		
											+		
											+		
											+		
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>		<u></u>					
c	Total from continuation sheet	s to Part VII, S	ection A	١.			-	Þ					
d	Total (add lines 1b and 1c) .				•	•		<b>,</b>	12,502,432	l .	14		3,420,483
2	Total number of individuals (in \$100,000 of reportable compe							e) w	no received more th	an			
										-		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five	ve highest comp										tax vear	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NURSEFINDERSINC 524 EAST LAMAR BLVD SUITE 300 ARLINGTON TX 76011	EMPLOYMENT SERVICES	5,546,213
HURON CONSULTING GROUP INC 550 W VAN BUREN STREET CHICAGO IL 60607	CONSULTING SERVICES	4,742,258
UNITEX TEXTILE RENTAL 161 SOUTH MACQESTEN PARKWAY MOUNT VERNON NY 10550	LAUNDERING SERVICE	4,252,582
BERKLEY RESEARCH GROUP LLC 2200 POWELL STREET SUITE 200 EMERYVILLE CA 94608	CONSULTING SERVICES	3,382,207
MASON INC 23 AMITY RD BETHANY CT 06524	ADVERTISING	3,068,524
3. Total number of independent centractors (including but not limited to these list	end above) who recoved more than	

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  $\blacktriangleright$ 233

Part V	/##	Statement o						
		Check if Schedi	ule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
w 20	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes <b>1b</b>					
Gr.	С	Fundraising ev	ents <b>1c</b>	1,181,426				
ffs, ⊤A	d	Related organiz						
ji gi	e	Government grant		12,457,284				
ms, Sin								
utic ier	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	25,546,868				
를	g	Noncash contributi 1a-1f \$	ons included in lines	937,559				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add line:	s 1 a - 1 f		39,185,578			
				Business Code				
n:	2a	INPATIENT SERVIC	CES	612990	1,293,638,755	1,293,638,755		
Program Serwoe Revenue	ь	OUTPATIENT SERV	/ICES	621400	988,049,917	988,049,917		
	С	LABORATORY SERV	VICES	621500	1,227,409		1,227,409	
	d						· · · ·	
ű.	е							
୍ୟାଷ୍ଟ	f	All other progra	am service revenue					
Š	g	Total. Add line:	s 2a-2f		2,282,916,081			
	3		ome (including dividen					2 705 020
		and other sımıl	aramounts)	▶ [	3,705,938			3,705,938
	5	Royalties .	stment of tax-exempt bond	proceeds -				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	(1)	(,				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(п) O ther				
	7a	Gross amount from sales of assets other than inventory	213,847,499					
	ь	Less cost or other basis and	205,917,398					
	c	sales expenses Gaın or (loss)	7,930,101					
	d	• •	ss)		7,930,101			7,930,101
an	8a		from fundraising luding					
Other Revenue			s reported on line 1c) ne 18	216,244				
her	ь	Less direct ex	penses b	505,683				
ŏ	С		(loss) from fundraising	events 🛌	-289,439			-289,439
	9a		from gaming activities ne 19 a					
	Ь	Less direct ex	penses <b>b</b>					
	C		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold <b>b</b>					
	С		(loss) from sales of inv					
	112	Miscellaneou		Business Code 900099	10,814,697	10,814,697		
	ь	CAFETERIA/V		900099	10,148,301	8,109,793	2,038,508	
	"		LLIARY SERVICES					
	С	PARKING		900099	6,433,469	6,433,469		
	d	All other reven			12,804	12,804		
	е	Total. Add lines	s 11a-11d		27,409,271			
	12	Total revenue.	See Instructions .		2,360,857,530	2,307,059,435	3,265,917	11,346,600

## Form 990 (2012)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns A	ll other organizat	ions must compl	ete column (A )	
	Check if Schedule O contains a response to any question in this P				<del> </del>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,627,987	2,627,987		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	46,000	46,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	40,000	40,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	15,023,140		15,023,140	
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	757,126,127	659,802,302	95,782,123	1,541,702
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	59,643,123	51,182,420	8,350,037	110,666
9	Other employee benefits	134,767,927	118,342,364	16,169,585	255,978
10	Payroll taxes	59,045,196	50,669,312	8,266,327	109,557
11	Fees for services (non-employees)				
а	Management				
ь	Legal	3,920,714	3,371,814	548,900	
С	Accounting	691,945	691,945		
d	Lobbying	537,753	537,753		
e	Professional fundraising services See Part IV, line 17	· ·	,		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	549,743,687	472,156,016	76,718,579	869,092
12	Advertising and promotion	38,222	32,871	5,351	003,032
13	Office expenses	62,495,448	53,582,389	8,749,363	163,696
14	Information technology	02,133,110	33,302,303	0,713,303	103,030
15	Royalties				
16	Occupancy	41,099,192	36,464,788	4,634,404	
17	Travel	3,348,962	2,834,029		46,078
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,340,302	2,034,023	400,033	40,070
19	Conferences, conventions, and meetings				
20	Interest	23,920,221	23,920,221		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,956,660	66,555,281	41,401,379	
23	Insurance	16,540,834	16,197,480	343,354	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEDICAL & PHARMACY SUPP	377,784,013	377,784,013		
b	PROPERTY TAXES	7,585,345	6,523,397	1,061,948	
c	LINEN & LAUNDERING SERV	6,159,552	5,297,215	862,337	
d	BOOKS & SUBS/DUES/FEES/	3,635,293	2,946,403	537,471	151,419
e	All other expenses	6,492,094	2,711,461	441,845	3,338,788
25	Total functional expenses. Add lines 1 through 24e	2,240,229,435	1,954,277,461	279,364,998	6,586,976
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	rt X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	713,340	1	798,304
	2	Savings and temporary cash investments	179,102,229	2	85,147,935
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	266,904,803	4	302,984,845
	5	Loans and other receivables from current and former officers, directors, trusted key employees, and highest compensated employees. Complete Part II of Schedule L	ees,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contribe employers and sponsoring organizations of section $501(c)(9)$ voluntary employers organizations (see instructions) Complete Part II of Schedule L	utıng	6	
82	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	28,005,656		27,341,514
	9	Prepaid expenses and deferred charges	70,504,713		122.316.376
	10a	Land, buildings, and equipment cost or other basis	171,614		122,010,010
	Ь	· · · · · · · · · · · · · · · · · · ·	094,561 990,067,713	10c	941,077,053
	11	Investments—publicly traded securities	364,400,629		458,558,301
	12	Investments—other securities See Part IV, line 11	361,549,934		511,718,561
	13	Investments—program-related See Part IV, line 11	, ,	13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	218,448,120		208,366,852
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,658,309,741
	17	Accounts payable and accrued expenses	299,924,563		316,936,555
	18	Grants payable		18	
	19	Deferred revenue	53,625,335		47,296,575
	20	Tax-exempt bond liabilities	468,167,766		556,562,209
	21	Escrow or custodial account liability Complete Part IV of Schedule D	155, 151,155	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
죭		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	252,000,000	23	132,000,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24) Complete Part X of Schedul	e		
		D	656,569,108		586,678,698
	26	Total liabilities. Add lines 17 through 25	1,730,286,772	26	1,639,474,037
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complet lines 27 through 29, and lines 33 and 34.	e		
an	27	Unrestricted net assets	676,221,331	27	931,200,888
е Ш	28	Temporarily restricted net assets	46,444,699	28	60,479,892
Ξ	29	Permanently restricted net assets	26,744,335	29	27,154,924
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here ►  and complete lines 30 through 34.			
ري ن	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net V	33	Total net assets or fund balances	749,410,365	33	1,018,835,704
~	34	Total liabilities and net assets/fund balances	2,479,697,137	34	2,658,309,741

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,360,8	357,530
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,240,2	229,435
3	Revenue less expenses Subtract line 2 from line 1	3			528,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			110,365
5	Net unrealized gains (losses) on investments	5			290,201
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		76,!	507,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			335,704
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d <b>3b</b>	Yes	

Software ID: **Software Version:** 

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list	(B) (C)  verage Position (do not check Rours more than one box, comper unless person is both week an officer and a organism director/trustee) 2/1						(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	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
BISHOP THEODORE L BROOKS TRUSTEE	1 00 0 00	х						0	0	0	
JOHN L LAHEY TRUSTEE	1 00 2 00	х						0	0	0	
JOSEPH R CRESPO CHAIRMAN & TRUSTEE	1 00 2 00	х		х				0	0	0	
JULIA M MCNAMARA VICE CHAIR & TRUSTEE	1 00 2 00	х		х				0	0	0	
THOMAS M HANSON TRUSTEE	1 00 0 00	х						0	0	0	
WILLIAM W GINSBERG TRUSTEE	1 00 0 00	х						0	0	0	
CARLTON L HIGHSMITH TRUSTEE	1 00 0 00	х						0	0	0	
SUSAN WHETSTONE TRUSTEE	1 00 0 00	х						0	0	0	
LINDA KOCH LORIMER TRUSTEE	1 00 0 00	х						0	0	0	
MARVIN K LENDER TRUSTEE	1 00 2 00	х						0	0	0	
MICHAEL H FLYNN TRUSTEE	1 00 2 00	х						0	0	0	
RICHARD C LEVIN TRUSTEE	1 00 2 00	х						0	0	0	
ROBERT A HAVERSAT SEC & TRUSTEE	1 00 2 00	х		х				0	0	0	
ROBERT J ALPERN TRUSTEE	1 00 0 00	х						0	0	0	
THOMAS B KETCHUM TRUSTEE	1 00	х						0	0	0	
THANASIS M MOLOKOTOS TRUSTEE	0 00	х						0	0	0	
PETER N HERBERT MD SR VP & CHIEF OF STAFF	24 00 16 00	х		х				860,748	573,832	76,682	
MARNA P BORGSTROM CEO	24 00 16 00	х		х				1,421,258	947,505	545,209	
BRUCE ALEXANDER TRUSTEE	0 00	х						0	0	0	
MARY FARRELL TRUSTEE	2 00	х						0	0	0	
MILES LASATER TRUSTEE	0 00	х						0	0	0	
PETER SALOVEY TRUSTEE	2 00	х						0	0	0	
VINCENT CALARCO TRUSTEE	1 00 1 00	х						0	0	0	
LINDA MASCI TRUSTEE	1 00 0 00	х						0	0	0	
SISTER ROSEMARY MOYNIHAN TRUSTEE	1 00 0 00	×						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustaa or diliector hours Institutional Trustee organizations for employee related organızatıons below dotted line) 1 00 JAMES P TORGERSON Χ 0 0 0 TRUSTEE 0 00 1 00 PEYTON R PATTRSON- TERM 10412 0 0 Х 0 TRUSTEE 0 00 1 00 HONBARRINGTON DPARKER-TERM 10412 0 0 0 Х 0 00 1 00 ANNEMARIE LINDSKOG-TERM 10412 Χ 0 0 0 TRUSTEE 0 00 40 00 PAUL N PATTON Χ 482,065 132,869 0 00 14 00 WILLIAM J ASELTYNE Χ 264,383 490,996 195,172 SR VP 26 00 40 00 KEVIN F WALSH Χ 0 130,870 452,697 0 00 40 00 ABE LOPMAN Χ 628,308 162,267 SR VP 0 00 38 00 THOMAS D LEARY Χ 400,702 21,089 145,901 2 00 24 00 JAMES M STATEN Х 667,658 445,104 345,337 16 00 40 00 VINCENT PETRINI Χ 519,465 0 143,219 SR VP 0 00 24 00 KEVIN A MYATT Х 457,255 304,837 205,841 SR VP 16 00 40 00 THOMAS J BALCEZAK Х 0 519,300 151.914 0 00 40 00 STEPHEN M MERZ Χ 345,528 0 122,567 0 00 30 00 RICHARD D'AQUILA Х 1,063,226 354,409 330,514 PRESIDENT & COO 10 00 40 00 PATRICIA S FITZSIMONS Χ 673,816 0 35.367 SR VP 0 00 16 00 DANIEL BARCHI Х 136,261 545,042 235,940 SR VP 24 00 40 00 CYNTHIA SPARER Χ 568,615 0 143,860 SR VP 0 00 40 00 MICHEAL HOLMES-HIRED 31813 Х 0 0 0 SR VP 0 00 40 00 SUHER BAKER 0 Χ 445,535 31,284 CHIEF DENTISTRY 0 00 40 00 VICTOR MORRIS Х 450,526 0 94,933 0 00 40 00 RICHARD S STAHL Х 601,751 0 25,980 0 00 40 00 DIANE VORIO Χ 391,435 0 80,438 VP, PATIENT SERVICES 0 00 40 00 MARJORIE GUGLIN 84,319 Х 411,181 0 VP, SURGICAL SERVICES 0 00 0 00 PATRICK M LUDDY 740,719 0 FORMER VP 0 00

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226026114

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

YALE-NEW HAVEN HOSPITAL

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.

Open to Public Inspection

									06-0646		
	rt I			blic Charity Sta						nstruction	S
	rganı —		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	f churches c	lescribed in <b>s</b>	ection 170	(b)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(</b> 1	<b>L)(A)(ii).</b> (At	tach Sched	ule E )				
3	~	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	nbed in <b>sectio</b>	n 170(b)(1	L)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)(	(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ļ	_	•	erated for the benefi	_	or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
	_			<b>A)(iv).</b> (Complete P	· ·						
6	<u>_</u>			local government o	-			• •			
7	Г			at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mplete Part II	r \			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	ibutions mom	harchin fac	s and gross
,	'	_		rities related to its e					· ·	•	
		•		oss investment inco	•	=		-			
		•		ganization after June				•		tax) nom t	Jusillesses
10	_	•	,	ganized and operate	•			•	•		
11	<u>'</u>	_		•	•		•		. , , ,	to corru ou	the nurneces of
11	ı	_		ganized and operate ly supported organiz	,				•		
				bes the type of supp						ee <b>section</b>	oos(a)(o): oneek
		a	Type I	<b>b</b>	Type II	I - Functior	nally integrate	ed <b>d</b>	Type III - N	on-functior	ally integrated
e	$\Gamma$	•	-	ox, I certify that the	-		•		, ,	•	•
				on managers and ot	her than one	or more pul	blicly support	ed organiz	atıons descrıb	ed in secti	on 509(a)(1) or
f			1509(a)(2)	received a written d	otormination	from the IP	C that it is a	Typo I Ty	no II or Typo	III cuppoi	ting organization
•			this box	received a Wilteli d	etermination	nom the in	S that it is a	Type I, Ty	pe II, or Type	III Suppoi	
g				2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		•
			ng persons?								
		., .		rectly or indirectly of	•		5	persons d	escribed in (ii)		Yes No
		•		governing body of th	• •	•	n?				.g(i)
			•	er of a person descr							g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
(i	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
•	suppo	rted	` ´	organization	organizati		the organi		organizat		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org		support
				lines 1 - 9 above	your gove docume		suppor	t?	ın the U	S?	
				or IRC section (see	docume	Πtγ					
				instructions))		T	+	T	+	Τ	_
				,,,	Yes	No	Yes	No	Yes	No	
							1	-		1	
Tatal	1										

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493226026114

#### OMB No 1545-0047

Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Political Campaign and Lobbying Activities

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** YALE-NEW HAVEN HOSPITAL 06-0646652 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

	and War was many a to the same of a threat of the form many days. Doub TV and the ladder of the labeling	(6	1)	(b)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		369,274
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities?	Yes		167,979
j	Total Add lines 1c through 1i			537,753
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da.	t III A. Complete if the evappination is exempt under section E01(a)(4) section	- FO1/a	\/E\	r coction

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

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

# Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2013 THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES GREENWICH HOSPITAL EIN 06-0646659 \$ 89,757 BRIDGEPORT HOSPITAL EIN 06-

DLN: 93493226026114

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public

	ne of the organization -NEW HAVEN HOSPITAL		Emp	loyer identification number
				0646652
Par	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		<b>(b)</b> Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advi	rsed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?			
ar	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of ar Preservation of a	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			Held at the End of the Year
	Total number of conservation easements		2a	neid at the End of the Year
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	oric structure included in (a)	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register	• •	2d	
	Number of conservation easements modified, transferr	red released extinguished or terminate	d by th	ne organization during
	Number of states where property subject to conservation Does the organization have a written policy regarding the enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspections.	the periodic monitoring, inspection, han		☐ Yes ☐ No
	A mount of expenses incurred in monitoring, inspecting  \$\blue{\sum_{\text{s}}} = \sum_{\text{s}}	g, and enforcing conservation easement	s durin	g the year
	Does each conservation easement reported on line 2( $\alpha$ and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(I)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financia ents	stater	ments that describes
1	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	ner Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve	or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	ent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			'
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	Assets included in Form 990, Part X			► \$
				· · · · · · · · · · · · · · · · · · ·

Par	Organizations Maintaining Co	llections of Ar	t, HIS	storical i	reasures, or O	tne	r Similar As	<b>sets</b> (conti	inued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progi	ams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organization	ı's ex	empt purpose i	ın	
	Part XIII				-			"	
5	During the year, did the organization solicition assets to be sold to raise funds rather than it							┌ Yes ┌	- No
Par	t IV Escrow and Custodial Arrang		-				es" to Form 9	90,	
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	iediary	for contribu	utions or other ass	etsı	not	┌ Yes ┌	No No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing table	_	1			
					-		An	nount	
C	Beginning balance				-	1c			
d	Additions during the year				_	1d			
е	Distributions during the year					1e			
f	Ending balance				L	<b>1</b> f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lıı	ne 21?	•				┌ Yes ┌	No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in P	art )	KIII		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	<b>b</b> (c)Two years back			(e)Four years	
1a	Beginning of year balance	63,422,000		62,861,000	68,085,000		70,535,000	79,2	290,000
b	Contributions	0		2,000	2,000	<u> </u>			
С	Net investment earnings, gains, and losses	6,181,000		7,683,000	2,814,000	,	5,501,000	-5	575,000
d	Grants or scholarships								
e	Other expenditures for facilities	6 242 000		7 424 000	0.040.000		7.054.000		
	and programs	6,342,000		7,124,000	8,040,000	<u> </u>	7,951,000	8,1	180,000
f	Administrative expenses								
g	End of year balance	63,261,000		63,422,000	62,861,000		68,085,000	70,5	535,000
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g, colum	nn (a)) held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ► 57 070 %								
С	Temporarily restricted endowment ► 42	930 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administere	d for	the		
	organization by						[n-		No_
	(i) unrelated organizations		•			•	3a( 3a(	<del>- 1 - 1 -</del>	<u>Vo</u>
b	(ii) related organizations					•	<u>  3a(</u> 3l		
4	Describe in Part XIII the intended uses of the					•		<u>-                                     </u>	
Par	t VI Land, Buildings, and Equipme				10.				
	Description of property		•	(a) Cost or obasis (investi	other (b)Cost or ot		(c) Accumulated depreciation	(d) Book	value
1a	_and				33,163	3,668		33.1	63,668
	Buildings				246,057	•	75,541,78	<u> </u>	15,690
	_easehold improvements				18,971	•	11,909,25	+	62,119
	Equipment				1,298,010	•	590,613,79	<u> </u>	96,261
	Other				22,969	•	29,72	<u> </u>	39,315
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), lıne					77,053

Investments—Other Securities. See F			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	<b>(b)</b> Book value		od of valuation
		Cost of elia-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	E11 710 E61		F
(A) YALE ENDOWMENT FUND	511,718,561		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	511,718,561		
		)	
Part VIII Investments—Program Related. See			
(a) Description of investment type	<b>(b)</b> Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
(a) Descript	ion		(b) Book value
(1) DEFERRED FINANCING COSTS			8,079,046
(2) OTHER ASSETS			101,132,985
(3) GOODWILL			38,955,076
(4) MALPRACTICE RECEIVABLE			60,199,745
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			208,366,852
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
<del>-</del>	(5) Book value		
Federal income taxes			
ACCRUED POST RETIREMENT BENEFITS	200,183,911		
OTHER LONG TERM LIABILITIES	334,257,598		
	114/1/7701		
CAPITAL LEASES			
	52,237,189		
l I			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	2,415,395,857
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	76,183,805
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,339,212,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	21,645,478
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,360,857,530
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	2,236,673,655
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,236,673,655
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,555,780
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,240,229,435

#### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PART V, LINE 4 THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDING OF CLINICAL PROGRAMS 6,000,000 NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER 7,089,653 CHANGE IN UNREALIZED GAIN/LOSS ON INVESTMENTS 50,283,638 CHANGE IN MARKET VALUE OF SWAPS 16,586,122 RECLASS FROM INVESTMENT INCOME TO EXPENSES -3,775,608
PART XI, LINE 4B - OTHER ADJUSTMENTS		BEQUESTS, GIFTS & GRANTS 20,776,951 INVESTMENT INCOME RELEASE FROM RESTRICTIONS 1,009,230 AUXILIARY INCOME 365,082 RECLASS FOR SPECIAL EVENTS -505,785
PART XII, LINE 4B - OTHER ADJUSTMENTS		AUXILIARY EXPENSES 285,856 EXPENSE RECLASS TO SPECIAL EVENTS -505,684 FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE 3,775,608

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226026114

Ctatament of Ac

**Statement of Activities Outside the United States** 

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE F** 

(Form 990)

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

Open to Public Inspection

	e of the organization				Employer ident	ification number
YALE	E-NEW HAVEN HOSPITAL				06-0646652	
Pa	rt I General Information "Yes" to Form 990, Par	n on Activitie rt IV, line 14b.	es Outside th	e United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the d	organization m	aıntaın record:	s to substantiate the a	amount of the grants of	or
	assistance, the grantees' elig	jibility for the q	grants or assis	tance, and the selection	on criteria used to awa	ırd
	the grants or assistance? . $% \left( 1\right) =\left( 1\right) \left( 1$					┌ Yes ┌ No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	ocedures for monitorii	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ung Part I, line 3	table can be du	iplicated if additional spa	ice is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INSURANCE	N/A	32,311,849
	Sub-total	0	0			32,311,849
	Total from continuation sheets to Part I	0	0			0
С	Totals (add lines 3a and 3b)	0	0			32,311,849

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	্	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	ি	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	্ব	Yes	Γ	Νo

Schedule F (Form 990) 2012

	Part V	Supplemental	Informatio
--	--------	--------------	------------

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 COST PART 1, LINE 3, COLUMN F EXPENSES \$,1,270,259 INVESTMENTS \$31,041,590
		Cahadula 5 (Saura 200) 2012

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

DLN: 93493226026114

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

YALE-NEW HAVEN HOSPITAL

**SCHEDULE G** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

**Supplemental Information Regarding** 

Open to Public Inspection

**Employer identification number** 

Part I Fundraising Acti	vities Complete	uf the o	raanizati	on answered "Ves" i	to Form 990 Part IV	
	-		_			, iiie 17.
<ul><li>Indicate whether the organi</li><li>Mail solicitations</li></ul>	zation raised funds	tnrougn ai				
<b>a</b>   Mail solicitations <b>b</b>   Internet and email solic	utations		e	Solicitation of gov	-government grants	
c Phone solicitations	itations		ď	Special fundraisin		
d In-person solicitations			9	) Special fullaraisiii	g events	
<ul><li>Did the organization have a or key employees listed in F</li><li>If "Yes," list the ten highest</li></ul>	orm 990, Part VII)	or entity	ın connec	tion with professional f	undraising services?	┌ Yes ┌ No
to be compensated at least			ullulaisei	s) pursuant to agreeme	ents under which the ful	ilulaisei is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
-						
	-					
Total						
3 List all states in which the o	rganization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

		G (Form 990 or 990-EZ) 2012				Page <b>2</b>			
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi						
		3 1 3	(a) Event #1  CLOSER TO FREE BIKE RIDE (event type)	(b) Event #2  GOLF/TENNIS (event type)	(c) O ther events  5 (total number)	(d) Total events (add col (a) through col (c))			
E CE	1	Gross receipts	1,071,147	127,645	198,878	1,397,670			
Revenue	2	Less Contributions	989,016	98,717	93,693	1,181,426			
<u>~</u>	3	Gross income (line 1 minus line 2)	82,131	28,928	105,185	216,244			
	4	Cash prizes							
မှာ	5	Noncash prizes							
Expenses	6	Rent/facility costs							
Ä	7	Food and beverages .							
Direct	8	Entertainment							
莅	9	Other direct expenses .	307,527	72,812	125,344	505,683			
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(505,683)			
	11	Net income summary Combine li	ne 3, column (d), and line	10		-289,439			
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>R</u>	1	Gross revenue							
enses	2	Cash prizes							
xper	3	Non-cash prizes							
Direct Exp	4	Rent/facility costs							
<u></u>	5	Other direct expenses							
	6	Volunteer labor	Г Yes Г No	┌ Yes ┌ No	Г Yes Г No				
	7								
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)					
9 a	Ent	nter the state(s) in which the organization operates gaming activities							
b	Is the organization licensed to operate gaming activities in each of these states? Yes No  If "No," explain								
		re any of the organization's gaming l Yes," explain	icenses revoked, suspen	ded or terminated during	the tax year?				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No					
.2		neficiary or trustee of a trust or a men							
	formed to administer charitable of	gamıng <sup>,</sup>		· · · · Fyes F No					
.3	Indicate the percentage of gamir	ng activity operated in							
а	The organization's facility			13a					
b	An outside facility			13b					
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records					
	Name ►								
	Address 🟲								
	revenue?	ntract with a third party from whom the							
	amount of gaming revenue retain	ied by the third party 🟲 \$							
С	If "Yes," enter name and address	s of the third party							
	Name 🕨								
	Address 🟲								
<b>.</b> 6	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	<b>*</b> \$							
	Description of services provided	<b>&gt;</b>							
	☐ Director/officer	Employee	☐ Independent contractor						
<b>.7</b>	Mandatory distributions								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?								
b		required under state law distributed t	o other exempt organizations or sp	ent					
		activities during the tax year > \$							
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical						
	Identifier	Return Reference	Explana	tion					

## OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization YALE-NEW HAVEN HOSPITAL

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

**Hospitals** 

**Employer identification number** 

06-0646652

Part I Financial Assistance and Certain Other Community Benefits at Cost										
								Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a									
b	If "Yes," was it a written policy?									
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year									
		Applied uniformly to all hospital facilities  Generally tailored to individual hospital facilities								
3		rswer the following based on the financial assistance eligibility criteria that applied to the largest number of the rganization's patients during the tax year								
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care									
	┌ 100% ┌ 150% ┌	200% <b>F</b> 0	ther	25000	0000000000 %			Yes		
b	Did the organization use is which of the following was						3b	Yes		
	□ 200%    □ 250%    □	300%	50% <b></b> 40	0%						
c	c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.									
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year									
5a	provide for free or discounted care to the "medically indigent"?  Did the organization budget amounts for free or discounted care provided under its financial assistance policy during									
L	the tax year?									
	<ul> <li>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?</li> <li>c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted</li> </ul>									
	care to a patient who was eligibile for free or discounted care?									
6a	Did the organization prep	are a commur	nity benefit re	eport during the tax year	r?		6a	Yes		
b	<b>b</b> If "Yes," did the organization make it available to the public?									
	Complete the following ta worksheets with the Sche	_	worksheets	provided in the Schedule	e H instructions Do not	submit these				
7				munity Benefits at Co	st					
	Financial Assistance and Means-Tested Government Programs  (a) Number of activities or programs (optional)  (b) Persons served (optional)  (c) Total community benefit expense  (d) Direct offsetting revenue  (e) Net community benefit expense						(f) Percent total expens			
a	Financial Assistance at cost (from Worksheet 1)	0	31,662	124,110,000	58,000,000	66,110,	000	2 9	50 %	
b	Medicaid (from Worksheet 3, column a)	0	292,040	519,540,000	305,341,000	214,199,			60 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0					
d	<b>Total</b> Financial Assistance and Means-Tested Government Programs	323,702 643,650,000 363,341,000 280,309,						12 5	10 %	
	Other Benefits									
е	Community health improvement services and community benefit operations							0.4	00.0/	
f	(from Worksheet 4) Health professions education							5 0 480 %		
g	(from Worksheet 5) Subsidized health services	om Worksheet 5) 5 3,037 102,479,999 22,708,385 79,771				614	3 560 %			
,	(from Worksheet 6)	(from Worksheet 6) 1 24,747 11,987,635 2,986,730 9,000				9,000,	-			
h I	Research (from Worksheet 7) 3 0 1,620,296 0 1,620 Cash and in-kind contributions for community									
1	benefit (from Worksheet 8) <b>Total.</b> Other Benefits	12 50	1,702 115,535	1,825,573 128,813,924	25,813,651	1,825, 103,000,	_			
J k	<b>Total.</b> Add lines 7d and 7j .	50	439,237	772,463,924	389,154,651	383,309,	_	_		

	edule H (Form 990) 2012  rt II Community Buildin										
	activities during the of the communities i		(b) Persons served (optional)	(c) Total community	(d) D	rect off	setting	(e) Net communit	у	(f) Perco	ent of
		(optional)							_		
_1_	Physical improvements and housing	1		44,000			0	44,	.000		0 %
2	Economic development	1		410,640			0	410,	640	0	020 %
_3	Community support	2	17,175	53,808	3			53,	808		0 %
4	Environmental improvements	0		(							
5	Leadership development and training for community members	0									
6	Coalition building	1		42,26			0	42,	265		0 %
7	Community health improvement	_	,	·							
8	advocacy Workforce development	5	794	2,167 291,582			0	2, 291,	167		0 %
9	Other	1	0	1,797,188			0	1,797,			
10	Total	12	19,606	2,641,650	1			2,641,		1	
	Bad Debt, Medicar	e, & Collec	tion Practic	es							
	tion A. Bad Debt Expense	d dalah awasas			N					Yes	No
1	Did the organization report bac Statement No 15?		e in accordance	with Heathcare Fin	anciai M	anage	ment As	ssociation • • • •	1	Yes	
2	Enter the amount of the organi methodology used by the orga		•	-		2		41,951,576			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit										
4	Provide in Part VI the text of to or the page number on which t						ribes ba	ad debt expense			
Sect	tion B. Medicare										
5	Enter total revenue received from Medicare (including DSH and IME) 5 696,544,323										
6	Enter Medicare allowable cost					6		795,165,615			
7 8	Subtract line 6 from line 5 This is the surplus (or shortfall)										
	Cost accounting system	l Co	st to charge ra	tio <b>I</b>	Other						
Sect	tion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	ection practice	s to be followe	d for patients who ar	e known	to qua	alify for i	financial	9b	Yes	
Pa	rt IV Management Comp	anies and J	loint Ventur	<b>es</b> (owned 10% or more by	officers, dire	ectors, tr	rustees, key	employees, and physicia	ans—se	e instruct	ions)
	(a) Name of entity	(t	o) Description of pi activity of entit		( <b>c)</b> Organı profit % o ownersh	r stock	ei ei	) Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	Physic ofit % or ownership	stock
<b>1</b> 1	NONE	NONE									
2											
3											
4											
5											
6											
7											

		•	or stock ownership %	·			
<b>1</b> 1 NONE	NONE						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
Schedule H (Form 990) 2012							

Part V	Facility Information										
(list in c smalles How ma	or A. Hospital Facilities  order of size from largest to t—see instructions) in hospital facilities did the ation operate during the tax year?	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
Name, a	address, and primary website address		<u> 2</u>							Other (Describe)	Facility reporting group
1	YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 WWW YNHH ORG	X	х	х	х		х	х			
-											
-											
		l	l	l	l	l	I	I			

Schedule H (Form 990) 2012

## Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
YALE-NEW HAVEN HOSPITAL

Name of	hospital	facility	or facility	reporting	aroup
---------	----------	----------	-------------	-----------	-------

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_		
			Yes	No
Con	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			ĺ
	health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	<u> </u>
	If "Yes," indicate what the CHNA report describes (check all that apply)			ĺ
a	A definition of the community served by the hospital facility			
Ь	Demographics of the community			
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	How data was obtained			ĺ
e	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			ĺ
h	The process for consulting with persons representing the community's interests			ĺ
i	▼ Information gaps that limit the hospital facility's ability to assess the community's health needs			ĺ
j	Other (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community			ĺ
	served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the			ĺ
	persons the hospital facility consulted	3	Yes	<u> </u>
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital	_		
_	facilities in Part VI	4	V	No
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	<u> </u>
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	Hospital facility's website			
Ь	A vailable upon request from the hospital facility			ĺ
C	Other (describe in Part VI)			ĺ
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			ĺ
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
ь	Execution of the implementation strategy			ĺ
c	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			ĺ
e	Inclusion of a community benefit section in operational plans			ĺ
	A doption of a budget for provision of services that address the needs identified in the CHNA			
	Prioritization of health needs in its community			
_	Prioritization of services that the hospital facility will undertake to meet health needs in its community			ĺ
	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI			ĺ
-	which needs it has not addressed and the reasons why it has not addressed such needs	7		Νo
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			l
	required by section 501(r)(3)?	8a		No
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		<del></del>
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			
	nospital identities. \$			ĺ

Part V Facility Information (continued)						
Fir	nancial Assistance Policy		Yes	No		
9	Did the hospital facility have in place during the tax year a written financial assistance policy that					
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes			
10	Used federal poverty guidelines (FPG) to determine eligibility for providing $\textit{free}$ care?	10	Yes			
	If "Yes," indicate the FPG family income limit for eligibility for free care 250 00000000000%					
	If "No," explain in Part VI the criteria the hospital facility used					
11	Used FPG to determine eligibility for providing discounted care?	11	Yes			
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $400\ 0000000000000000000000000000000000$					
12	Explained the basis for calculating amounts charged to patients?	12	Yes			
	If "Yes," indicate the factors used in determining such amounts (check all that apply)					
а	▼ Income level					
Ь	Asset level					
С	Medical indigency					
d	▼ Insurance status					
е	Uninsured discount					
f	Medicaid/Medicare					
g	State regulation					
h	Other (describe in Part VI)					
13	Explained the method for applying for financial assistance?	13	Yes			
	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes			
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)					
а	The policy was posted on the hospital facility's website					
b	The policy was attached to billing invoices					
c	The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d	The policy was posted in the hospital facility's admissions offices					
е	The policy was provided, in writing, to patients on admission to the hospital facility					
f	The policy was available upon request					
g	Other (describe in Part VI)					
Bil	ling and Collections					
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial		<b> </b>			
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes			
10	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP					
а	Reporting to credit agency					
	Lawsuits					
c	Liens on residences					
d	Body attachments					
e	Other similar actions (describe in Part VI)					
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before					
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		No		
	If "Yes," check all actions in which the hospital facility or a third party engaged					
а	Reporting to credit agency					
b	<u>-</u>					
C	Liens on residences					
d	Body attachments					
_	C Other similar actions (describe in Part VI)	ı	ı	i		

chedule H	(Form 990)	2012

If "Yes," explain in Part VI

Page

Pá	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
C	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's			
	financial assistance policy			
е	Other (describe in Part VI)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
	If "No," indicate why			ĺ
а	The hospital facility did not provide care for any emergency medical conditions			ĺ
b	The hospital facility's policy was not in writing			ĺ
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			ĺ
d	Other (describe in Part VI)			ĺ
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- eligible individuals for emergency or other medically necessary care			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			ĺ
d	Other (describe in Part VI)			ĺ
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22		No_

ichedule H (Form 990) 2	0	12	2
-------------------------	---	----	---

Ρ	а	a	e

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

How many non-hospital health care facilities did the organization operate during the tax year? **57** 

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

Schedule H (Form 990) 2012

# Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
   Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may
- organization's financial assistance policy

  Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the

**Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the

organization and its affiliates in promoting the health of the communities served

Identifier	ReturnReference	Explanation PART I, LINE 7 THE HOSPITAL USES A COST
		ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS
		PART II YALE-NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECONI LARGEST IN THE CITY OF NEW HAVEN WITH 11,436 EMPLOYEES IN 2013 THE HOSPITAL PROVIDES IN-KIN
		AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW HAVEN MEMBERS OF THE HOSPITALS LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC
		DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE, GUILFORD CHAMBER OF COMMERCE, ECONOMIC
		DEVELOPMENT CORPORATION OF NEW HAVEN, REGION GROWTH PARTNERSHIP, REGIONAL LEADERSHIP COUNCIL, ARTS COUNCIL OF GREATER NEW HAVEN, INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, MARKI
		NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS FOUNDATION OF CONNECTICUT THROUGH THESE ORGANIZATIONS, YALE-NEW HAVEN HOSPITAL
		ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA YALE-NEW HAVEN HOSPITAL, ALONG WITH MANY OTHER HOSPITA
		ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY
		BUILDING ACTIVITIES AND THE GUIDELINES DEVELOP BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS THESE TWO
		ORGANIZATIONS HAVE WORKED TO GETHER FOR OVER YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS THE MOST RECENT
		VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNIT BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS T
		ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVER HOMELESSNESS AND ENVIRONMENTAL PROBLEMS THE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND
		HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR
		COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT YALE-NEW HAVEN HOSPITAL'S VISION IS TO PROVIDE HIGH-QUALITY
		HEALTHCARE AND SERVICES, AS SUCH, THE HOSPITAL INCREASINGLY AWARE OF HOW SOCIAL DETERMINANT IMPACT THE HEALTH OF INDIVIDUALS AND
		COMMUNITIES A PERSONS HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND
		NEIGHBORHOODS DURING FISCAL YEAR 2013, YALE-N HAVEN HOSPITAL PROVIDED \$2 6 MILLION IN FINANCI AND IN-KIND DONATIONS TO SUPPORT AFFORDABLE
		HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF I OVERALL COMMITMENT OF BUILDING STRONGER
		NEIGHBORHOODS EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND
		WORKFORCE DEVELOPMENT INITIATIVES REVITALIZIN OUR NEIGHBORHOODSOVER THE PAST SEVERAL YEARS YALE-NEW HAVEN HOSPITAL HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE
		CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING ACCORDING TO THE LATEST CENSUS DATA, 31 1% OF
		HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 68 9 PERCENT IN THE STATE OF CONNECTICUT AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE, WITH ONLY
		77 3% OF RESPONDENTS INDICATING THAT THEY HAD RESIDED IN THE SAME HOUSE A YEAR AGO COMPARED 88% FOR THE STATE TO REVERSE THIS TREND, YALE-N
		HAVEN HOSPITAL HAS FOCUSED ON INCREASING PERMANENT HOME OWNERSHIP THROUGH THE FOLLOWING TWO INITIATIVES IN 2006, YALE-NEW HAV HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTI-YE
		PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVEN HILL NEIGHBORHOOD FOR LOW-INCOME FAMILIES TO
		DATE, THIS COLLABORATION HAS JOINTLY BUILT SIX HOMES WITH THE MOST RECENT BUILD COMPLETED IN 2013 OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4,000 HOURS IN
		THIS PROJECT, WHILE YALE-NEW HAVEN HOSPITAL SPONSORED THE BUILDING MATERIALS FOR EACH HOM THE HOME OWNERSHIP MADE EASIER (H O M E ) PROGR
		AT YALE-NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOAN TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN THIS YEAR, THE PROGRAM HELPED 16
		INDIVIDUALS SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 112 HOMES HAVE BEEN PURCHASED YALE-NEW HAVEN HOSPITAL EMPLOYEES TO DATE
		\$835,000 IN FINANCIAL ASSISTANCE HAS BEEN PROVIDED TO EMPLOYEES IN THE FORM OF DOWN PAYMENTS AND MORTGAGE PAYMENTS AMONG THE HOMES PURCHASED THROUGH THE HOME PROGRAM
		WAS ONE HABITAT FOR HUMANITY PROPERTY RESULTS FROM THE FALL 2012 COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT AT YALE SCHOOL OF
		PUBLIC HEALTH SURVEY OF NEW HAVEN'S LOW-INCOM NEIGHBORHOODS, INCLUDING THE HILL NORTH NEIGHBORHOOD WHERE THE HOSPITAL IS LOCATED, PROVIDE EVIDENCE THAT ACCESS TO HEALTHY
		AFFORDABLE FOOD IS A MAJOR PUBLIC HEALTH CONCERN FOR EXAMPLE, ABOUT 40% SAID THEY WERE NOT ALWAYS ABLE TO AFFORD TO BUY VEGETABLES,
		FRUIT, HEALTHY OILS OR WHOLE GRAINS OVER THE PAFOUR YEARS, YALE-NEW HAVEN HOSPITAL HAS BEEN A PROUD SPONSOR, ALONG WITH THE CONNECTICUT MENTAL HEALTH CENTER, OF THE CITY SEED, INC
		FARMER'S MARKET IN THE HILL NEIGHBORHOOD THE FARMER'S MARKET IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO
		THE YALE-NEW HAVEN HOSPITAL'S YORK STREET CAMP EACH YEAR FROM JUNE THROUGH OCTOBER AND OFFER HEALTHY, AFFORDABLE FOOD FOR LOCAL RESIDENTS THE 2012-2013 HOSPITAL-SPONSORED, EMPLOYEE
		UNITED WAY CAMPAIGN RAISED OVER \$238,871 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY THROUGH THE HOSPITAL'S
		ANNUAL SCHOOL READINESS DRIVE, WHICH IS PART O THE CAMPAIGN, EMPLOYEES DONATED APPROXIMATEL 14,000 SCHOOL SUPPLIES TO STUDENTS AT TWO NEW HAVEN ELEMENTARY SCHOOLS IN NEW HAVEN'S HILL
		COMMUNITY IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERV ON GREATER NEW HAVEN UNITED WAY BOARD AND
		VARIOUS COMMITTEES YALE-NEW HAVEN HOSPITAL STAFF ALSO PARTICIPATED IN ADOPT-A-FAMILY ACTIVITIES AND A SEVERAL WINTER COAT, PERSONAL CARE ITEM AND DIAPER DRIVES REPRESENTATIVES
		FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF T CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNIT SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS THE DECENTRALIZATIO
		OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BE
		ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS
		UTILIZING LOCAL RESOURCES THE MANAGEMENT TEA ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS,
		REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, SUCH AS THE HOSPITAL, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL
		OPPORTUNITIES HIGHER EDUCATIONAL ATTAINMENT ASSOCIATED WITH BETTER HEALTH STATUS AND LONG LIFE FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO
		HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80 5% OF INDIVIDUALS IN THE CIT
		OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90% STATEWIDE ADDITIONALLY, NEW HAVEN
		YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATE AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECTICUT MASTERY TEST IN RESPONSE TO THESE STATISTICS, YALE-NEW HAVEN HOSPITAL
		SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS I 2013 IN 2011, REFLECTING ITS STRONG COMMITMENT THE NEW HAVEN COMMUNITY AND SUPPORT OF
		EDUCATION, YALE-NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TOTALING \$2 0 MILLION OVER FOUR YEARS TO SUPPORT NEW HAVEN
		PROMISE NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY' PUBLIC SCHOOL STUDENTS YALE-NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVE'S PARTNERSHI
		COMPONENT ITS GOAL IS TO MAKE HIGHER EDUCATION AND REALITY FOR MORE NEW HAVEN STUDENTS THE PROGRAM IS ADMINISTERED BY THE
		COMMUNITY FOUNDATION OF GREATER NEW HAVEN THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, NEW HAVEN PROMISE HAS 220 STUDENTS
		ENROLLED IN 17 CONNECTICUT COLLEGES AND UNIVERSITIES FOR A FIFTH YEAR, YALE-NEW HAVEN PROVIDED SCHOLARSHIP OPPORTUNITIES FOR
		STUDENTS ATTENDING ACHIEVEMENT FIRST'S NEW HAVEN SCHOOLS ACHIEVEMENT FIRST OPERATES A NETWORK OF 17 PUBLIC CHARTER SCHOOLS IN NEW
		HAVEN, BRIDGEPORT AND HARTFORD, CT, AND

Identifier	ReturnReference	Explanation PART II OVER THE PAST SEVERAL YEARS, THE HOSPITAL
		HAS PROVIDED IN-KIND STAFF SUPPORT FOR THE CITY OF NEW HAVEN'S YOUTH @ WORK PROGRAM YOUTH @ WORK IS A PUBLIC-PRIVATE PARTNERSHIP OF THE CITY OF NEW HAVEN, THE NEW HAVEN BOARD OF EDUCATION AND WORKFORCE ALLIANCE THE PROGRAM PROVIDES
		SUMMER AND YEAR-ROUND OPPORTUNITIES, WORK PLACE EXPOSURE AND WORK READINESS ACTIVITIES TO YOUTH WHO MAY BE CHALLENGED BY SOCIO-ECONOMIC OR ACADEMIC BARRIERS TO WORKPLACE SUCCESS THE PROGRAM TARGETS IN-SCHOOL YOUTH, AGES 14-21, WHO
		ARE NEW HAVEN RESIDENTS OR ATTEND NEW HAVEN PUBLIC SCHOOLS EARLY WORK EXPERIENCES SERVE AS THE FOUNDATION FOR FUTURE SUCCESS IN THE WORKPLACE AND HAVE PROVEN EFFECTIVE IN HELPING
		YOUTH ESTABLISH CONNECTIONS WITH EMPLOYERS, ENCOURAGE RESPONSIBILITY, FOSTER INDEPENDENCE, DEVELOP TECHNICAL SKILLS, DEVELOP COMMUNICATION AND INTERPERSONAL SKILLS, CLARIFY WORK VALUES AND FUTURE WORK PREFERENCES AND ALLOW FOR
		INTERACTION WITH CARING ADULTS IN 2013, FIVE STUDENTS PARTICIPATING IN THE YOUTH @ WORK PROGRAM WERE PLACED AT YALE-NEW HAVEN THE YALE- NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING
		PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING
		TOMORROW'S PROFESSIONALS PROGRAM, YALE-NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM NEARLY 25 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2013 IN ADDITION TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL
		REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS THE
		HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT THE
		JOHN C DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE
		WITH A SUPERIOR COURT JUDGE THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND
		EXPOSES THEM TO CAREERS IN HEALTH CARE IN FISCAL YEAR 2013, YALE-NEW HAVEN HONORED THE LEGACY OF REVEREND MARTIN LUTHER KING, JR THROUGH AWARDS AND SCHOLARSHIPS TO ENCOURAGE THE NEXT
		GENERATION OF COMMUNITY LEADERS THIS INCLUDED A \$1,000 COMMUNITY SERVICE AWARD TO THREE HIGH SCHOOL STUDENTS IN NEW HAVEN WHO SET AN EXAMPLE IN THE COMMUNITY AND GRANTS TOTALING \$3,000 TO NEW HAVEN K 8 SCHOOLS IN SUPPORT OF MARTIN
		LUTHER KING, JR DAY ACTIVITIES THAT CARRY ON THE FALLEN CIVIL RIGHTS LEADER'S WORK AND PHILOSOPHY STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YALE-NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDRENS ACADEMIC
		PERFORMANCE IN 2013, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST MARTIN DE PORRES ACADEMY AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, OVER THE PAST YEAR, THE
		HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO
		SERVES IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS YALE-NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY IN
		ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS,
		AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME IN FISCAL YEAR 2013, THESE ORGANIZATIONS INCLUDED ACES, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR
		ADAPTIVE LEARNING, FAMILY CENTERED SERVICES OF CT, L E A P , SOLAR YOUTH, AND MORE WORKFORCE DEVELOPMENT INITIATIVESLIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC
		DOWNTURN ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 12 1% COMPARED TO 8 4% STATE- WIDE AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND
		ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE- NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING
		PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW IN 2011, YALE-NEW HAVEN COMMITTED TO A MULTI-YEAR DONATION TOTALING \$500,000 OVER FOUR YEARS TO
		SUPPORT THE CONNECTICUT CENTER FOR ARTS AND TECHNOLOGY (CONNCAT), WHICH OPENED THIS YEAR, PROVIDES TRAINING FOR APPROXIMATELY 100 LOCAL UNEMPLOYED AND UNDEREMPLOYED ADULTS A YEAR FOR PHLEBOTOMY, MEDICAL CODING AND BILLING JOBS THE
		HOSPITAL ALSO PROVIDES INTERNSHIPS FOR STUDENTS BEING TRAINED AT CONNCAT IN ADDITION TO FINANCIAL SUPPORT, STAFF MEMBERS FROM THE HOSPITAL SERVE ON THE CONNCAT BOARD OF DIRECTORS AND IN AN ADVISORY CAPACITY FOR THE
		DEVELOPMENT OF THE PROGRAM'S CURRICULUM SINCE 1996, THE HOSPITAL'S AWARD-WINNING HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) TRAINING AND SKILLS DEVELOPMENT PROGRAM HAS HELPED MORE THAN 100 ADULTS TRANSITION FROM
		INCOME SUPPORT SITUATIONS INTO EMPLOYMENT, MANY AT THE HOSPITAL INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS
		INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS HOSPITAL LEADERSHIP
		SERVES ON THE ADVISORY COMMITTEE FOR THE NEW HAVEN REENTRY ROUNDTABLE EMPLOYMENT COMMITTEE, FELLOWSHIP PLACE, JOB CORPS AND THE NEWLY FORMED STATE-WIDE HEALTH AND LIFE SCIENCES ADVISORY BOARD AS WELL AS THE GOVERNING BOARDS OF CAREER
		PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATIONTHE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY
		SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR
		QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY
		THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CLASSIFIED AS BAD DEBT EXPENSE FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE
		HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED
		CARE IS APPROXIMATELY \$102 1 MILLION AND \$69 8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS
		ACTIVITY THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$53 8 MILLION AND \$47 8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES THE
		ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT
		VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED FOR THE YEARS ENDED SEPTEMBER 30,2013 AND 2012,BAD DEBT EXPENSE,AT CHARGES, WAS \$64 6 MILLION AND \$32 6 MILLION,
		RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND SEPTEMBER 30, 2012 BAD DEBT EXPENSE, AT COST, WAS \$48 3 MILLION AND \$22 0 MILLION, RESPECTIVELY THE BAD DEBT EXPENSE IS MULTIPLIED
		BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO
		HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, THE HOSPITAL RECEIVED \$58 0 MILLION AND \$73 2 MILLION,
		RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$33 3 MILLION AND \$51 9 MILLION WAS RELATED TO CHARITY CARE THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$73 5 MILLION AND \$56 5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013
		AND 2012, RESPECTIVELY, FOR THE ASSESSMENT ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT
		NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL
		RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT
		FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE
		COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES THE HOSPITALS EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND
		OTHER RELATED ACTIVITIES THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS PART
		III, SECTION B, LINE 8 - COSTING METHODOLOGY IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO
		WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC
]		DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

	'
	PART III, LINE 8 - MEDICARE EXPLANATIONTHE ENTIRE
	MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A
	COMMUNITY BENEFIT FOR THE FOLLOWING REASONS
	THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE
	PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS
	REVENUE RULING 69-545 INDICATES THAT HOSPITALS
	OPERATE FOR THE PROMOTION OF HEALTH IN THE
	COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS
	WITH GOVERNMENTAL HEALTH BENEFITS, THE
	ORGANIZATION PROVIDES CARE TO MEDICARE
	PATIENTS REGARDLESS OF MEDICARE SHORTFALLS
	(REDUCING THE BURDEN ON THE GOVERNMENT), AND
	MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE
	OUALIFIED FOR THE CHARITY CARE OR OTHER MEANS
	TESTED PROGRAMS ABSENT BEING ENROLLED IN THE
	MEDICARE PROGRAM THE MEDICARE SHORTFALL
	REPORTED IS DETERMINED BY THE HOSPITAL'S COST
	ACCOUNTING SYSTEM, TSI
	PART III, LINE 9B - COLLECTION PRACTICES
	EXPLANATIONIF, AT ANY TIME, THE HOSPITAL OR A
	COLLECTION AGENCY OR LAW FIRM, RECEIVES
	INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE
	FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE
	PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER
	PROGRAM, THE HOSPITAL, COLLECTION AGENCY, OR LAW
	FIRM SHALL, CONSISTENTWITH CONNECTICUT LAW,
	CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL
	DETERMINES THE PATIENT'S ELIGIBILITY FOR
	ASSITANCE

Explanation

ReturnReference

Identifier

1401101	Tretariir circi circe	
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 3 COMMUNITY ENGAGEMENT
		AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA
		PROCESS YALE-NEW HAVEN HOSPITAL AND ITS
		COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS
		WHO REPRESENT THE BROAD INTERESTS OF THE
		COMMUNITY SERVED BY THE HOSPITAL THROUGH
		COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY
		PARTNERS IN THE PRIORITIZATION AND
		IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH
		AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE
		AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS
		· ·
		AND REPRESENTATIVES OF NON-PROFIT AND
		COMMUNITY-BASED ORGANIZATIONS PROVIDED
		INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL,
		INCLUDING MEDICALLY UNDERSERVED, LOWINCOME,
		AND MINORITY POPULATIONS
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 7 BASED ON THE FEEDBACK
		FROM COMMUNITY PARTNERS INCLUDING HEALTH
		PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND
		HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY
		REPRESENTATIVES, SEVEN HEALTH ISSUES WERE
		PRIORITIZED ACCESS TO CARE, ASTHMA, INJURY AND
		VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL
		HEALTH AND ADDICTIONS, OBESITY AND CHRONIC
		DISEASE AND SEXUALLY TRANSMITTED AND
		COMMUNICABLE DISEASES YALE-NEW HAVEN HOSPITAL
		PLANS TO FOCUS ITS COMMUNITY HEALTH
		IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH
		PRIORITIES OVER THE NEXT THREE-YEAR CYCLE ACCESS
		TO CARE, OBESITY AND CHRONIC DISEASE AND SOCIAL
		DETERMINANTS OF HEALTH IN ADDITION, YALE-NEW
		HAVEN HOSPITAL WILL CONTINUE EXISTING PROGRAMS,
		SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA.
		INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH,
		MENTAL HEALTH AND ADDICTIONS AND SEXUALLY
		TRANSMITTED AND COMMUNICABLE DISEASES YALE-NEW
		HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS
		WITH COMMUNITY AGENCIES HAVE THE BROADEST
		REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS
		SUCH, THE HOSPITAL IS PROVIDING FACILITATION
		SUPPORT FOR THE DEVELOPMENT OF A COMMUNITY-
		WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON
		ALL SEVEN AREAS IDENTIFIED IN THE COMMUNITY

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation		
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 14G THE FINANCIAL ASSISTANCE PROGRAM WHICH SUMMARIZES THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE THE FINANCIAL ASSISTANCE POLICY WILL BE POSTED ON THE WEBSITE UPON FILING THE FY 2013 TAX FILING		
YALE-NEW HAVEN HOSPITAL		PART V, SECTION B, LINE 20D PRIOR TO BECOMING FAP- ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE		

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT YALE-NEW HAVEN HOSPITAL THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND
		PART VI, LINE 3 THE YALE-NEW HAVEN HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS THE Y-NHH WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES, AND THROUGH THE FREE CARE DEPARTMENT IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY THIRD MONDAY OF EACH MONTH IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES FREE CARE ALSO INCORPORATES THE DISCOUNTED CARE PROGRAM THE DISCO
		PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND DISCOUNTED CARE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE

Identifier	ReturnReference	Explanation	1
		PART VI, LINE 4 THE LOCAL SERVICE A YALE-NEW HAVEN HOSPITAL INCLUDE MUNICIPALITIES ACROSS MIDDLESEX COUNTIES THESE INCLUDE ANSONIA	S CONNECTICUT AND NEW HAVEN
		BRANFORD, CENTERBROOK, CHESHIRE RIVER, DERBY, EAST HAVEN, ESSEX, GL IVORYTON, KILLINGWORTH, MADISON MILFORD, NEW HAVEN, NORTH BRANFO	ILFORD, HAMDEN, MERIDEN,
		NORTHFORD, OLD SAYBROOK, ORANGE SEYMOUR, WALLINGFORD, WEST HAVEI WOODBRIDGE IN 2013, THE TOTAL PO HOSPITAL'S PRIMARY GEOGRAPHIC SE	N, WESTBROOK AND PULATION OF THE RVICE AREA WAS
		ESTIMATED AT 708,808 THE PERCENT BY RACE AND ETHNICITY IN 2013 WAS 12 2% BLACK, 14 2% HISPANIC, 4 1%, 8 4% NATIVE AMERICAN, MULTI RACE	75 4% WHITE, ASIAN PACIFIC AND OR OTHER THE
		ESTIMATED MEDIAN HOUSEHOLD INCO IN MIDDLESEX COUNTY AND \$62,497 I COUNTY IN ADDITION TO YALE-NEW H THERE ARE THREE ACUTE CARE HOSPI	N NEW HAVEN AVEN HOSPITAL TALS LOCATED IN
		THE REGION INCLUDING GRIFFIN HOS MEDICAL CENTER AND MILFORD HOSP HOSPITAL, A LONG-TERM ACUTE REHA CHRONIC CARE HOSPITAL IS ALSO LO	ITAL GAYLORD BILITATION AND CATED WITHIN THE
		LOCAL GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN HOSPITAL IS A DISP SHARE HOSPITAL, AND ALSO QUALIFIED PHARMACY PRICING IN FISCAL YEAR.	ROPORTIONATE ES FOR 340B 2013, THERE WERE
		80,503 INPATIENT DISCHARGES FROM HOSPITAL AN ESTIMATED 21% WERE BENEFICIARIES OR PEOPLE WHO LACK INSURANCE THE HOSPITALS EMERGEN	EITHER MEDICAID ED HEALTH NCY DEPARTMENT
		PROVIDES A HEALTHCARE SAFETY NET OF PEOPLE EACH YEAR BY SERVING AS CARE PROVIDER FOR UNINSURED AND PATIENTS IN FISCAL YEAR 2013, THEF	THE PRIMARY UNDERINSURED RE WERE 202,041
		VISITS TO YALE-NEW HAVEN'S ADULT EMERGENCY DEPARTMENTS IN NEW HA SHORELINE MEDICAL CENTER IN GUIL AND DISCHARGED PATIENTS MADE UP WITH NEARLY HALF (ROUGHLY 76,135)	VEN AND AT THE FORD TREATED 80% OF THE TOTAL
		IDENTIFIED AS MEDICAID BENEFICIAE NO HEALTH CARE INSURANCE PATIEN FOR FISCAL YEAR 2013 INDICATED TH PATIENTS TREATED AND DISCHARGED	RIES OR AS HÁVING T ORIGIN DATA AT 46% OF THE
		HOSPITALS EMERGENCY DEPARTMENT TREATED AND ADMITTED PATIENTS W THE CITY OF NEW HAVEN THE MEDIAN INCOME FOR THE CITY OF NEW HAVEN	AND 31% OF THE ERE RESIDENTS OF HOUSEHOLD
		IS \$30,149 BELOW THE STATE OF CONHOUSEHOLD INCOME OF \$69,243 AN EOF FAMILIES IN NEW HAVEN WERE IDE IN POVERTY COMPARED TO 9 5% STATE	NECTICUT MEDIAN ESTIMATED 26 3% NTIFIED AS LIVING
		PART VI, LINE 5 YALE-NEW HAVEN HO IN 1826 AS THE FIRST HOSPITAL IN CO 1,541-BED ACUTE AND TERTIARY CARE TWO INPATIENT CAMPUSES IN NEW HA	SPITAL, FOUNDED ONNECTICUT, IS A E HOSPITAL WITH
		HAVEN HOSPITAL IS THE PRIMARY TEA FOR THE YALE SCHOOL OF MEDICINE A TERTIARY CARE CENTER FOR ACUTELY PATIENTS, RECEIVING REGIONAL, NAT	ACHING HOSPITAL AND IS A MAJOR ILL OR INJURED
		INTERNATIONAL REFERRALS YALE-NE DISCHARGED MORE THAN 80,500 INPA HANDLED MORE THAN ONE MILLION O ENCOUNTERS LAST YEAR YALE-NEW H	TIENTS AND UTPATIENT
		INCLUDES SEVERAL OUTPATIENT CEN HAVEN, NORTH HAVEN, EAST HAVEN A NUMEROUS RADIOLOGY AND BLOOD-D THROUGHOUT THE STATE EVERY YEAR	ND GUILFORD AND RAWING SERVICES
		VITAL MISSION TO PROMOTE HEALTH THROUGHOUT THE GREATER NEW HAV NEW HAVEN HOSPITAL SPONSORS, DEPARTICIPATES IN AND FINANCIALLY S	EN REGION, YALE- VELOPS, UPPORTS A WIDE
		VARIETY OF COMMUNITY-BASED PROG SERVICES DURING FISCAL YEAR 2013 HOSPITAL MANAGED \$383 3 MILLION I IN-KIND CONTRIBUTIONS THROUGH F	, YALE-NEW HAVEN IN FINANCIAL AND IVE WIDE-RANGING
		PROGRAMS GUARANTEEING ACCESS T PROMOTING HEALTH AND WELLNESS, A CAREERS IN HEALTH CARE, RESEARCH HEALTHIER COMMUNITIES A SIXTH CA	ADVANCING , AND CREATING ATEGORY, BUILDING
		STRONGER NEIGHBORHOODS, WAS DIS PREVIOUSLY IN PART II IN 2013, YALE HOSPITAL WAS A FINALIST FOR THE FO PRIZE FOR EXCELLENCE IN COMMUNIT	-NEW HAVEN DSTER G MCGAW Y SERVICE FIRST
		AWARDED IN 1986, THE FOSTER G MCG RECOGNIZES HEALTHCARE ORGANIZA OUTSTANDING COMMITMENT TO IMPR AND WELL-BEING OF THE PEOPLE THEY COMMUNITY-WIDE INNOVATIVE	TIONS FOR THEIR OVING THE HEALTH
		COLLABORATION GUARANTEEING ACC NEW HAVEN RECOGNIZES THAT SOME UNINSURED, NOT HAVE ADEQUATE IN: OTHERWISE LACK THE RESOURCES TO	PATIENTS MAY BE SURANCE OR
		CARE HONORING ITS MISSION AND CO THE COMMUNITY, THE HOSPITAL PART GOVERNMENT-SPONSORED PROGRAMS MEDICARE, MEDICAID, HUSKY, CHAMP	OMMITMENT TO ICIPATES IN S SUCH AS
		DURING 2013, YALE-NEW HAVEN HOSP SERVICES FOR 292,040 MEDICAID BEN TOTAL EXPENSE OF \$214 2 MILLION (A HAVEN HOSPITAL ALSO OFFERS A SLII	ITAL PROVIDED EFICIARIES AT A T COST) YALE-NEW
		DISCOUNTED FEES AND FREE CARE FO PATIENTS, AND EVEN FUNDS THE SALA SITE STATE DEPARTMENT OF SOCIALS EMPLOYEES DURING 2013, THE HOSPI	RIES OF THREE ON- SERVICES
		PERSONS AT A TOTAL EXPENSE OF \$66 COST) YALE-NEW HAVEN ALSO GUARA CARE BY PROVIDING CLINICAL PROGR	5 1 MILLION (AT NTEES ACCESS TO AMS DESPITE A
		FINANCIAL LOSS SO SIGNIFICANT THA MARGINS REMAIN AFTER REMOVING T FREE CARE, BAD DEBT AND UNDER-REI MEDICAID SUBSIDIZED HEALTH SERV	HE EFFECTS OF MBURSED ICES INCLUDE THE
		HOSPITAL'S PRIMARY CARE CENTER LO YORK STREET CAMPUS AND FAMILY HE THE SAINT RAPHAEL CAMPUS, WHICH I ADOLESCENT, PEDIATRIC AND WOMEN	ALTH CENTER ON INCLUDE ADULT, 'S SERVICES THE
		HOSPITAL'S PRIMARY CARE CENTER ALL CENTER PROVIDE OUTPATIENT MEDIC THE COMMUNITY, PRIMARILY SERVING OR UNDER-INSURED POPULATION THE CAMPUS PRIMARY CARE CENTER IS THE	AL SERVICES TO THE UNINSURED YORK STREET
		OUTPATIENT FACILITY IN SOUTHERN FISCAL YEAR 2013, THE PRIMARY CARE 23,510 VISITS TO THE ADULT MEDICIN VISITS TO THE PEDIATRIC CLINIC AND	CONNECTICUT IN E CENTER HAD NE CLINIC, 22,260
		THE WOMEN'S CENTER, FOR A TOTAL OVISITS THE FAMILY HEALTH CENTER CST RAPHAEL CAMPUS HAD 8,407 VISIPRIMARY CARE CLINIC, 8,172 TO THE F	F 60,212 PATIENT ON THE HOSPITAL'S TS TO THE ADULT
		PRIMARY CARE CENTER AND 4,439 TO PRIMARY CARE CENTER, FOR A TOTAL VISITS YALE-NEW HAVEN HOSPITAL PINANCIAL AND IN-KIND SUPPORT FO	OF 21,018 PATIENT ROVIDES ONGOING
		OF NEW HAVEN, WHICH PROVIDES TIM SPECIALTY CARE FOR UNINSURED IND RESIDE IN THE GREATER NEW HAVEN A OF AN INTENSIVE PATIENT NAVIGATION	IVIDUALS WHO REA WITH THE USE
		THAN 300 COMMUNITY PHYSICIANS D SERVICES TO PROJECT ACCESS PATIE OF FOUR PATIENT NAVIGATORS ASSIS PATIENTS WITH ACCESSING AND MAN	NTS AND A TEAM T ENROLLED
		SEEING THEIR FIRST PATIENT IN AUGU ACCESS HAS ENROLLED AND NAVIGAT PATIENTS THE NO-SHOW RATE FOR MI APPOINTMENTS IS THREE PERCENT AN	ED MORÉ THAN 800 EDICAL ID THE VALUE OF
		DONATED CARE IS OVER \$12 MILLION REFERRED TO PROJECT ACCESS FROM DEPARTMENTS AND PRIMARY CARE CE THE YORK STREET AND ST RAPHAEL C	THE EMERGENCY NTERS ON BOTH AMPUSES OF YALE-
		NEW HAVEN HOSPITAL, THE FAIR HAVE HEALTH CENTER, THE CORNELL SCOTT CENTER AND COMMUNITY PRIVATE PR ACCESS CELEBRATED ITS THIRD ANNI AUGUST 2013 THE HOSPITAL'S ME & M	-HILL HEALTH ACTICES PROJECT VERSARY IN
		PROVIDES INCREASED ACCESS TO CA SERVED POPULATION THAT IS EITHER UNDERINSURED OUTREACH EFFORTS ENTRY INTO CARE, SCREENING AND DE	RE FOR AN UNDER- UNINSURED OR FOSTER EARLY
		ALLOW PRENATAL CARE TO BEGIN AS IN THE FIRST TRIMESTER THE PROGRAMONTHLY "SHOWERS" TO PROVIDE PAINFORMATION ON THE HOSPITAL'S MA	EARLY AS POSSIBLE M FEATURES RTICIPANTS WITH
		PROGRAMS, BASIC CHILDBIRTH PREPA OTHER INFORMATION ME & MY BABY I PROGRAM IN THE NEW HAVEN AREA TO PREGNANCY TESTING AND COUNSELIN	RATION AND S THE ONLY O OFFER FREE
		REGISTERED NURSE IN 2013, ME & MY NEWLY ENROLLED MOTHERS ACCESS T PEDIATRIC CARE, HEALTH EDUCATION COORDINATION AND PRESCRIPTION D	O PRENATAL AND I, CARE
		NEARLY 100% OF PROGRAM ENROLLEE UNDOCUMENTED IMMIGRANT WOMEN ENTERED THE UNITED STATES WITHOUT WHO WERE ADMITTED ON NONIMMIGR	OR WOMEN WHO JT INSPECTION OR ANT TEMPORARY
		VISAS AND OVERSTAYED THE PRESCR ASSISTANCE PROGRAM HELPS YALE-N HOSPITAL PATIENTS WHO HAVE LITTL INSURANCE OR PHARMACY BENEFITS (	EW HAVEN E OR NO HEALTH DBTAIN DEEPLY
		DISCOUNTED MEDICATIONS THE 340 ASSISTS PATIENTS WHO ARE DISCHAR HOSPITAL, INCLUDING THE EMERGENC ANY HOSPITAL-BASED CLINIC RECEIV PRESCRIPTIONS STUDIES SHOW THAT	GED FROM THE CY DEPARTMENT, OR E DISCOUNTED
		CANNOT AFFORD OUTPATIENT MEDIC, HIGHER HOSPITAL ADMISSION, RE-AD EMERGENCY ROOM VISIT RATES THAN COUNTERPARTS THE HOSPITAL QUAL	ATIONS HAVE MISSIONS, AND THEIR
		FEDERAL PHARMACEUTICAL PRICING I BECAUSE IT TREATS A DISPROPORTIO SHARE OF UNINSURED AND UNDER INS THE HOSPITAL ALSO SERVES AS A KEY	DISCOUNTS NATELY LARGE URED PATIENTS
		NEW HAVEN ORAL HEALTH COALITION WAS FORMED TO ADDRESS THE SERIOUNEEDS OF THE UNDER-SERVED, AND PACHILDREN COVERED THROUGH HUSKY	JS ORAL HEALTH ARTICULARLY
		ALLOWS PARTNERS TO CONTINUOUSL' AND DEVELOP STRATEGIC PLANS IN A AND COMPREHENSIVE MANNER PROM WELLNESSDURING FISCAL YEAR 2013,	MORE COHESIVE OTING HEALTH AND YALE-NEW HAVEN
		HOSPITAL PROVIDED \$10 8 MILLION I HEALTH IMPROVEMENT SERVICES, INC EDUCATION PROGRAMS, SUPPORT GRO FAIRS EXAMPLES OF THESE IMPORTAN	CLUDING HEALTH DUPS AND HEALTH NT SERVICES AND
		PROGRAMS ARE PROVIDED BELOW CO ONE OF SEVEN STATES CHOSEN BY TH DISEASE CONTROL AND PREVENTION THE WISEWOMAN (WELL-INTEGRATED: EVALUATION FOR WOMEN ACROSS TH	E CENTERS FOR TO ADMINISTER SCREENING AND
		PROJECT YALE-NEW HAVEN HOSPITAL CAMPUS AND SAINT RAPHAEL CAMPUS AS TWO OF NINE SITES IN CONNECTION THIS PROGRAM WISEWOMAN IS INTEGRATED.	S YORK STREET WERE SELECTED UT TO BE AWARDED
		EXISTING YALE-NEW HAVEN HOSPITAL BREAST AND CERVICAL CANCER AND E PROGRAM SERVICES INCLUDE ASSESS CARDIOVASCULAR RISK FACTORS FOR	CONNECTICUT CARLY DETECTION SING
		40 THROUGH HEIGHT, WEIGHT, BLOOD CHOLESTEROL, BLOOD GLUCOSE AND LIFESTYLE HISTORIES IN FISCAL YEAR WERE SCREENED THROUGH THE PROGR	PRESSURE, PERSONAL R 2013, 493 WOMEN RAM THE HOSPITAL
		IS ONE OF 17 SITES IN CONNECTICUT COMPREHENSIVE BREAST, CERVICAL A CANCER SCREENING PROGRAM FOR ME UNDERSERVED WOMEN SERVICES SUC	OFFERING A AND COLORECTAL EDICALLY
		BREAST EXAMS AND PAP SMEARS ARE CHARGE FOR ELIGIBLE WOMEN BETWEE AND 64, AND MAMMOGRAMS ARE OFFE WHO ARE AGE 40 TO 64 IN FY 2013, O	OFFERED FREE OF EN THE AGES OF 19 RED TO WOMEN VER 1,000 WOMEN
		RECEIVED SCREENINGS THROUGH THE NEW HAVEN HOSPITAL IS A GRANT RECKOMEN FOUNDATION PATIENT NAVIG. CANCER SCREENING THIS COLLABORA	PROGRAM YALE- CIPIENT OF THE ATION FOR BREAST ATIVE OUTREACH
		INITIATIVE IS FOCUSED ON OFFERING EDUCATION AND SCREENING SERVICE AMERICAN, HISPANIC AND ANY UNDER (AGE 50+) IN THE GREATER NEW HAVE	S TO AFRICAN RSERVED WOMEN N COMMUNITY AND
		HELPING THEM NAVIGATE THROUGH T SYSTEM THE GOAL IS TO INCREASE A' EARLY DETECTION TO THESE HIGH-RIS TEACH BREAST SELF-EXAMS, PROVIDE	WARENESS OF SK POPULATIONS, SCREENINGS, AND
		FACILITATE ACCESS TO APPROPRIATE FOLLOW UP WHEN NECESSARY YALE-N HOSPITAL'S NAVIGATION FOR BREAST AWARENESS HAS PROVIDED BREAST C AWARENESS, EDUCATION AND SCREEN	EW HAVEN CANCER ANCER
]		AWARENESS, EDUCATION AND SCREEN WOMEN	IING 10 4,000

Identifier	ReturnReference	Explanation  PART VI, LINE 5 THE PROGRAM SCREENED OVER 300 UNINSURED AND UNDER INSURED WOMEN AT RISK IN THE
		UNINSURED AND UNDER INSURED WOMEN AT RISK IN THE GREATER NEW HAVEN AREA (ONLY 160 OF WHICH WERE FUNDED BY SUSAN G KOMEN), AND FROM THESE SCREENINGS, REFERRED 34 WOMEN FOR FURTHER EXPLORATION OF FINDINGS IN A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, THE HOSPITAL'S DIGITAL MAMMOGRAPHY VAN PROVIDES SCREENING
		MAMMOGRAPHY SERVICES IN THE COMMUNITY WHERE WOMEN LIVE AND WORK, IMPROVING ACCESS FOR THE ELDERLY AND UNDERSERVED POPULATIONS WHO MIGHT NOT OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS IN FISCAL YEAR 2013, THE MAMMOGRAPHY VAN PERFORMED 1,986 SCREENING MAMMOGRAMS AT 45 LOCATIONS THROUGHOUT SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY
		SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAPHY SERVICES THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE THE PROGRAM ASSISTS PATIENTS WITH ACCESS
		TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES THE SICKLE CELL TEAM WORKS DILIGENTLY WITH THE PEDIATRIC TEAM TO ENSURE SMOOTH TRANSITION OF SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL
		APPROACH IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CONNECTICUT, YALE-NEW HAVEN HOSPITAL OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC
		ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 5,500 WOMEN AND THEIR CHILDREN THE WIC PROGRAM STAFF REACHES OUT INTO THE COMMUNITY TO PROVIDE NUTRITIONAL COUNSELING, BREASTFEEDING
		EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFANTS AND CHILDREN WHO ARE AT NUTRITIONAL RISK WIC IS FUNDED BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE THE SUPPLEMENTAL INFANT PROGRAM AT YALE-NEW HAVEN HOSPITAL WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF
		FORMULA STRETCHING (WATERING DOWN FORMULA TO SAVE MONEY DUE TO FINANCIAL HARDSHIP) AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL'S YORK STREET CAMPUS, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS IN 2011, 26 3% OF FAMILIES LIVING IN NEW HAVEN WERE CONSIDERED BELOW THE POVERTY LEVEL A RATE WHICH IS 16% HIGHER THAN
		POVERTY LEVEL, A RATE WHICH IS 16% HIGHER THAN THE STATE AVERAGE THE SUPPLEMENTAL INFANT PROGRAM PROVIDED FORMULA FOR 390 INFANTS DURING 2013 AT NO COST TO FAMILIES TO ENSURE THESE BABIES RECEIVED ADEQUATE NUTRITION THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
		AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECEIVING CARE AT YALE-NEW HAVEN HOSPITAL AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER TWO CASE MANAGERS ASSESS
		PRIMARY CARE CENTER TWO CASE MANAGERS ASSESS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATED SERVICES THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTHY START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES IN FISCAL YEAR 2013, THE PROGRAM SERVED 260 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED AS
		260 WOMEN PEDIATRIC DENTISTRY WAS IDENTIFIED AS A CRITICAL ISSUE IN THE GREATER NEW HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S SINCE 2004, THE HOSPITAL HAS OPERATED A DEDICATED PEDIATRIC DENTISTRY CENTER, WHICH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM THE PEDIATRIC DENTISTRY CENTER RELOCATED LAST
		YEAR TO AN 8,700 SQUARE FOOT STATE-OF-THE-ART FACILITY WITH 10 TREATMENT ROOMS, ONE RECOVERY ROOM FOR POST-SEDATION PATIENTS AND A STERILIZATION CENTER THE PEDIATRIC DENTISTRY CENTER MAINTAINS NEARLY 2,000 ACTIVE PATIENTS AND HAS THE SINGULAR CAPACITY IN THE COMMUNITY TO TREAT CHILDREN WITH EARLY CHILDHOOD CAVITIES
		IN THE OPERATING ROOM SINCE 1992, THE HOSPITAL HAS PROVIDED COMPREHENSIVE CARE TO LEAD- POISONED CHILDREN AND THEIR FAMILIES THE YALE- NEW HAVEN LEAD POISONING REGIONAL TREATMENT CENTER IS ONE OF TWO REGIONAL TREATMENT CENTERS IN CONNECTICUT PROVIDING MEDICAL TREATMENT AND SOCIAL SERVICE PROGRAMS IN FISCAL YEAR 2013, THE
		LEAD PROGRAM PROVIDED 3,664 PATIENT SCREENINGS, 486 IN-HOME VISITS AND 59 INFORMATIONAL PRESENTATIONS THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW HAVEN HOSPITAL THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS,
		ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND SIGNIFICANT OTHERS THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COMPREHENSIVE RISK COUNSELING SERVICES, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT THE AIDS CARE PROGRAM IS STAFFED BY A MULTIDISCIPLINARY
		TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS, SOCIAL WORKERS AND CLINICAL RESEARCHERS IN FISCAL YEAR 2013 THE AIDS CARE PROGRAM'S PEDIATRIC SERVICE CARED FOR 30 CHILDREN AND ADOLESCENTS WITH A TOTAL OF 115 VISITS APPROXIMATELY 3,000 TESTS WERE PROVIDED AS PART OF ROUTINE TESTING IN THE ADULT AND
		ADOLESCENT PRIMARY CARE CENTER AND WOMEN'S CENTER BOTH INPATIENT AND OUTPATIENT SERVICES FOR PEOPLE WITH HIV AND AIDS ARE ALSO AVAILABLE THROUGH THE HOSPITAL'S HAELEN CENTER, LOCATED IN THE FAMILY HEALTH CENTER AT YALE-NEW HAVEN HOSPITAL'S SAINT RAPHAEL CAMPUS YALE-NEW HAVEN HOSPITAL OFFERS SUPPORT GROUPS FOR PATIENTS AND
		FAMILIES IN OVER 25 AREAS, INCLUDING MANY CANCER AND TRANSPLANT SPECIALTY AREAS THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES IN FISCAL YEAR 2013, OVER 3,600 PEOPLE ATTENDED AND PARTICIPATED IN SUPPORT GROUPS ADVANCING
		CAREERS IN HEALTH CAREAS THE PRIMARY TEACHING HOSPITAL FOR THE YALE SCHOOL OF MEDICINE, YALE- NEW HAVEN HOSPITAL HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING ITS MEDICAL STAFF WITH AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL
		SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING, DIETARY, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS IN 2013, THE COST TO YALE-NEW HAVEN HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$798 MILLION.
		EDUCATION PROGRAMS WAS MORE THAN \$79 8 MILLION, AND BENEFITED OVER 3,000 INDIVIDUALS THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR OVER 750 MEDICAL PROFESSIONALS THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, ALLIED HEALTH
		PHYSICIANS / MEDICAL STUDENTS, ALLIED HEALTH EDUCATION, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL EDUCATIONAL OPPORTUNITIES FOR STUDENT DENTAL HYGIENISTS DURING THEIR ROTATIONS, UNDER THE DIRECTION AND SUPERVISION OF THEIR INSTRUCTORS, THE STUDENTS PERFORM PROCEDURES APPROPRIATE AND APPLICABLE
		TO THEIR ROLES AS A DENTAL HYGIENIST STUDENTS FROM THE UNIVERSITY OF NEW HAVEN DENTAL HYGIENE PROGRAM AND THE UNIVERSITY OF BRIDGEPORT, INCLUDING SENIOR BACCALAUREATE CANDIDATES WHO ARE LICENSED DENTAL HYGIENISTS, INTERN IN THE DENTAL DEPARTMENT BY PROVIDING DIRECT PATIENT CARE FOUR OF THESE HYGIENISTS ARE ASSIGNED IN
		THE CLINIC EACH SEMESTER AND, THROUGH THEIR PATIENT CARE EXPERIENCE, INTERACT WITH RESIDENT AND ATTENDING PHYSICIANS, HOSPITAL STAFF AND THE COMMUNITY IN FISCAL YEAR 2013, 52 SUCH HYGIENISTS ROTATED THROUGH THE DEPARTMENT DURING 2013, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO OVER 2,170 STUDENTS
		ENROLLED IN PROGRAMS FOR NURSING, DIETARY, PHYSICAL AND OCCUPATIONAL THERAPY, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS YALE-NEW HAVEN HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING GATEWAY COMMUNITY COLLEGE, FAIRFIELD UNIVERSITY, SACRED
		HEART UNIVERSITY, MANCHESTER COMMUNITY COLLEGE, UNIVERSITY OF CONNECTICUT, GOODWIN COLLEGE AND NAUGATUCK COMMUNITY COLLEGE YALE-NEW HAVEN'S TRAUMA SERVICES DEPARTMENT, THROUGH A CONTRACT WITH THE PENTAGON, PROVIDES US NAVY CORPSMAN MEDICAL TRAINING FOR SERVICE MEMBERS AT THE GROTON / NEW LONDON SUBMARINE BASE THE TRAINING INCLUDES BASIC MEDICAL PROCEDURES AND SKILLS FOR
		SURVIVAL WHILE THE SUBMARINE IS OUT TO SEA IN 2013, 20 CORPSMAN RECEIVED THIS NECESSARY TRAINING RESEARCH  PART VI, LINE 5 TEACHING HOSPITALS LIKE YALE-NEW HAVEN HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST
		TECHNOLOGICALLY ADVANCED CARE POSSIBLE EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY ARE AVAILABLE ELSEWHERE
		CLINICAL TRIALS AT YALE-NEW HAVEN HOSPITAL AND THE YALE SCHOOL OF MEDICINE INCLUDE PHASE ONE TRIALS, WHICH TEST A NEW DRUG'S SAFETY IN THE HUMAN BODY, PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF
		AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT CLINICAL TRIALS ARE AVAILABLE IN MANY DIFFERENT CLINICAL AREAS INCLUDING ADDICTIVE BEHAVIOR, BRAIN, SPINAL CORD, AND NERVOUS SYSTEM, CANCER, CHILDREN'S HEALTH, DIABETES AND ENDOCRINE SYSTEM, HEART AND CARDIOVASCULAR, HIV/AIDS AND INFECTIOUS DISEASE, AND WOMEN'S HEALTH YALE-NEW HAVEN RECEIVES
		NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YALE SCHOOL OF MEDICINE AND YALE CANCER CENTER, YALE-NEW HAVEN HOSPITAL IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE,
		INCLUDING ITS CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D PEPPER OLDER AMERICANS INDEPENDENCE CENTER LAST YEAR, SMILOW CANCER
		HOSPITAL AND THE YALE CANCER CENTER ENTERED INTO KEY CLINICAL PARTNERSHIPS WITH BOTH THE SARAH CANNON RESEARCH INSTITUTE TO SCIENTIFICALLY COLLABORATE TO ADVANCE CANCER RESEARCH, AND WITH GILEAD SCIENCES, INC, TO BEGIN A MULTI-YEAR RESEARCH COLLABORATION FOCUSED ON THE DISCOVERY OF NOVEL CANCER THERAPIES YALE-
		NEW HAVEN HOSPITAL'S ANNUAL SUPPORT OF THIS WORK IS CAPTURED UNDER CREATING HEALTHIER COMMUNITIES STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS SUCH INFORMATION IS
		ENVIRONMENTAL RISK FACTORS SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR
		TREATMENT PROGRAMS IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES YALE-NEW HAVEN HOSPITAL MAINTAINS A ROBUST
		CANCER REGISTRY, AND DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE CANCER REGISTRY WAS \$1 6 MILLION CREATING HEALTHIER COMMUNITIESTHE CITY OF NEW HAVEN AND THE SURROUNDING COMMUNITY IS HOME TO A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES IN 2013, YALE-NEW HAVEN
		SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-FOR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$1 8 MILLION ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2013 INCLUDED THE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W BEERS GUIDANCE CLINIC,
		COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION HELPING CANCER PATIENTS, CONNECTICUT STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MANAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, LEAP, LEEWAY, LIFE HAVEN,
		LITERACY VOLUNTEERS OF GREATER NEW HAVEN, MONTESSORI SCHOOL OF EDGEWOOD, NEW LIFE CORPORATION AND RONALD MCDONALD HOUSE YALE- NEW HAVEN HOSPITAL PROVIDES LEADERSHIP AND FACILITATION SUPPORT FOR THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED
		EFFORT TO LEVERAGE EXISTING COMMUNITY HEALTH WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT OF RESIDENTS IN THE CITY OF NEW HAVEN AND TWELVE MUNICIPALITIES COMPRISING THE INNER AND OUTER SUBURBAN RINGS SURROUNDING IT MEMBERS OF THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN
		INCLUDE REPRESENTATIVES FROM AREA HEALTH DEPARTMENTS AND HEALTH DISTRICTS, FEDERALLY- QUALIFIED HEALTH CENTERS, YALE SCHOOL OF PUBLIC HEALTH, ROBERT WOOD JOHNSON CLINICAL SCHOLAR'S PROGRAM AND OTHER NON-PROFIT ORGANIZATIONS SERVING GREATER NEW HAVEN GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE BRIDGEPORT-BASED
		PRIMARY CARE ACTION GROUP, EXPANDED TO NEW HAVEN IN 2013 GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY THE APPROACH OF GET HEALTHY CT IS TO
		IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC
		POLICY USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS GENEROUS GRANT
		FAITH-BASED ORGANIZATIONS GENEROUS GRANT FUNDING HAS BEEN PROVIDED FOR THE INFRASTRUCTURE AND DEVELOPMENT OF GET HEALTHY CT BY THE UNITED WAY OF COASTAL FAIRFIELD COUNTY WITH ADDITIONAL IN-KIND AND FINANCIAL SUPPORT FROM MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND YALE-NEW HAVEN HOSPITAL OVER 75 NEW HAVEN AREA LEADERS AND
		COMMUNITY MEMBERS ATTENDED THE SEPTEMBER LAUNCH, WHICH WAS HELD AT BEULAH HEIGHT FIRST PENTECOSTAL CHURCH IN NEW HAVEN IN ADDITION, YALE-NEW HAVEN HOSPITAL AND ITS EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS FOR VARIOUS HEALTH ADVOCACY ORGANIZATIONS ORGANIZATIONS INCLUDE AIDS WALK NEW HAVEN, ALZHEIMER'S
		ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CROHN'S AND COLITIS FOUNDATION OF AMERICA, INTEGRATED REFUGEE AND IMMIGRANT SERVICES, MARCH OF DIMES, MUSCULAR DYSTROPHY ASSOCIATION, NATIONAL ALLIANCE ON MENTAL ILLNESS, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CT, INC
		SUPPLEMENTAL INFORMATIONYALE-NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN
		AND WOODBRIDGE THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY THE HOSPITAL'S MEDICAL STAFF TOTALS 4,138 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS YALE-NEW HAVEN HOSPITAL, THE ANCHOR OF YALE NEW HAVEN HEALTH SYSTEM, HAD STRONG FINANCIAL PERFORMANCE
		THIS PAST YEAR DESPITE SIGNIFICANT STATE AND FEDERAL BUDGET CUTBACKS JUST ONE YEAR AFTER YALE-NEW HAVEN HOSPITAL ACQUIRED THE HOSPITAL OF SAINT RAPHAEL IN SEPTEMBER 2012, TWO HOSPITALS THAT HAD OPERATED SEPARATELY FOR MORE THAN 100 YEARS BECAME ONE HIGH-PERFORMING ORGANIZATION STAFF BECAME FULLY INTEGRATED, EFFORTS TO MAINTAIN ONE STANDARD OF SERVICE WERE
		MAINTAIN ONE STANDARD OF SERVICE WERE SUCCESSFUL, THE SAINT RAPHAEL CAMPUS PASSED A JOINT COMMISSION EXTENSION SURVEY, AND THE EPIC ELECTRONIC MEDICAL RECORD SYSTEM WAS INSTALLED ON BOTH CAMPUSES IN ADDITION, MEDICAL STAFF INTEGRATED IN MANY CLINICAL SPECIALTIES AND PARTICIPATED IN STRATEGIC AND OPERATING DISCUSSIONS REGARDING DUPLICATE SERVICES AND
		OPTIMIZING RESOURCES ON BOTH CAMPUSES IN FEBRUARY, YALE-NEW HAVEN HOSPITAL OPENED THE NEW NORTH HAVEN MEDICAL CENTER, A COMPREHENSIVE, FOUR-STORY, 120,000-SQUARE-FOOT AMBULATORY CARE CENTER THAT INCLUDES A WALK-IN CARE CENTER, A SMILOW CANCER HOSPITAL CARE CENTER, A DIAGNOSTIC RADIOLOGY CENTER, AN
		INTERVENTIONAL IMMUNOLOGY CENTER SPECIALIZING IN CHRONIC AUTOIMMUNE CONDITIONS, AND A BLOOD DRAW STATION WITH ON-SITE LABORATORY SERVICES Y ACCESS, YALE-NEW HAVEN'S SINGLE-SOURCE, 24/7 CALL CENTER EXCLUSIVELY FOR PHYSICIANS, COORDINATES TRANSFERS FROM OTHER HEALTHCARE FACILITIES AND EMERGENT DIRECT ADMISSIONS TO YNHH THE Y ACCESS
		EMERGENT DIRECT ADMISSIONS TO YNHH THE Y ACCESS TRANSFER CENTER, STAFFED BY CLINICIANS, HAS DRAMATICALLY SIMPLIFIED THE TRANSFER PROCESS TO YNHH

PART VI, LINE 5 D	URING 2013, THE SAINT RAPHAEL
TRANSFER LINE WA	S INCORPORATED INTO Y ACCESS
THE Y ACCESS LIN	E, AT 888-964-4233, AVERAGES
ABOUT 500 TRANS	FERS A MONTH EACH YEAR,
	EMBERS OF THE COMMUNITY SUPPORT
	HOSPITAL THROUGH PHILANTHROPY
	NG IN FY 2013, 2,461 VOLUNTEERS
	AL OF 206,823 SERVICE HOURS TO
	LUNTEERS WERE PLACED IN OVER 50
	UT THE HOSPITAL INCLUDING
	T EMERGENCY DEPARTMENT, CHILD
l '	DREN'S HOSPITAL, COMMUNITY
l '	LINIC, HEART CENTER, LABORATORY
l '	ATIONAL HEALTH, PSYCHIATRIC
l '	LITATION SERVICES, RELIGIOUS
l '	,
l '	ELINE MEDICAL CENTER, SMILOW
	_, SOCIAL WORK AND WOMEN'S
SERVICES	
l '	THE YALE NEW HAVEN HEALTH
	ENTAL MISSION IS TO ENSURE THAT
	WORKS ASSOCIATED WITH THE
	THE HEALTH OF THE COMMUNITIES
	NSURE THAT ALL PATIENTS HAVE
	PRIATE HEALTHCARE SERVICES THE
	HEALTH SYSTEM REQUIRES ITS
	CORPORATE PLANS TO PROMOTE
HEALTHY COMMUN	ITTIES WITHIN THE HOSPITAL'S
EXISTING BUSINES	SS PLANS FOR WHICH THEY ARE HELD
ACCOUNTABLE IN	ADDITION, REGULAR REPORTING ON
COMMUNITY BENE	FITS IS REQUIRED ON A QUARTERLY
l Basis	

Explanation

ReturnReference

Identifier

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

#### Software ID: **Software Version:**

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

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

(list in order of size, from largest to smallest)

YNHH BLOOD DRAW

252 E MAIN STREET CLINTON, CT 06413

How many non-hospital health care facilities did the organization operate during the tax year? Name and address Type of Facility (describe) PEDIATRIC SPECIALTY CENTER **PEDIATRICS** 1 PARK STREET NEW HAVEN, CT 06511 **PEDIATRICS** YNHCH PEDIATRIC SPECIALTY CENTER AT WP2 100 BROADWAY NORTH NORTH HAVEN, CT 06825 YNHH TEMPLE RADIOLOGY **PEDIATRICS** 1075 CHASE PARKWAY WATERBURY, CT 06708 SMILOW CANCER HOSPITAL WATERBURY CARE CE **PEDIATRICS** 109 BOSTON POST ROAD ORANGE, CT 06477 SMILOW CANCER HOSPITAL LOCATION **PEDIATRICS** 11 HARRISON AVENUE BRANFORD, CT 06405 SRC-ADULT OUT PSYCH SERVICES **PEDIATRICS** 1324 CHAPEL STREET NEW HAVEN, CT 06511 **PEDIATRICS** SRC ELDERCARE CLINIC 1354 CHAPEL STREET NEW HAVEN, CT 06511 SENIOR ASSESSMENT CENTER **PEDIATRICS** 137 WATER STREET NEW HAVEN, CT 06511 YNHH HILL REGIONAL CAREER HIGH SCHOOL **PEDIATRICS** 1401 CHAPEL STREET NEW HAVEN, CT 06511 SRC WOMEN INFANT & CHILDREN PROGRAM **PEDIATRICS** 141 MILL HILL AVE BRIDGEPORT, CT 06610 THE CENTER FOR WOUND HEALING & HYPERBARI **PEDIATRICS** 1441 CHAPEL STREET NEWHAVEN,CT 06511 CENTER FOR WOMEN'S HEALTH AND MIDWIFERY **PEDIATRICS** 1445 BOSTON POST ROAD GUILFORD, CT 06437 **PEDIATRICS** SMILOW CANCER CARE CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06721 ST RAPHAEL CAMPUS - AMITY PATIENT SERVI **PEDIATRICS** 1475 WHALLEY AVENUE NEW HAVEN, CT 06515 YNHH AMITY PATIENT SERVICE CENTER BLOOD **PEDIATRICS** 150 SARGENT DRIVE NEW HAVEN, CT 06511 YNHH BLOOD DRAWYNHH DIAGNOSTIC RADIOLOG **PEDIATRICS** 1591 BOSTON POST ROAD GUILFORD, CT 06437 YALE CARDIOLOGY **PEDIATRICS** 163 UNIVERSAL DRIVE NORTH HAVEN, CT 06473 URGENT CARE CENTER **PEDIATRICS** 170 BOSTON POST ROAD MADISON,CT 06443 SCHOOL BASED CLINIC BARNARD ENVIRONMENT **PEDIATRICS** 175 SHERMAN AVENUE NEW HAVEN, CT 06511 **SMILOW ONCOLOGY PEDIATRICS** 19 LUNAR DRIVE WOODBRIDGE, CT 06525 **SMILOW ONCOLOGY PEDIATRICS** 19 WEST MAIN STREET SHARON,CT 06069 YNHH MAURA-SHERIDAN ACADEMY SCHOOL BAS **PEDIATRICS** 2 DEVINE STREET NORTH HAVEN, CT 06473 YNHH BLOOD DRAWYMG CARDIOLOGY **PEDIATRICS** 2 IVY BROOK SHELTON,CT 06484 **PEDIATRICS PEDIATRICS** 20 YORK STREET NEW HAVEN, CT 06510 YALE-NEW HAVEN HOSPITALOCC HEALTHBONE **PEDIATRICS** 200 KENNEDY DRIVE TORRINGTON, CT 06790 YNHH BRANFORD ADOLESCENT DAY HOSPITAL PEDIATRICS 2200 WHITNEY AVENUE HAMDEN,CT 06518 YNHH UROLOGY **PEDIATRICS** 236 BOSTON POST ROAD ORANGE,CT 06477 YNHH BLOOD DRAW **PEDIATRICS** 240 INDIAN RIVER ROAD ORANGE,CT 06477 SMILOW CANCER HOSPITAL ORANGE CARE CENTE **PEDIATRICS** 247 BROAD STREET MILFORD, CT 06460

**PEDIATRICS** 

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

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

(list in order of size, from largest to smallest)

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

57

Name and address	Type of Facility (describe)
SRC ELDERCARE CLINIC 266 STATE STREET NORTH HAVEN,CT 06473	PEDIATRICS
Y-NHH CHILDREN'S HOSPITAL BRIDGEPORT HOS 295 EDGEWOOD AVENUE NEW HAVEN,CT 06511	PEDIATRICS
SCHOOL BASED CLINIC TROUP MAGNET ACADEM 317 FOXON ROAD EAST HAVEN, CT 06513	PEDIATRICS
YNHH AT FOXON 325 BOSTON POST ROAD ORANGE, CT 06477	PEDIATRICS
YMG OBSTETRICS GYNECOLOGY & REPRODUCTIV 330 ORCHARD STREET NEW HAVEN, CT 06511	PEDIATRICS
ORCHARD MEDICAL CENTER ORCHARD SURGICAL 34 EAST INDUSTRIAL ROAD BRANFORD,CT 06405	PEDIATRICS
YNHH DIALYSIS - BRANFORD 350 SEYMOUR AVENUE DERBY,CT 06418	PEDIATRICS
TEMPLE MEDICAL CENTER CARDIOLOGY ASSOCIA 405 CHURCH STREET GUILFORD, CT 06437	PEDIATRICS
YNHH PSYCHIATRIC HOSPITAL PSYCHIATRY 46 PRINCE STREET NEW HAVEN,CT 06519	PEDIATRICS
PRINCE PROFESSIONAL BUILDING-PHOTOTHERAP 48 WELLINGTON ROAD MILFORD,CT 06460	PEDIATRICS
YNHH HILLHOUSE SCHOOL BASED HEALTH CEN 5 PEQUOT PARK ROAD WESTBROOK, CT 06498	PEDIATRICS
YALE CARDIOLOGY 5 PERRYRIDGE ROAD GREENWICH, CT 06830	PEDIATRICS
YNHCH PEDIATRIC SPECIALTY CENTERYALE OR 50 COMMERCE PARK DR MILFORD,CT 06460	PEDIATRICS
YNHH DIALYSIS - MILFORD 50 HOSPITAL HILL ROAD SHARON,CT 06069	PEDIATRICS
SMILOW CANCER HOSPITAL CARE CENTER SHA 500 ELM STREET WEST HAVEN, CT 06516	PEDIATRICS
YNHH TEMPLE RADIOLOGY 533 GEORGE STREET NEW HAVEN, CT 06511	PEDIATRICS
CHILD PSYCH DAY HOSPITAL 556 MAIN STREET EAST HAVEN,CT 06512	PEDIATRICS
TEMPLE RADIOLOGYEAST HAVEN BLOOD DRAWS 6 DEVINE ST NORTH HAVEN, CT 06473	PEDIATRICS
BLOOD DRAW AND VARIOUS 60 COMMERCE STREET EAST HAVEN,CT 06512	PEDIATRICS
YNHH CHILD AND ADOLESCENT DAY HOSPITAL 665 NORTH COLONY ROAD WALLINGFORD,CT 06492	PEDIATRICS
YNHH BLOOD DRAW 675 WASHINGTON STREET WEST HAVEN,CT 06516	PEDIATRICS
WEST HAVEN EMERGENCY ASSISTANCE TASKFORC 687 CAMPBELL AVENUE WEST HAVEN,CT 06516	PEDIATRICS
YMG UROLOGY 747 BELDEN AVENUE NORWALK,CT 06850	PEDIATRICS
PEDIATRIC SPECIALTY CENTER AT NORWALK 764 CAMPBELL AVENUE WEST HAVEN,CT 06516	PEDIATRICS
SRC CARDIOLOGY (YMG CARDIOLOGIST) 789 HOWARD AVENUE NEW HAVEN,CT 06519	PEDIATRICS
YNHH PRIMARY CARE CENTERWOMEN'S CENTER 800 HOWARD AVENUE NEW HAVEN,CT 06611	PEDIATRICS
YALE PHYSICIANS BUILDING 84 NORTH MAIN STREET BRANFORD,CT 06405	PEDIATRICS

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

Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493226026114

Open to Public

Internal Revenue Service   Name of the organization			Attach to Form 990			Employer identification	Inspection
YALE-NEW HAVEN HOSPITAL						06-0646652	on number
Part I General Information	on on Grants and	Assistance					
<ol> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organiz</li> </ol>	ward the grants or ass	ıstance?					Г Yes Г
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of gra or assistance
See Additional Data Table							
						+	
2 Enter total number of section 5	01(c)(3) and governm	ent organizations list	ted in the line 1 table .			<b>&gt;</b>	22

Enter total number of other organizations listed in the line 1 table . . .

<b>Part III</b>	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	23	46,000		FMV	
Down TV		•	•		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Software ID:

**Software Version:** 

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NEW HAVEN165 CHURCH STREET NEW HAVEN,CT 06511		GOVERNMENT	1,797,188				COMMUNTY BENEFIT DEV
COMMUNITY FOUNDATION OF GREATER NEW HAVEN28 LINCOLN WAY NEW HAVEN,CT 06510	06-6032106	501 (C)(3)	500,299				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY COMMUNITY COLLEGE60 SARGENT DRIVE NEW HAVEN,CT 06511	22-3135128	501 (C)(3)	5,000				SUPP NURSING CAREER
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511	06-1178712	501 (C)(3)	38,500				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION SOUTHONE LONG WHARF DRIVE NEW HAVEN,CT 06511	06-0646941	501 (C)(3)	10,000				SUPPORT MISSION
ANTI DEFAMATION LEAGUEWHITNEY AVE NEW HAVEN,CT 06511	13-1818723	501 (C)(3)	10,000				SPONSORSHIP

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEULAH HEIGHT SOCIAL INTEGRATION782 ORCHARD STREET NEW HAVEN,CT 06511	06-1290930	501 (C)(3)	7,500				SPONSORSHIP
GREATER NEW HAVEN CHAMBER OF COMMER900 CHAPEL STREET NEW HAVEN, CT 06510	06-0646890	501 (C)(6)	10,000				SPO NSO RSHIP

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAVEN SYMPHONY ORCHESTRA70 AUDUBON STREET NEW HAVEN,CT 06510	06-6000592	501 (C)(3)	5,000				SUPPORT MISSION
CT STATE MISSIONARY BAPTIST CONVENT10 CHERRY DRIVE DANBURY,CT 06812	06-1421410	501 (C)(3)	6,500				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
NEW LIFE CORPORATION 540 ELLA T GRASSO BLVD NEW HAVEN,CT 06519	06-1443579	501 (C)(3)	5,000				SUPPORT MISSION
SHORELINE ARTS ALLIANCE725 BOSTON POST ROAD GUILFORD, CT 06437	06-1027403	501 (C)(3)	5,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CENTER FOR ARTS (CONNCAT)70 AUDUBON STREET NEW HAVEN,CT 06510	45-1257955	501 (C)(3)	150,000				SUPPORT MISSION
YALE UNIVERSITY CONTINUING EDUCATION PO BOX 6028 NEW HAVEN, CT 06521	06-0646973	501 (C)(3)	5,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501 (C)(3)	5,000				SUPPORT MISSION
CAREER RESOURCES INC 350 FAIRFIELD AVE BRIDGEPORT,CT 06604	06-1427945	501 (C)(3)	5,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY COMMUNITY SERVICES129 CHURCH STREET NEW HAVEN,CT 06510	22-2849124	501 (C)(3)	5,000				SUPPORT MISSION
ST MARTIN DE PORRES ACADEMY208 COLUMBUS AVE NEW HAVEN, CT 06519	81-0666655	501 (C)(3)	5,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
CONNECTICUT SPORTS FOUNDATION129 MAIN STREET OLD SAYBROOK, CT 06475	06-1240574	501 (C)(3)	18,000				SUPPORT MISSION
CLIFFORD W BEERS GUIDANCE93 EDWARDS STREET NEW HAVEN, CT 06511	06-0646757	501 (C)(3)	10,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION6931 ARLINGTON RD BETHESDA,MD 20814	13-1930701	501 (C)(3)	10,000				SUPPORT MISSION
HEALTH ASSISTANCE INTERVENTION835 W QUEEN ST SOUTHINGTON,CT 06489	51-0642913	501 (C)(3)	5,000				SUPPORT MISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(b) EIN (c) IRC Code section (d) if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance	
NEIGHBORHOOD MUSIC SCHOOL100 AUDUBON ST NEW HAVEN,CT 06510	06-0662152	501 (C)(3)	5,000				SUPPORT MISSION	
NEW HAVEN FREE PUBLIC LIBRARY133 ELM STREET NEW HAVEN,CT 06510	06-1283798	501 (C)(3)	5,000				SUPPORT MISSION	

DLN: 93493226026114

OMB No 1545-0047

**Schedule J** 

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

06-0646652

Pa	rt I Questions Regarding Compensat	ion				
					Yes	No
1a			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b		
2	Did the organization require substantiation prior of directors, trustees, and the CEO/Executive Directors			2		
3		ll that apply				
	Compensation committee	굣				
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 99 or a related organization	0, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-cont	rol paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity	/-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	l provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	n A, line 1a	, did the organization pay or accrue any			
а	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 compensation contingent on the net earnings of	n A, line 1a	, did the organization pay or accrue any			
а	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 payments not described in lines 5 and 6? If "Yes			7	Yes	
8	Were any amounts reported in Form 990, Part VI					
	subject to the initial contract exception describe in Part III	d ın Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	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 \$0 \$258,931 \$0 RICHARD D'AQUILA - 151,570 - JAMES M STATEN - 132,290 - KEVIN A MYATT - 83,807 - DANIEL BARCHI - 78,297 - WILLIAM J ASELTYNE - 76,136 - THOMAS J BALCEZAK - 60,198 - VINCENT PETRINI - 55,784 - PAUL N PATTON - 53,382 - THOMAS D LEARY - 51,342 - KEVIN F WALSH - 51,842 - STEPHEN M MERZ - 42,015 - ABE LOPMAN - 17,572 - 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 2012 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2012 CALENDAR YEAR FORM W-2S PETER HERBERT \$ 285,649 PATRICIA FITZSIMONS \$ 109,760 TWO FORMER OFFICERS, EDWARD J DOWLING AND ALVIN R JOHNSON AND ONE CURRENT OFFICER, PATRICK LUDDY RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST EDWARD DOWLING \$172,933 ALVIN JOHNSON \$ 62,231 PATRICK LUDDY \$ 42,792
	PART I, LINE 7	PART I, LINE 7 THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PETER N HERBERT MD	(ı) (ıı)				11,850 7,900	34,159 22,773		
MARNA P BORGSTROM	(ı) (ıı)				314,914 209,943	12,211 8,141		
PAUL N PATTON	(ı) (ıı)		90,694 0	61,857	112,682 0	20,187 0	614,934 0	1,272 0
WILLIAM J ASELTYNE	(ı) (ıı)				60,630 112,599	7,680 14,263		
KEVIN F WALSH	(I) (II)	310,496			110,142	20,728		0
ABE LOPMAN	(I) (II)		168,772 0	71,741	145,210	17,057 0	790,575 0	20,696 0
THOMAS D LEARY	(I) (II)				119,265 6,277	19,341 1,018		
JAMES M STATEN	(ı) (ıı)		155,880	51,454	165,024 110,016	42,178 28,119	874,860	0
VINCENT PETRINI	(ı) (ıı)		121,944 0	i	121,084	22,135 0		0
KEVIN A MYATT	(ı) (ıı)	284,925 189,950			113,118 75,412	10,387 6,924		
THOMAS J BALCEZAK	(ı) (ıı)		89,549 0	61,291	129,110 0	22,804 0	671,214 0	
STEPHEN M MERZ	(ı) (ıı)		63,130 0	61,711	91,215 0	31,352 0	468,095 0	0
RICHARD D'AQUILA	(ı) (ıı)				227,903 75,968	19,982 6,661		0
PATRICIA S FITZSIMONS	(ı) (ıı)		123,850	168,555	19,750 0	15,617 0	709,183 0	0
DANIEL BARCHI	(ı) (ıı)				35,919 143,678	11,269 45,074		
CYNTHIA SPARER	(ı) (ıı)	396,190	111,454 0	60,971	122,874 0	20,986 0	712,475 0	10,056 0
SUHER BAKER	(ı) (ıı)		60,106 0	24,030	14,094 0	17,190 0	476,819 0	23,690 0
VICTOR MORRIS	(ı) (ıı)		77,036 0	53,395	73,100 0	21,833 0	545,459 0	10,935 0
RICHARD S STAHL	(ı) (ıı)		100,857	84,236	22,200 0	3,780 0	627,731 0	63,722 0
DIANE VORIO	(ı) (ıı)	) 260,898 ) 0	68,212 0	62,325	_	16,507 0	471,873 0	2,629 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(I) (II)		80,491 0	57,530	60,300 0	24,019 0	495,500	0	
	(I) (II)		93,710	411,105	0	0 0	740,719	271,175 0	

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

DLN: 93493226026114 OMB No 1545-0047

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

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

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue p	rıce	(f	f) Description	n of purpose	( <b>g)</b> De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	CHEFA- J-1	06-0806186	20774UFP5	09-25-2006	184,574	1,134		CER HOSPIT STRUCTION			Х		х		Х
В	CHEFA- K-1K-2L-1L-2	06-0806186	20774UVY8	05-14-2008	216,56			JND I1,I2 & . 06,9/25/06	J1,J2-		х		×		Х
С	CHEFA- SERIES M	06-0806186	20774U5T8	12-22-2010	105,436	5,335	CON	STRUCTION	PROJECT		х		х		х
D	CHEFA- SERIES N	06-0806186	20774YNC7	02-01-2013	44,81!	5 IIIIII I	ACQ (HSR	UISITION O	FASSETS		Х		х		х
Pai	rt III Proceeds					•									
					A			В			С			D	
1	Amount of bonds retired				2	8,454	,131				6,96	1,335			
	Amount of bonds legally defe	eased													
3	Total proceeds of issue				20	3,907	,795	21	6,613,096		105,34	9,186		49	,999,105
4	Gross proceeds in reserve fu														
_5	Capitalized interest from pro					5,030	,954				5,03	0,954			
6	Proceeds in refunding escrov														
7	Issuance costs from proceed	ds				3,297	,523		1,157,236		1,86	1,661			654,825
8	Credit enhancement from pro	oceeds													
9	Working capital expenditures	s from proceeds													
10	Capital expenditures from pr	roceeds			20	0,610	,272				98,55	6,571		49	,344,280
11	Other spent proceeds				21	5,455	,860	21	.5,455,860						
12	O ther unspent proceeds														
13	Year of substantial completion	on			200	9		200	0.8	2	012			2013	
					Yes	No	<b>,</b>	Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as pa	art of a current refund	ling issue?			Χ		Х			>	<			X
15	Were the bonds issued as pa	art of an advance refu	ındıng ıssue?			Х			Х	<u> </u>	>	<			Х
16	Has the final allocation of pro	oceeds been made?			Х			Х		Х			Х		
17	Does the organization mainta allocation of proceeds?	aın adequate books a	and records to sup	port the final	x			x		Х			Х		
Par	t IIII Private Business	Use							<u> </u>		•			•	
					-	_		E			Ç		D		
					Yes	No	0	Yes	No	Yes	N	lo	Yes		No

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

Х

	dule K (Form 990) 2012									Page <b>Z</b>
Par	t III Private Business Use (Continued)		1	<u> </u>		<u> </u>				
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	X		X	No	X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?		×		Х		Х		х	
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×		Х		Х		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government			0%		0%		0 00000	%	0%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			%		%		(	%	%
6	Total of lines 4 and 5			0%		0%		0 00000	%	0 %
7	Does the bond issue meet the private security or payment test?			Х		X		Х		Х
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х		х		х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%			2%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			x		х		Х		Х
Par	t IV Arbitrage									
	Misitrage	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х			Х		Х
2	If "No" to line 1, did the following apply?			•	•	•	•	•		
a	Rebate not due yet?		Х		Х	Х			Х	
b	Exception to rebate?		Х		Х			Х	Х	
С	No rebate due?	Х		Х				Х		Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•		•			
3	Is the bond issue a variable rate issue?		Х	Х				Х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		×
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?							+		
		I		_ I						

Pa	rt IV Arbitrage (Continued)								
	· •	1	\	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			Х		Х		Х
b	Name of provider	MORGAN S	TANLEY						
С	Term of GIC	2 0000	00000000						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6	Were any gross proceeds invested beyond an available temporary period?	х			х		х		х
7	Has the organization established written procedures to monitor the requirements of section 148?	х		×		×		х	
Pa	rt V Procedures To Undertake Corrective Action								,
-		ı.	1	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		х		х		х	

Part VI Supplemental Info	ormation. Complete this part to p	provide additional information for responses to questions on Schedule K (see instructions).
<b>Ident if ier</b>	Return Reference	Explanation
See Additional Data Table		
_		

Schedule K (Form 990) 2012

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, ARBITRAGE, LINE 2C	DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA- J-1 DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2011

Form 990 Schedule K, Part VI -	Supplemental Information	
Identifier	Return Reference	Explanation
PART II LINE 3		THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS R EPORTED ON PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS

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

Form 990 Schedule K, Part VI -	Supplemental Information	
Identifier	Return Reference	Explanation
PART III, LINE 9		THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TA X LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATI ON WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION

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

Were the bonds issued as part of a current refunding issue?

(Form 990)

14

**Supplemental Information on Tax Exempt Bonds** 

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

**DLN: 93493226026114**OMB No. 1545-0047

2012

Open to Public

Inspection Employer identification number

06-0646652

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE-NEW HAVEN HOSPITAL

Part I Bond Issues

(h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No

A	CHEFA - SERIES O	06-0806186	20774YNE3	02-01-2013	50,00	0,000 ACQ (HSR	UISITION (	OF ASSETS		Х	×		>	<
Pa	rt III Proceeds													
						١	l	В	(	;			D	
1	Amount of bonds retired													
2	Amount of bonds legally defe	eased												
3	Total proceeds of issue					50,000,000								
4	Gross proceeds in reserve fu	ınds												
5	Capitalized interest from pro	ceeds												
6	Proceeds in refunding escro	ws												
7	Issuance costs from procee	ds				654,824								
8	Credit enhancement from pro	oceeds												
9	Working capital expenditure:	s from proceeds												
10	Capital expenditures from pr	roceeds				49,345,176								
11	O ther spent proceeds													
12	O ther unspent proceeds													
13	Year of substantial completi	on			20	13								
					Yes	No	Yes	No	Yes	No	Y	es	N	lo

Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-Χ financed property? Schedule K (Form 990) 2012 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E

Х

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)								_	
				A	В			C		D
За	Are there any management or service contracts that may result in private	hiisiness iise	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?		×							
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government			0%	'	%		0/	<b>6</b>	9/6
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		0,	′o	%
6	Total of lines 4 and 5			0%		%		0/	<b>′</b> o	%
7	Does the bond issue meet the private security or payment test?			X						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%	•	%		0,	<b>′</b> o	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und			Х						
	Regulations sections 1 141-12 and 1 145-2?									
Pai	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		X							
2	If "No" to line 1, did the following apply?									
	Rebate not due yet?	X								
	Exception to rebate?	×								
С	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			1						
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									

Part IV Arbitrage (Continued)

			A		В		C		l D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a contract (GIC)?	guaranteed investment		х						
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for or value of the GIC satisfied?	establishing the fair market								
6	Were any gross proceeds invested period?	beyond an available temporary		х						
7	Has the organization established w the requirements of section 148?	ritten procedures to monitor	х							
Pa	rt V Procedures To Underta	ake Corrective Action								
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established w that violations of federal tax require and corrected through the voluntar self-remediation is not available ur	ements are timely identified y closing agreement program if	Х							
Pa	art VI Supplemental Infor	<b>mation.</b> Complete this part to pi	rovide additior	<u>ıal ınformatı</u>	<u>on for respor</u>	ises to ques	tions on Sche	edule K (see	instructions)	
	Identifier	Return Reference				Explana	ation			

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226026114

OMB No 1545-0047

2012

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL							<b>ploye</b> -0646	r <b>identif</b> 652	ication	numbei	r
Part I Excess Benefit Transac						ganıza	tions	only).	/ line 4	Ob	
Complete if the organization a  1 (a) Name of disqualified person			between disc		<b>(c)</b> Descrip					d) Corr	ected?
	ŗ	person and	l organizatio	n						es	No
2 Enter the amount of tax incurred by 4958	y organiza • • •	tion mana	gers or disqi	ualıfıed perso	ons during the	year u	inder s	ection - \$ -			
3 Enter the amount of tax, If any, on	line 2, abo	ve, reimbi	ursed by the	organization				<b>F</b> \$			
Part II Loans to and/or From	m Intere	ested Pe	ersons.								
Complete if the organizatio					20 5	00	0 D	- T.V. I	- 36	6 4 4	
					ine 38a, or Fo	rm 990	J, Pan	IV, line	e 26, or	irthe	
organization reported an an	nount on F	orm 990,	Part X, line	5, 6, or 22	_						utten
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F	orm 990, (d) Loan or from t	Part X, line to he	5, 6, or 22 (e)O riginal principal	_		In	(h) Appro	) ved	(i)Wr agreer	
organization reported an an (a) Name of (b) Relationship (c)	nount on F Purpose	orm 990, ( <b>d)</b> Loan	Part X, line to he	5, 6, or 22 (e)Original	( <b>f</b> )Balance	(g)	In	(h)	) ved rd or	(i)Wr	
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F Purpose	orm 990, (d) Loan or from t	Part X, line to he	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g)	In	(h) Appro by boa	) ved rd or	(i)Wr	
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F Purpose	orm 990, (d) Loan or from t organizati	Part X, line to he on?	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F Purpose	orm 990, (d) Loan or from t organizati	Part X, line to he on?	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F Purpose	orm 990, (d) Loan or from t organizati	Part X, line to he on?	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an (a) Name of (b) Relationship (c) interested with organization	nount on F Purpose	orm 990, (d) Loan or from t organizati	Part X, line to he on?	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an  (a) Name of (b) Relationship (c) with organization person	nount on F Purpose	Torm 990,  (d) Loan  or from t  organizati  To	Part X, line to he on?	5, 6, or 22 (e)O riginal principal	( <b>f</b> )Balance	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an (a) Name of interested person (b) Relationship with organization or part III Grants or Assistance	nount on F Purpose of loan  Benefit	Torm 990,  (d) Loan or from t organizati  To  to  sting Inte	Part X, line to he on? From	(e)Original principal amount	(f)Balance due	(g) defa	In ult?	(h) Appro by boa commit	) ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an  (a) Name of (b) Relationship (c) with organization person  Total  Part III Grants or Assistance Complete if the organization	Benefitiation ans	Torm 990,  (d) Loan or from torganizati  To  sting Interviewered "Y	Part X, line to he on? From  erested Pees" on Form	ersons.	( <b>f</b> )Balance due	(g) defa	In ult?	(h) A ppro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	No
organization reported an an (a) Name of interested person (b) Relationship with organization or part III Grants or Assistance	Benefitiation ans	Torm 990,  (d) Loan or from torganizati  To  ting Interviewered "Y ween (c	Part X, line to he on? From	ersons.	(f)Balance due	(g) defa	In ult?	(h) A ppro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	ment?
organization reported an an an (a) Name of interested person (b) Relationship with organization person (c) Relationship with organization (c) Relationship person (c) Relationship with organization (c) Relationship person (c) Relationship	Benefitiation ans	Torm 990,  (d) Loan or from torganizati  To  ting Interviewered "Y ween (c	Part X, line to he on? From  erested Pees" on Form	ersons.	( <b>f</b> )Balance due	(g) defa	In ult?	(h) A ppro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	No
organization reported an an an (a) Name of interested person (b) Relationship with organization person (c) Relationship with organization (c) Relationship person (c) Relationship with organization (c) Relationship person (c) Relationship	Benefitiation ans	Torm 990,  (d) Loan or from torganizati  To  ting Interviewered "Y ween (c	Part X, line to he on? From  erested Pees" on Form	ersons.	( <b>f</b> )Balance due	(g) defa	In ult?	(h) A ppro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	No
organization reported an an an (a) Name of interested person (b) Relationship with organization person (c) Relationship with organization (c) Relationship person (c) Relationship with organization (c) Relationship person (c) Relationship	Benefitiation ans	Torm 990,  (d) Loan or from torganizati  To  ting Interviewered "Y ween (c	Part X, line to he on? From  erested Pees" on Form	ersons.	( <b>f</b> )Balance due	(g) defa	In ult?	(h) A ppro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	No

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organizatio		T		1, , ,,	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) LAURA LOMBARDO-BOYLE	SEE SCHEDULE O	102,949	SEE PART V		No
(2) ABBOTT LABORATORIES	SEE SCHEDULE O	234,386	SEE PART V		No
(3) UNITED ILLUMINATING CO	SEE SCHEDULE O	8,150,108	SEE PART V		No
				-	
				1	l

#### Part V Supplemental Information

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

PART IV, COLUMN DBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSNAME OF IN PERSON LAURA LOMBARDO-BOYLETHE HOSPI EMPLOYS LAURA LOMBARDO-BOYLE, THE DAU FORMER TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE MS LOMBARDO-BOYLE HA EMPLOYEE OF THE HOSPITAL BEFORE MS LINI APPOINTMENT TO THE HOSPITAL BEFORE MS LINI APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
INVOLVING INTERESTED PERSONSNAME OF IN PERSON LAURA LOMBARDO-BOYLETHE HOSPI EMPLOYS LAURA LOMBARDO-BOYLE, THE DAU FORMER TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE MS LOMBARDO-BOYLE HA EMPLOYEE OF THE HOSPITAL BEFORE MS LINI APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATING CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING	5
EMPLOYS LAURA LOMBARDO-BOYLE, THE DAU FORMER TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE MS LOMBARDO-BOYLE HA EMPLOYEE OF THE HOSPITAL BEFORE MS LINI APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
FORMER TRUSTEE ANNEMARIE LINDSKOG, AS A REGISTERED NURSE MS LOMBARDO-BOYLE HAD EMPLOYEE OF THE HOSPITAL BEFORE MS LINI APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO TO FINTERESTED PERSON UNITED ILLUMINATING CO TRUSTEES JOHN L LAHEY AND JAMES POR ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	ITAL
REGISTERED NURSE MS LOMBARDO-BOYLE HOPOLOGICAL BEFORE MS LINING APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, MDIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO TOF INTERESTED PERSON UNITED ILLUMINATING ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	GHTER OF
EMPLOYEE OF THE HOSPITAL BEFORE MS LING APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	Д
APPOINTMENT TO THE HOSPITAL'S BOARD OF NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	AD BEEN AN
NAME OF INTERESTED PERSON ABBOTT LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	DSKOG'S
LABORATORIESTRUSTEE ROBERT J ALPERN, M DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	TRUSTEES
DIRECTOR OF ABBOTT LABORATORIES, WHICH SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
SERVICES TO THE HOSPITAL FROM TIME TO T OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
OF INTERESTED PERSON UNITED ILLUMINATI CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
CO TRUSTEES JOHN L LAHEY AND JAMES P TO ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
ARE DIRECTORS OF UIL HOLDINGS CORPORAT PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
PARENT COMPANY OF UNITED ILLUMINATING HOSPITAL PURCHASED ELECTRICITY AND GAS	
HOSPITAL PURCHASED ELECTRICITY AND GAS	•
FROM UNITED ILLUMINATING CO, THE ONLY S	
ELECTRICITY AND GAS AVAILABLE TO THE HO	
RATES CHARGED BY UNITED ILLUMINATING CO	
REVIEWED AND APPROVED BY THE CONNECTI	
DEPARTMENT OF PUBLIC UTILITY CONTROL SO	
HOSPITAL'S CURRENT OFFICERS SERVE AS OF	
AND/OR DIRECTORS OF RELATED ORGANIZATI	
AFFILIATES WITHIN THE HOSPITALS CORPORA	
THE HOSPITAL ENGAGES IN BUSINESS TRANSA	
WITH SOME OF THESE RELATED ORGANIZATION	
AFFILIATES THESE TRANSACTIONS HAVE BEE	
REPORTED AND DISCLOSED ON SCHEDULE R T	
INDIVIDUAL OFFICERS DO NOT HAVE PERSON	–
FINANCIAL INTERESTS IN THE RELATED ORGA	· · -
OR AFFILIATES AND SERVE ONLY AS A FUNCTI	
THEIR ROLES AT THE HOSPITAL	ONOF
Schedule L (Form 990 o	

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

DLN: 93493226026114

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

**Noncash Contributions** 

Inspection

Name of the organization **Employer identification number** YALE-NEW HAVEN HOSPITAL 06-0646652 Part I Types of Property

		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash cont		_	:s
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	3		STOCK EXCHAN		ES	
	Securities—Closely held stock .	X	1	369,525	APPRAISAL VAL	UE		
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	120,000	MEDICAL OFFIC	E CONDO	)	
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1	15,130	CAMPARABLE M	ARKET PE	RICE	
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►( <u>ELECTRONICS</u> )	X	1	1	COMPARABLE M			
	Other►( <u>GIFTCARDS/BAGS</u> ) ART	Х	2	·	COMPARABLE M			
27	Other►( <u>SCULPTURE</u> )	X	1	12,000	COMPARABLE M	ARKET PI	RICE	
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			3
20	Duman Mariana (1911)				1 20 46-11		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No_
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) is checked,			
For P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule	M (Form 9	990) (	2012)

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

YALE-NEW HAVEN HOSPITAL

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493226026114

OMB No 1545-0047

2012

Open to Public Inspection

## 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.

Name of the organization

Employer identification number

06-0646652

	Return ference	Explanation
SERVICE PAR	E4A	YALE-NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS YALE-NEW HAVEN HOSPITAL DISCHARGED MORE THAN 80,500 INPATIENTS AND HANDLED MORE THAN ONE MILLION OUTPATIENT ENCOUNTERS LAST YEAR YALE-NEW HAVEN HOSPITAL INCLUDES SEVERAL OUTPATIENT CENTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND DOZENS OF RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE DURING FISCAL YEAR 2013, YALE-NEW HAVEN HOSPITAL PROVIDED APPROXIMATELY \$383 2 MILLION DOLLARS IN COMMUNITY BENEFITS THIS FIGURE INCLUDES \$267 9 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$79 8 MILLION IN HEALTH PROFESSIONS EDUCATION, AND \$23 2 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL \$2 6 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHY SICAL IMPROVEMENTS AND HOUSING YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS

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

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

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

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

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

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

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

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

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

	Return ference	Explanation
FEES PAR	RT IX,	PROFESSIONAL & CONSULTING FEES PROGRAM SERVICE EXPENSES 6,055,007 MANAGEMENT AND GENERAL EXPENSES 859,716 FUNDRAISING EXPENSES 65,981 TOTAL EXPENSES 6,980,704 OHCA ASSESSMENT PROGRAM SERVICE EXPENSES 684,475 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 684,475 SYSTEM SUPPORT FEES PROGRAM SERVICE EXPENSES 20,998,232 MANAGEMENT AND GENERAL EXPENSES 3,418,317 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,998,232 MANAGEMENT AND GENERAL EXPENSES 94,416,549 OUTSIDE CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 164,169,420 MANAGEMENT AND GENERAL EXPENSES 26,889,551 FUNDRAISING EXPENSES 724,717 TOTAL EXPENSES 191,783,688 YNHHSC SHARED PROJECT FEES PROGRAM SERVICE EXPENSES 109,542,586 MANAGEMENT AND GENERAL EXPENSES 17,832,514 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 127,375,100 EMPLOYEE RECRUITMENT FEES PROGRAM SERVICE EXPENSES 0 TOTAL EXPENSES 127,375,100 EMPLOYEE RECRUITMENT FEES PROGRAM SERVICE EXPENSES 577,793 MANAGEMENT AND GENERAL EXPENSES 94,061 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 1,375,480 MANAGEMENT AND GENERAL EXPENSES 671,854 AMBULANCE SERVICES PROGRAM SERVICE EXPENSES 1,375,480 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 163,224,713 MANAGEMENT AND GENERAL EXPENSES 1,375,480 YALE U PERSONNEL & SUPPORT FEE PROGRAM SERVICE EXPENSES 163,224,713 MANAGEMENT AND GENERAL EXPENSES 184,988 MANAGEMENT AND GENERAL EXPENSES 170,350 FUNDRAISING EXPENSES 1 10,350 MANAGEMENT AND GENERAL EXPENSES 170,350 FUNDRAISING EXPENSES 1 10,350 MANAGEMENT AND GENERAL EXPENSES 1 10,360 MANAGEMENT AND GENERAL EXPENSES 1 10,360 MANAGEMENT AND GENERAL EXPENSES 1 10,360 MANAGEMENT AND GENERAL EXPENSES 1 10,341,341 MANAGEMENT AND GENERAL EXPENSES 1 10,341,341 MANAGEMENT AND GENERAL EXPENSES 1 10,341,341 MANAGEMENT AND GENERAL EXPENSES 1 10,341,3

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	l '	FUNDING OF CLINICAL PROGRAMS -15,498,090 BEQUESTS, GIFTS & GRANTS 20,776,951 NET ASSETS RELEASE FOR OPERATIONS 343,000 INVESTMENT INCOME RELEASED FROM RESTRICTIONS 1,009,230 AUXILIARY SERVICES/MISC 10,508 PENSION & POST RETIREMENT ADJUSTMENTS 88,656,000 CHANGE IN INTEREST IN PERPETUAL TRUST 411,000 TRANSFER TO YNH NETWORK CORP/YNHHSC -9,793,000 NET ASSETS RELEASE FOR OPERATIONS -2,821,514 RELEASE FOR WINCHESTER/MCFADDEN -6,448,653 RELEASE FOR FREE CARE -138,389

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

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No 1545-0047

06-0646652

DLN: 93493226026114

Department of the Treasury Internal Revenue Service

Name of the organization

YALE-NEW HAVEN HOSPITAL

(Form 990)

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number** 

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	<b>tions</b> (Complete ıf tax year.)	the organization a	inswered "Yes'	' to Form 990, F	art IV, line 34 bec	ause it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity (if section 501	status Direct cont (c)(3)) entity	(13)	(g) ion 512(b controlledentity?
See Additional Data Table						Yes	s No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule	R (Form 990)	2012

because it had one or more rela	teu organizations ti					/6	/-×						(1.)
<b>(a)</b> Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or aging	<b>(k)</b> Percentage ownership
					31.,			Yes	No		Yes	No	
(1) SHORELINE SURGERY CENTER LLC  60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459		HEALTHCARE	СТ	N/A									
(2) SSC II LLC		HEALTHCARE	СТ	N/A									
111 GOOSE LANE GUILFORD, CT 06437 26-1709382													
(3) ORTHOPAEDIC & NEUROSURGERY CENTER		HEALTHCARE	СТ	N/A									
55 HOLLY HILL LANE GREENWICH, CT 06830 27-3411797													
Part IV Identification of Related Org								nswer	ed "Ye	es" to Form	990	, Par	t IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	Legal C domicile state or foreign		ng Type of entit (C corp, S corp, or trust)	y Share of incom	e   0	(g) re of end of-year assets		<b>(h)</b> Percentage ownership		(i) non 512 non 512 no	2
See Additional Data Table									$\dashv$		Ye	<u>:S</u>	No
500 - 1244 - 1250													
									4				
									_		-		_

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations lis	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (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	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No	
i	Exchange of assets with related organization(s)				1i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes		
k	k Lease of facilities, equipment, or other assets from related organization(s)							
ı	l Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							No	
0	Sharing of paid employees with related organization(s)				10		No	
р	Reimbursement paid to related organization(s) for expenses				1р	Yes		
q	Reimbursement paid by related organization(s) for expenses				1q	Yes		
r	Other transfer of cash or property to related organization(s)				1r	Yes		
s	Other transfer of cash or property from related organization(s)				1s	Yes		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this							
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amo	unt ir	nvolved		
ee A	ditional Data Table							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

**EIN:** 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Schedule R (Form 990) 2012
Page 5

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

Return Reference		Explanation								
THE FOLLOWING ENTITIES LISTED AS RELATED ORGANIZATION IN PART IV QUINNIPIAC MEDICAL PC, YNH GERIATRICS PC, YNH MEDICAL SERVICES PC AND CHC PHYSICIANS CORP ARE ALL CONTROLLED BY YALE-NEW HAVEN HOSPITAL CHIEF OF STAFF IN ACCORDANCE WITH STATE LAWS, PROFESSIONAL CORPORATIONS SUCH AS THESE MUST BE OWNED BY A PHYSICIAN THEREFORE THE CHIEF OF STAFF OF Y-NHH IS THE APPOINTED NOMINEE SHAREHOLDER OF THESE ENTITIES										
		ation of Related Organ	izations Taxab		1					
		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	entity (C corp, S corp,	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)( control entity	on (13) lled /?
INC		MANAGEMENT		N/A	or trust)				<b>Yes</b> Yes	No
VEN		HEALTHCARE	СТ	N/A	С				Yes	
			СТ							
A.V.5		HEALTHCARE		HAVEN HOSPITAL	С	1,370		100 000 %		Νo
СТ			CI							
		RENTAL	CT	N/A	С				Yes	
ICS		HEALTHCARE		YALE-NEW HAVEN HOSPITAL	С	3,021		100 000 %		No
			СТ							
_		HEALTHCARE		YALE-NEW HAVEN HOSPITAL	С	114,587		100 000 %		No
			СТ							
AVE		HEALTHCARE	СТ	YALE-NEW HAVEN HOSPITAL	С			100 000 %		No
		HEALTHCARE		N/A	C				Yes	
C E ROAD		MEACHIGARE	СТ						103	
		HEALTHCARE		N/A	С				Yes	
			СТ							
<b>!</b>		HEALTHCARE		N/A	С				Yes	
			СТ							
VFPC		HEALTHCARE		N/A	С				Yes	
			СТ							
PRISES		TITLE HOLDING		N/A	С				Yes	
			СТ							
		ADMINISTRATIVE SERVICES		N/A	С				Yes	
СТ			СТ							
		PHARMACY	CT	N/A	С				Yes	
			C I							
		HEALTHCARE		N/A	С				Yes	
			NY							
	INC AVE CT AVE CT AVE CT CT AVE CT	THE FOLLOWING EN SERVICES PC AND LAWS, PROFESSION APPOINTED NOMIN PROFITE AND LAWS, PROFESSION APPOINTED NOMIN PROFITE AND LAWS, PROFESSION APPOINTED NOMIN PROFITE AND LAWS CT.  AVE CT.  VEN (' TREET CT.  AVE C	Reference    Reference   The Following Entities Listed as Relate   Services of a And Chep Physicians comp and Laws, propriession Nat Corporations sold part of the following entities and services of the Physicians comp and Laws, propriession Nat Corporations (a) (b) (b) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	REFORMO   THE FOLLOWING ENTITIES LISTED AS RELATED RIGANIZATION SERVICES PC AND CHC PHYSICIANS CORP ARE ALL CONTROLL PROVIDED OF THE SERVICES PC AND CHC PHYSICIANS CORP ARE ALL CONTROLL PROVING PARENT POLYTICS NOMINEE SHAPEHOLDER OF THE SERVICES PHYTIES PROVINCE PHYSICIANS CORP ARE ALL CONTROLL PROVINCE PHYSICIANS CORP ARE ALL	INCOLOURS ENTITIES LISTED AS RELATED ORGANIZATION IN PART IV OF SERVICES PLAND CHE PHYSICIANS CORP ARE ALL CONTROLLED BY VALUE FIX A SERVICES PLAND CHE PHYSICIANS CORP ARE ALL CONTROLLED BY VALUE FIX A SERVICES AND CHE SHAREHOLDER OF THIS ENTITIES SERVICES AND CHE SHAREHOLDER OF THIS ENTITIES SERVICES AND CHE SHAREHOLDER OF THIS ENTITY SERVICES AND CHE SHAREHOLDER OF THE SHAREHOLDER OF	INTERPRETATION   INTERPRETATION OF PROJECT AND RELATED DECANIZATION IN PART IV QUINNIFIES CONTROL   INTERPRETATION OF PROJECT AND CHE PROJEC	Mathematics	Tended   T		

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

Torin 550, Schedule iç Fart 10 Identili	cation of Related Organ	Allzations raxab	ic as a corpor		i asc		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct	Type of	Share of total	Share of end-	Percentage	Section	on 🔻
related organization		domicile	controlling	entity	ıncome	of-year	ownership	512(b)(	/(13)
- -		(state or foreign	entity	(C corp, S	1	assets	1	control	
		country)	,	corp,	· ·	1	1	entity	.y?
ı				or trust)		1		Yes	No
LUKANINDEMNITY	INCURANCE		VALE NEW		+	<del></del>	1 100 000 %	1.63	_
LUKAN INDEMNITY	INSURANCE		YALE-NEW	С	· ·	1 '	100 000 %	·	No
CO LTD			HAVEN HOSPITAL		'	'		'	1 7
VALLIS BLDG 58 PAR			110011		1	1 '	1	·   '	1
LA VILLE RD					1	1 '	1	'	1
HAMILTON					1	1 '	1	'	1
BD					1	1 '	1	'	1
98-1072793					1	1 '	1	'	1
	<u> </u>		+	<del></del>	<del></del>	<del></del>	+	+'	<del></del>
GREENWICH OCCUP	HEALTHCARE		N/A	lc	1	1 '	1	Yes	1 7
HEALTH SERV INC-NJ						'		'	1 7
5 PERRYRIDGE ROAD		LΝ				'	1	'	1
GREENWICH, CT		1,12			1	1 '	1	·   '	1
06830					1	1 '	1	·   '	1
45-3833883					1	1 '	1	·   '	1
	<del></del>	+	<del>                                      </del>	+	+	<del></del> '	<del></del>	+'	<del></del>
PRIMARYNET OC	HEALTHCARE		N/A	C	· ·	1 '	1	Yes	1 /
CONNECTICUT					· ·	'		,	1 1
789 HOWARD AVE		СТ				1 '	1	'	1
					1	1	1	'	1
NEW HAVEN, CT					1	1 '	1	'	1 /
06519					1	1 '	1	'	1 /
06-1463534					1	1 '	1	·   '	1

> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
YALE NEW HAVEN HEALTH SERVICES CORP	J	3,028,000	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	Р	26,928,426	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	М	177,492,933	COMPARABLE MARKET VALUE
LUKAN INDEMNITY CO LTD	R	4,832,530	CASH
YALE NEW HAVEN MEDICAL CENTER INC	L	2,826,440	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	L	3,460,949	TRANSACTION REVIEW
YALE NEW HAVEN AMBULATORY SERVICES CORP	S	3,866,689	TRANSACTION REVIEW
YNH NETWORK CORP	L	191,639	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	Q	3,183,094	TRANSACTION REVIEW
YALE NEW HAVEN MEDICAL CENTER INC	К	334,252	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	R	6,000,000	CASH
YALE NEW HAVEN CARE CONTINUUM CORP	L	175,020	COMPARABLE MARKET VALUE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93493226026114

## **TY 2012 Itemized Other Current Liabilities Schedule**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
LUKAN INDEMNITY COMPANY LTD	98-1072793	LOSS AND LOSS PROVISION	29,802,664	26,048,440
		INSURANCE AND REINSURANCE PAYABLE	394,537	55,178

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93493226026114

## **TY 2012 Itemized Other Assets Schedule**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
LUKAN INDEMNITY COMPANY LTD	98-1072793	INVESTMENT IN/ADVANCES TO AFFILIATES	383,595	
		OTHER ASSETS	18,621	79,368

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493226026114

## **TY 2012 Other Deductions Schedule**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
NET LOSS INCURRED, IBNR, OSLR		932,685
GENERAL AND ADMINISTRATIVE EXPENSES		337,574

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493226026114

### **TY 2012 Itemized Other Investments Schedule**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
LUKAN INDEMNITY COMPANY LTD	98-1072793	BONDS	7,292,141	6,766,150

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493226026114

### **TY 2012 Itemized Other Liabilities Schedule**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
LUKAN INDEMNITY COMPANY LTD	98-1072793	DUE TO AFFILIATES	0	73,028

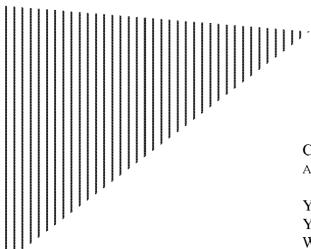
efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226026114

### **TY 2012 Other Income Statement**

Name: YALE-NEW HAVEN HOSPITAL

**EIN:** 06-0646652

Description	Foreign Amount	Amount
INVESTMENT INCOME		393,306



CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Yale-New Haven Hospital, Inc. and Subsidiaries Years Ended September 30, 2013 and 2012 With Report of Independent Auditors

Ernst & Young LLP



# Consolidated Financial Statements and Supplementary Information

Years Ended September 30, 2013 and 2012

### **Contents**

Report of Independent Auditors		٠	•	1
Consolidated Financial Statements				
Consolidated Balance Sheets				3
Consolidated Statements of Operations and Changes in Net Assets				5
Yale-New Haven Hospital, Inc. and Subsidiaries				7
Consolidated Statements of Cash Flows				7
Notes to Consolidated Financial Statements				
Supplementary Information				
Report of Independent Auditors on Supplementary Information		•		56
Consolidating Balance Sheet				57
Consolidating Statement of Operations and Changes in Net Assets				59



Ernst & Young

Goodwin Square 225 Asylum Street Hartford, CT 06103

Tel +1860 247 3100 Fax +1860 725 6040 www.ey.com

### Report of Independent Auditors

Board of Trustees Yale-New Haven Hospital, Inc

We have audited the accompanying consolidated financial statements of The Yale-New Haven Hospital, Inc and Subsidiaries (the "Hospital"), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

#### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Yale-New Haven Hospital, Inc. and Subsidiaries at September 30, 2013 and 2012, and the consolidated results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles

#### **Change in Presentation of the Provision for Bad Debts**

As discussed in Note 1 to the accompanying consolidated financial statements, in 2013, the Hospital adopted the provisions of Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts in the accompanying consolidated statements of operations and changes in net assets effective October 1, 2011. Our opinion is not modified with respect to this matter

December 23, 2013

Ernst + Young LLP

# Consolidated Balance Sheets

Current assets         40,355         64,557           Short-term investments         709,453         613,360           Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012         233,822         202,909           Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           Construction in progres		September 30			
Cash and cash equivalents			2013		2012
Current assets         40,355         64,557           Short-term investments         709,453         613,360           Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012         233,822         202,909           Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           Construction in progres			(In The	บเรล	nds)
Cash and cash equivalents         \$ 40,355         64,557           Short-term investments         709,453         613,360           Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012         233,822         202,909           Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         2         1,101,393         1,068,530           Equipment         461,458         426,413	Assets				
Short-term investments         709,453         613,360           Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012         233,822         202,909           Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         Land and land improvements         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670 </td <td>Current assets</td> <td></td> <td></td> <td></td> <td></td>	Current assets				
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012 233,822 202,909 Other receivables 48,020 48,641 Professional liabilities insurance recoveries receivable – current portion 21,142 15,739 Other current assets 60,787 47,394 Amounts on deposit with trustee in debt service fund 7,176 6,619 Total current assets 11,120,755 999,219 Assets limited as to use 84,095 105,688 Long-term investments 214,382 164,238 Deferred financing costs, less accumulated amortization 8,079 5,182 Professional liabilities insurance recoveries receivable – non-current 60,199 40,271 Goodwill 38,955 35,685 Other assets 190,005 177,199 Property, plant, and equipment Land and land improvements 190,005 177,199 Buildings and fixtures 11,101,393 1,068,530 Equipment 461,458 426,413 1,596,042 1,528,134 Less accumulated depreciation 918,135 926,464 Construction in progress 22,942 63,603 941,077 990,067	Cash and cash equivalents	\$	40,355	\$	64,557
uncollectible accounts, charity and free care of approximately \$151,265,000 in 2013 and \$59,610,000 in 2012         233,822         202,909           Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         33,191         33,191           Land and land improvements         1,11,293         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           Goodwill         677,907         601,670	Short-term investments		709,453		613,360
\$151,265,000 in 2013 and \$59,610,000 in 2012       233,822       202,909         Other receivables       48,020       48,641         Professional liabilities insurance recoveries receivable – current portion       21,142       15,739         Other current assets       60,787       47,394         Amounts on deposit with trustee in debt service fund       7,176       6,619         Total current assets       1,120,755       999,219         Assets limited as to use       84,095       105,688         Long-term investments       214,382       164,238         Deferred financing costs, less accumulated amortization       8,079       5,182         Professional liabilities insurance recoveries receivable – non-current       60,199       40,271         Goodwill       38,955       35,685         Other assets       190,005       177,199         Property, plant, and equipment       1,101,393       1,068,530         Equipment       461,458       426,413         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       22,942       63,603         941,077       990,067	•				
Other receivables         48,020         48,641           Professional liabilities insurance recoveries receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         20,005         177,199           Property, plant, and equipments         33,191         33,191           Buildings and fixtures         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           Onstruction in progress         22,942         63,603           941,077         990,067 <td></td> <td></td> <td>222 922</td> <td></td> <td>202.000</td>			222 922		202.000
Professional liabilities insurance recoveries           receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         20,005         177,199           Property, plant, and equipment         33,191         33,191           Buildings and fixtures         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           918,135         926,464           Construction in progress         22,942         63,603           941,077         990,067 <td></td> <td></td> <td>,</td> <td></td> <td></td>			,		
receivable – current portion         21,142         15,739           Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         21,101,393         1,068,530           Equipment         461,458         426,413           Buildings and fixtures         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           918,135         926,464           Construction in progress         22,942         63,603           941,077         990,067			48,020		48,041
Other current assets         60,787         47,394           Amounts on deposit with trustee in debt service fund         7,176         6,619           Total current assets         1,120,755         999,219           Assets limited as to use         84,095         105,688           Long-term investments         214,382         164,238           Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries receivable – non-current         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         1,101,393         1,068,530           Equipment         461,458         426,413           Buildings and fixtures         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           918,135         926,464           Construction in progress         22,942         63,603           941,077         990,067			21 142		15 720
Amounts on deposit with trustee in debt service fund       7,176       6,619         Total current assets       1,120,755       999,219         Assets limited as to use       84,095       105,688         Long-term investments       214,382       164,238         Deferred financing costs, less accumulated amortization       8,079       5,182         Professional liabilities insurance recoveries receivable – non-current       60,199       40,271         Goodwill       38,955       35,685         Other assets       190,005       177,199         Property, plant, and equipment       21,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	<u>-</u>		•		,
Total current assets   1,120,755   999,219			,		
Assets limited as to use  Long-term investments  Deferred financing costs, less accumulated amortization Professional liabilities insurance recoveries receivable – non-current Goodwill Goodwill Other assets  Property, plant, and equipment Land and land improvements Buildings and fixtures Equipment Less accumulated depreciation  Construction in progress  Assets limited as to use 1105,688 164,238 164,238 164,238 164,238 164,238 164,238 164,238 164,238 164,238 175,182 177,199 177,199 177,199 177,199 177,199 177,199	•				
Deferred financing costs, less accumulated amortization   S,079   5,182     Professional liabilities insurance recoveries   receivable – non-current   60,199   40,271     Goodwill   38,955   35,685     Other assets   190,005   177,199     Property, plant, and equipment   Land and land improvements   1,101,393   1,068,530     Equipment   461,458   426,413     Less accumulated depreciation   677,907   601,670     Construction in progress   22,942   63,603     941,077   990,067	Total current assets		1,120,/55		999,219
Deferred financing costs, less accumulated amortization         8,079         5,182           Professional liabilities insurance recoveries         60,199         40,271           Goodwill         38,955         35,685           Other assets         190,005         177,199           Property, plant, and equipment         33,191         33,191           Land and land improvements         1,101,393         1,068,530           Equipment         461,458         426,413           Less accumulated depreciation         677,907         601,670           Very construction in progress         22,942         63,603           941,077         990,067	Assets limited as to use		84,095		105,688
Professional liabilities insurance recoveries receivable – non-current       60,199       40,271         Goodwill       38,955       35,685         Other assets       190,005       177,199         Property, plant, and equipment       Land and land improvements       33,191       33,191         Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Long-term investments		214,382		164,238
receivable – non-current       60,199       40,271         Goodwill       38,955       35,685         Other assets       190,005       177,199         Property, plant, and equipment       Land and land improvements       33,191       33,191         Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Deferred financing costs, less accumulated amortization		8,079		5,182
Goodwill       38,955       35,685         Other assets       190,005       177,199         Property, plant, and equipment       Land and land improvements         Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         P18,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Professional liabilities insurance recoveries				
Other assets       190,005       177,199         Property, plant, and equipment       33,191       33,191         Land and land improvements       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       22,942       63,603         941,077       990,067	receivable – non-current		60,199		40,271
Property, plant, and equipment       33,191       33,191         Land and land improvements       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       22,942       63,603         941,077       990,067	Goodwill		38,955		35,685
Land and land improvements       33,191       33,191         Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Other assets		190,005		177,199
Land and land improvements       33,191       33,191         Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Property, plant, and equipment				
Buildings and fixtures       1,101,393       1,068,530         Equipment       461,458       426,413         Less accumulated depreciation       677,907       601,670         Construction in progress       22,942       63,603         941,077       990,067			33,191		33,191
Equipment       461,458       426,413         1,596,042       1,528,134         Less accumulated depreciation       677,907       601,670         918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067			1,101,393		1,068,530
Less accumulated depreciation       1,596,042       1,528,134         Construction in progress       918,135       926,464         22,942       63,603         941,077       990,067					
Less accumulated depreciation       677,907       601,670         918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067			•		·
918,135       926,464         Construction in progress       22,942       63,603         941,077       990,067	Less accumulated depreciation				
Construction in progress         22,942         63,603           941,077         990,067	•		•		
<b>941,077</b> 990,067	Construction in progress		•		
			•		·
	Total assets	\$	2,657,547	\$	2,517,549

	September 30 2013 2012				
	 <u>-</u>				
	 2013       2012         (In Thousands)         149,107       \$ 134,051         170,013       168,508         21,142       15,739         11,070       45,198         1,555       55,292         15,079       2,926         367,966       421,714         677,492       674,969         50,682       52,237         197,950       280,718         128,720       105,313         169,315       180,195         47,297       53,625         1,639,422       1,768,771         930,988       676,008         59,982       46,026         27,155       26,744		nds)		
Liabilities and net assets					
Current liabilities:					
Accounts payable	\$ •	\$	•		
Accrued expenses	,				
Professional liabilities- current portion	•				
Current portion of long-term debt	11,070				
Current portion of capital lease obligation	1,555				
Other current liabilities	 15,079		2,926		
Total current liabilities	367,966		421,714		
Long-term debt, net of current portion	677,492		674,969		
Capital lease obligation, net of current portion	50,682		52,237		
Accrued pension and postretirement benefit obligations	197,950		280,718		
Professional liabilities	128,720		105,313		
Other long-term liabilities	169,315		180,195		
Deferred revenue	47,297		53,625		
Total liabilities	1,639,422		1,768,771		
Commitments and contingencies					
Net assets					
Unrestricted	930,988		676,008		
Temporarily restricted	59,982		46,026		
Permanently restricted	27,155		26,744		
Total net assets	1,018,125		748,778		
Total liabilities and net assets	\$ 2,657,547	\$	2,517,549		

See accompanying notes.

# Consolidated Statements of Operations and Changes in Net Assets

	Year Ended Se	ptember 30
	2013	2012
	(In Thous	sands)
Operating revenue		
Net patient service revenue	\$ 2,347,565 \$	1,713,271
Less. Provision for bad debts	(64,649)	(32,622)
Net patient service revenue, less provision for bad debts	2,282,916	1,680,649
Other revenue	58,633	47,684
Total operating revenue	2,341,549	1,728,333
Operating expenses.		
Salaries and benefits	1,025,652	757,263
Supplies and other expenses	1,062,603	754,391
Depreciation	107,957	76,768
Insurance	16,541	15,680
Interest	23,920	17,720
Total operating expenses	2,236,673	1,621,822
Income from operations	104,876	106,511
Non-operating gains and losses, net	73,846	24,098
Excess of revenue over expenses	178,722	130,609

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

	Y	Year Ended September 30 2013 2012			
		(In Thousa	nds)		
Unrestricted net assets:					
Excess of revenue over expenses	\$	178,722 \$	130,609		
Other changes in net assets		343	342		
Transfer to Yale-New Haven Health Services Corporation –					
Clinical Development Fund		(6,000)	(9,000)		
Transfer from Yale-New Haven Health Services Corporation		2,900	2,900		
Net transfer (to) from Yale-New Haven Network Corporation		(9,793)	456		
Net assets released from restrictions for purchases of fixed					
assets		152	258		
Pension and other postretirement liability adjustments		88,656	(54,174)		
Increase in unrestricted net assets		254,980	71,391		
Temporarily restricted net assets:					
Income from investments		241	280		
Net realized gains on investments		768	471		
Change in net unrealized gains and losses on investments		5,421	6,394		
Bequests, contributions, and grants		20,777	11,847		
Net assets released from restrictions for purchases of					
fixed assets		(152)	(258)		
Net assets released from restrictions for free care		(779)	(889)		
Net assets released from restrictions for operations		(2,822)	(2,962)		
Net assets released from restrictions for clinical programs		(9,498)	(12,804)		
Increase in temporarily restricted net assets		13,956	2,079		
Permanently restricted net assets:					
Change in beneficial interest in perpetual trusts		411	1,221		
Increase in permanently restricted net assets		411	1,221		
Increase in net assets		269,347	74,691		
Net assets at beginning of year		748,778	674,087		
Net assets at end of year	\$	1,018,125 \$	748,778		

See accompanying notes.

## Consolidated Statements of Cash Flows

	Year Ended September 30 2013 2012				
		(In The	usa	nds)	
Cash flows from operating activities Increase in net assets	\$	269,347	\$	74,691	
Adjustments to reconcile increase in net assets to net cash provided by operating activities		107 057		76 769	
Depreciation		107,957		76,768	
Net realized and change in net unrealized gains and losses on investments		(63,634)		(60,465) 7,318	
Change in fair value of interest rate swap agreements  Amortization of long-term debt premium		(16,946)			
Amortization of long-term debt premium  Amortization of deferred financing costs		(965) 333		(854) 306	
Bad debts		64,649		32,622	
Change in perpetual trusts		(411)		(1,221)	
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund		6,000		9,000	
Transfer from Yale-New Haven Health Services Corporation		(2,900)		(2,900)	
Net transfer to (from) YNH- Network Corporation		9,793		(456)	
Bequests, contributions and grants, net of restricted pledges		(14,717)		(14,807)	
Pension and other postretirement liability adjustments		(88,656)		54,174	
Changes in operating assets and liabilities					
Accounts receivable, net		(95,562)		(68,148)	
Other receivables		621		14,960	
Other assets		(29,469)		7,593	
Accounts payable		15,056		34,670	
Accrued expenses		1,505		1,130	
Professional insurance recoveries and liabilities		3,479		39,590	
Other current liabilities, accrued pension and postretirement benefit		15.550		.22.051	
obligations, other long-term liabilities, and deferred revenue		17,779		(32,851)	
Net cash provided by operating activities		183,259		171,120	
Cash flows from investing activities					
Net acquisitions of property, plant, and equipment		(112,719)		(100,921)	
Sale of property		53,605		_	
Capitalized interest		146		1,977	
Cash paid for acquisition, net of cash acquired		_		(133,800)	
Net change in investments		(82,603)		(173.049)	
Increase in debt service fund		(557)		(299)	
Assets whose use is limited		22,004		25,530	
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund		(6,000)		(9,000)	
Net transfer from YNH Network Corporation		(9,793)		456	
Transfer from Yale-New Haven Health Services Corporation		2,900		2,900	
Net cash used in investing activities		(133,017)		(386,206)	
Cash flows from financing activities					
Proceeds from issuance of debt		232,000		187,000	
Proceeds from note payable		<del>_</del>		25,000	
Payments on capital lease obligation		(55,291)		(2,862)	
Payments of long-term debt		(10,640)		(10,185)	
Payments on bank line of credit payable		(212,000)		_	
Payments of notes payable		(40,000)		_	
Deferred financing costs		(3,230)		-	
Bequests, contributions and grants, net of pledges		14,717		14,807	
Net cash (used in) provided by financing activities		(74,444)		213,760	
Net decrease in cash and cash equivalents		(24,202)		(1,326)	
Cash and cash equivalents at beginning of year	-	64,557	Φ.	65,883	
Cash and cash equivalents at end of year	\$	40,355	\$	64,557	
See accompanying notes					

#### Notes to Consolidated Financial Statements

September 30, 2013

#### 1. Organization and Significant Accounting Policies

#### **Organization**

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

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

#### Acquisition

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

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

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

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

The total consideration transferred by the Hospital, ASC, YNHCCC and York was approximately \$237.9 million, including \$160.0 million in cash and an installment payable plus the assumption of liabilities totaling \$77.9 million, as follows (in thousands).

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

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

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

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

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

	Hospital	ASC	7	NHCCC	York	Total
Assets acquired						_
Cash	\$ 16,200	\$ _	\$	_	\$ _	\$ 16,200
Other current assets	7,240	_		-	187	7.427
Other receivables	7,400	_		_	_	7,400
Goodwill	35,685	_		_	_	35,685
Other long-term assets	53,771	12,500		700	_	66,971
Property, plant and equipment	100,156	_		4.075	13	104,244
	220,452	12,500		4,775	200	237.927
Liabilities assumed						
Accrued expenses	36,419	_		775	_	37,194
Other long-term liabilities	40,733	_		_	_	40.733
Total	77,152	_		775	_	77.927
Assets and habilities acquired	143,300	12,500		4,000	200	160,000
Cash paid for acquisition	 150,000	-		_	_	150,000
Installment payments	\$ 10,000	\$ _	\$	_	\$ _	10,000
Change in net assets	 	 			 	\$ _

On the date of the acquisition, the Hospital recorded goodwill in the amount of \$35.7 million. In connection with the finalization of the fair value measurement of the assets and liabilities acquired, the Hospital recorded additional goodwill of approximately \$2.3 million during 2013. In determining the amount of goodwill, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date. Factors contributing to goodwill that resulted from the acquisition include, but are not limited to, the efficiencies that will result from the combination of the campuses and their proximity.

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

### Notes to Consolidated Financial Statements (continued)

### 1. Organization and Significant Accounting Policies (continued)

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

The following table summarizes amounts attributed to SRHS since the acquisition date that are included in the accompanying 2012 consolidated financial statements (in thousands)

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

### Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

The following table represents pro forma financial information, assuming the acquisition of SRHS had taken place October 1, 2011 for the year ended September 30, 2012. The pro forma information includes adjustments for the amortization of intangible assets. The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the acquisition date (in thousands)

		2012
Total operating revenue	\$ 2	2,257,918
Total operating expense		2,162,129
Gain from operations		95,789
Non-operating gains and losses, net		25,465
Excess of revenue over expenses	\$	121,254
Change in net assets		
Unrestricted net assets	\$	74,634
Temporarily restricted net assets		(2,389)
Permanently restricted net assets		921
Total change in net assets	\$	73,166

### **Principles of Consolidation**

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

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### **Use of Estimates**

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

During fiscal 2013 and 2012, the Hospital recorded a change in estimate of approximately \$3.6 million and \$10.2 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2013 and 2012, respectively.

#### **Temporarily and Permanently Restricted Net Assets**

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

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

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2013 and 2012, are expected to be received as follows (in thousands)

	September 30			
	 2013	2012		
Less than one year	\$ 8,691 \$	1,596		
One to five years	1,158	2,054		
	9,849	3,650		
Less unamortized discount on contributions receivable				
(0 2% to 4 2%)	(60)	(108)		
	 9,789	3,542		
Allowance for uncollectable contributions	(294)	(106)		
	\$ 9,495 \$	3,436		

#### **Donor Restricted Gifts**

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

#### Cash and Cash Equivalents

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

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

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### **Accounts Receivable**

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

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

#### Investments

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

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

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

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2013, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2014. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

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

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital's holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately \$3.7.4 million in these alternative investments, of which approximately \$3.4.2 million has been funded as of September 30, 2013.

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool") Under the terms of the agreement for the years ended September 30, 2013 and 2012, the Trust transferred \$100 million and \$50 0 million, respectively, to the University in exchange for units in the Pool The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash.

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

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

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital These Board-designated assets are commingled in the University's endowment pool At September 30, 2013 and 2012, the carrying value of assets managed by the University under this arrangement was approximately \$9.2 million and \$8.5 million, respectively Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

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

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

#### **Inventories**

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

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### Assets Limited as to Use

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

### **Perpetual Trusts**

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

#### **Interest Rate Swap Agreements**

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

#### **Benefits and Insurance**

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees. The Hospital makes annual contributions to the YNHHSC Voluntary Employee Beneficiary Association ("VEBA") plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits. Annually, premiums are set to reflect the estimated cost of benefits. During the years ended September 30, 2013 and 2012, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$137.4 million and \$102.4 million, respectively

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

The Hospital is self-insured for workers' compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported ("IBNR") and are based on Hospital-specific experience. At September 30, 2013 and 2012, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$21.1 million, discounted at 2.5%, and \$13.3 million, discounted at 3.0%, respectively, and are included in accrued expenses in the accompanying consolidated balance sheets.

### **Professional Liability Insurance**

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

### Property, Plant, and Equipment

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

The Hospital and the Housing Authority of New Haven ("HANH") have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of \$5.7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of \$5.2 million, unless the pledged account is extended with an annual increase of approximately \$180,000. As of September 30, 2013, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account.

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### Goodwill

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

The discounted cash flow approach requires the use of assumptions and judgments including estimates of future cash flows and the selection of discount rates. The market approach relies on comparisons to publicly traded stocks or to sales of similar companies. The Hospital has determined that no goodwill impairment exists at September 30, 2013.

#### **Deferred Revenue**

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

#### **Excess of Revenue Over Expenses**

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely related to ongoing operations are included in other revenue, other gains and losses are classified as non-operating gains and losses. Included in non-operating gains and losses are expenses incurred related to the acquisition of the Saint Raphael.

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

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### **Income Taxes**

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

### **Operating Expenses**

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses For the years ended September 30, 2013 and 2012, the Hospital recorded approximately \$67.3 million and \$52.9 million, respectively, as reductions to expenses

### **Deferred Financing Costs**

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method. The accumulated amortization of deferred financing costs was approximately \$1.5 million \$1 1 million at September 30, 2013 and 2012, respectively

#### **Impairment of Assets**

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

Notes to Consolidated Financial Statements (continued)

#### 1. Organization and Significant Accounting Policies (continued)

#### **Change in Accounting Principle**

In July 2011, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities ("ASU No 2011-07") In accordance with ASU No 2011-07, the Hospital changed the presentation of its consolidated statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue, similar to contractual allowances and discounts. Additionally, the Hospital has provided enhanced disclosures about its policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Hospital adopted this accounting standard update as of October 1, 2012, and retrospectively applied the presentation of the provision for bad debts in the accompanying consolidated statements of operations and changes in net assets to all periods presented. The enhanced disclosure requirements are required in the period of adoption and subsequent reporting periods (see Note 2). The Hospital's adoption of this update has no effect on the previously reported excess of revenue over expenses or on net assets

#### Reclassifications

Certain reclassifications have been made to the year ended September 30, 2012 balances previously reported in the financial statements in order to conform with the year ended September 30, 2013 presentation, including the reclassification of provision for doubtful accounts on the statements of operations related to the adoption of ASU 2011-07

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

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of

Notes to Consolidated Financial Statements (continued)

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

revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations

Third-party payor receivables included in other receivables were \$5.7 million and \$28.4 million at September 30, 2013 and 2012, respectively. Third-party payor receivables included in other long-term assets were \$7.9 million and \$16.7 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other current liabilities were \$15.1 million and \$2.8 million at September 30, 2013 and 2012, respectively. Third-party payor liabilities included in other long-term liabilities were \$40.1 million and \$28.6 million at September 30, 2013 and 2012, respectively.

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

Revenue from Medicare and Medicaid programs accounted for approximately 32% and 13%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2013 and approximately 27% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 36% and 28%, respectively, for the year ended September 30, 2013 and approximately 30% and 29%, respectively, for the year ended September 30, 2012 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse

### Notes to Consolidated Financial Statements (continued)

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

impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2010 for Medicare and 2009 for Medicaid Other years remain open for settlement

The significant concentrations of accounts receivable for services to patients include 34% from Medicare, 14% from Medicaid, and 52% from non-governmental payors at September 30, 2013 and 28% from Medicare, 11% from Medicaid, and 61% from non-governmental payors at September 30, 2012.

Net patient service revenue is comprised of the following for the years ended September 30, 2013 and 2012 (in thousands)

	2013	2012
Gross revenue from patients	\$ 8,243,053	\$ 5,740,304
Deductions.		
Contractual allowances	5,808,321	3,948,050
Charity and free care (at charges)	87,167	78,983
Provision for doubtful accounts	64,649	32,622
Net patient service revenue	\$ 2,282,916	\$ 1,680,649

Patient service revenue for the year ended September 30, 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation, is as follows

			Total All
	Third-Party	Self-Pay	Payors
	(	In Thousands)	
Patient service revenue (net of contractual			
allowances and discounts)	\$ 2,248,732	\$ 98,833	\$ 2,347,565

Notes to Consolidated Financial Statements (continued)

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

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience. Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts totaled approximately \$151.3 million and \$59.6 million at September 30, 2013 and 2012, respectively. The allowance for doubtful accounts for self-pay patients was approximately 88.9% and 80.2% of self-pay accounts receivable as of September 30, 2013 and 2012, respectively. Overall, the total of self-pay discounts and write-offs did not change significantly in 2013. The Hospital did not experience significant changes in write-off trends and did not change its charity care policy in 2013.

#### 3. Uncompensated Care and Community Benefit Expense

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

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

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$102.1 million and \$69.8 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

Notes to Consolidated Financial Statements (continued)

#### 3. Uncompensated Care and Community Benefit Expense (continued)

The estimated cost of charity care provided was \$53.8 million and \$47.8 million for the years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2013 and 2012, bad debt expense, at charges, was \$64.6 million and \$32.6 million, respectively. For the years ended September 30, 2013 and September 30, 2012 bad debt expense, at cost, was \$48.3 million and \$22.0 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a an assessment on hospital net patient service revenue. During the years ended September 30, 2013 and 2012, the Hospital received \$58.0 million and \$73.2 million, respectively, in CDSHP distributions, of which approximately \$33.3 million and \$51.9 million was related to charity care. The Hospital made payments into the CDSHP of \$73.5 million and \$56.5 million for the years ended September 30, 2013 and 2012, respectively, for the assessment.

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

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

### Notes to Consolidated Financial Statements (continued)

#### 4. Investments and Assets Limited as to Use

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

	 2013	2012
Money market funds	\$ 123,249	S 156,663
U S equity securities	43,594	28,378
U S equity securities –common collective trusts	13,789	6,331
International equity securities (a)	64,313	40,019
Fixed income		
U S government	80,472	87,329
US government – common collective trusts	82,103	82,872
International government (b)	63,960	43,236
Commodities	396	676
Hedge funds		
Absolute return (c)	9,383	48,614
Long/short equity (d)	_	12,205
Real estate (e)	9,590	9,905
Interest in Yale University endowment pool (1)	511,719	361,550
Perpetual trusts (g)	 12,538	12,127
Total	\$ 1,015,106	889,905

Investments with external international equity and bond managers that are domiciled in the United States Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities

<sup>(</sup>b) Investments with external commodities futures manager

Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions

Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions

Investments with external direct real estate managers and fund of funds managers. Investment vehicles include both closed end REITs and limited partnerships

Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets

Investments consist of several domestic and international equity and fixed income mutual funds. REITs, commodities and money market funds. There is also an investment in a hedge fund of funds

Notes to Consolidated Financial Statements (continued)

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

The Hospital's ownership percentage of the Trust was approximately 89 1% and 85 8% as of September 30, 2013 and 2012, respectively. The Hospital's prorata portion of the Trust's investments are included above in the table

Included in assets limited as to use at September 30, 2012 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7) These funds consisted of money market funds of approximately \$13 3 million at September 30, 2012 These funds were fully exhausted during the year ended September 30, 2013

#### 5. Endowment

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

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act ("CUPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment related to the Hospital's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds (1) the duration and preservation of the fund, (2) the purposes of the Hospital and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Hospital, and (7) the investment and spending policies of the Hospital

## Notes to Consolidated Financial Statements (continued)

### 5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2013 are as follows (in thousands).

	Temporarily Permanently Restricted Restricted			Total		
Endowment net assets, beginning of year Investment return	\$	36,678	\$	26,744	\$	63,422
Investment return Investment income Net appreciation (realized and unrealized)		200 5,570		_		200 5,570
Total investment return		5,770				5,770
Contributions Appropriation of endowment assets for expenditure Other changes		(6,342)		_ _		(6,342)
Change in value of beneficial interest trusts		_		411		411
Endowment net assets, end of year	\$	36,106	\$	27,155	\$	63,261

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

	Temporarily Permanently			
	R	estricted ]	Restricted	Total
Endowment net assets, beginning of year Investment return.	\$	37,338 \$	25.523 \$	62,861
Investment income		249	_	249
Net appreciation (realized and unrealized)		6,213	_	6,213
Total investment return		6,462	_	6,462
Contributions		2	_	2
Appropriation of endowment assets for expenditure Other changes		(7,124)	_	(7,124)
Change in value of beneficial interest trusts		_	1,221	1,221
Endowment net assets, end of year	\$	36,678 \$	26,744 \$	63,422

### Notes to Consolidated Financial Statements (continued)

#### 5. Endowment (continued)

	September 30			
	 2013	2012		
	(In The	วนรสเ	nds)	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA				
Without purpose restrictions	\$ 8,199	\$	8,297	
With purpose restrictions	27,907		28,381	
Total endowment funds classified as temporarily restricted				
net assets	\$ 36,106	\$	36,678	

#### **Return Objectives and Risk Parameters**

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

#### **Strategies Employed for Achieving Objectives**

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

#### Spending Policy and How the Investment Objectives Relate to Spending Policy

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

### Notes to Consolidated Financial Statements (continued)

#### 6. Temporarily and Permanently Restricted Net Assets

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

	September 30			
		2013		2012
Plant improvement and expansion Specific hospital operations, teaching, research,	\$	6,938	\$	568
free care, and training		53,044		45,458
	\$	59,982	\$	46,026

Permanently restricted net assets of approximately \$27.2 million and \$26.7 million at September 30, 2013 and 2012, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care, and other services.

#### 7. Debt

A summary of debt is as follows (in thousands).

	September 30			
	2013	2012		
Hospital revenue bonds financed with the State of Connecticut				
Health and Educational Facilities Authority ("CHEFA")				
Series J (5 12% effective interest rate)	\$ 156,120	\$ 159,110		
Series K (3 11% effective interest rate)	89,005	94,955		
Series L (3.68% effective interest rate)	107,460	107,460		
Series M (5 24% effective interest rate)	98,475	100,175		
Series N (4 27% effective interest rate)	44,815	_		
Series O (2 84% effective interest rate)	50,000	_		
Series 2013 taxable bonds (4 13% effective interest rate)	132,000	_		
Bank line of credit payable	_	187,000		
Bank line of credit payable	_	25,000		
Capital lease obligation – November 2010	_	53,827		
Capital lease obligation – December 2010	52,237	53,702		
Bank note payable (0 08% effective interest rate)	_	40,000		
	730,112	821,229		
Add premium	10,687	6,467		
Less current portion	(12,625)	(100,490)		
	\$ 728,174	727,206		

Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

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

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately \$216.6 million. The Series K revenue bonds were issued as Variable Rate Demand Bonds ("VRDBs") in two sub-series, Series K-1 and K-2, approximately \$54.6 million each, with an effective rate of 0.1% in 2013 and 2012. The proceeds from the Series K issuance were used to refund the Series I revenue bonds. The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately \$53.7 million each, with an effective rate of 0.1% and 0.8% in 2013 and 2012, respectively. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

In December 2010, the Hospital issued Series M revenue bonds totaling approximately \$104 4 million. The proceeds, including a premium of approximately \$10 million, were used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital's infrastructure, and to pay for bond issuance costs. The premium was being amortized and included in capitalized interest through December 2012. As of the completion of these projects, the bond premium was amortized in the statement of operations and changes in net assets. The Series M revenue bonds were issued as one series consisting of approximately \$33.9 million of serial bonds bearing interest at 4.69%, and approximately \$17.6 million, \$17.8 million, and \$35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum

### Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

In January 2013, the Hospital issued Series N and Series O revenue bonds totaling approximately \$100.0 million. The Series N revenue bonds were issued as fixed rate bonds with an effective interest rate of 4 27%. The Series O revenue bonds were issued as VRDBs with an effective interest rate of 2 84% at September 30, 2013. The proceeds, including a premium of approximately \$5.2 million for the Series N revenue bonds, were used to refinance the line credit used to finance the acquisition of HSR. The bond premium is being amortized as interest expense in the accompanying consolidated statement of operations and changes in net assets.

The Series K, Series L and Series O VRDBs are required to be supported by letter of credit facilities ("LOCs") which have been executed with three financial institutions. These LOCs are scheduled to expire on May 2, 2016, May 14, 2016, and February 14, 2018, respectively

In January 2013, the Hospital issued Series 2013 taxable bonds totaling approximately \$132.0 million. The Series 2013 taxable bonds were issued as fixed rate bonds with an effective interest rate of 4.13%. The proceeds were used to finance and refinance the costs of certain projects and activities in furtherance of the Hospital's tax exempt purpose including the refinancing of certain existing indebtedness.

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N A (the "Bank") for \$40 0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of \$8 0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0 50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made. The loan was fully repaid by the issuance of the Series N, Series O, and Series 2013 bonds.

In July 2012, the Hospital entered into a line of credit with the Bank in the amount of \$27.0 million which was subsequently increased to \$187.0 million upon the execution of the HSR asset purchase agreement. In July 2012, the Hospital drew the unconditional loan of \$27.0 million to outfit a new facility. In September 2012, the Hospital drew the remaining \$160.0 million to fund the acquisition of HSR. The line of credit requires the Hospital to repay the Bank in 24 equal monthly installments commencing on August 1, 2013. The full amount of the remaining balance is due on July 12, 2015. This obligation bears interest at a rate equal to LIBOR plus 0.45% per annum. The line of credit was fully repaid and cancelled by the issuance of the Series N, Series O, and Series 2013 bonds.

## Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

In September 2012, the Hospital drew on its \$50 0 million line of credit with a bank, established in January 2012, in the amount of \$25.0 million. This line of credit requires repayment of the aggregate principal amount on the 364<sup>th</sup> day subsequent to the advance. This obligation bears interest at a rate equal to LIBOR plus 0 50% per annum. The line of credit was repaid in December 2012.

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital's debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others. As of September 30, 2013 and 2012, the Hospital was in compliance with these covenants

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

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

	 Debt	Capital Lease Obligations		
2014	\$ 11,070	\$ 4,647		
2015	11,445	4,821		
2016	11,945	4,879		
2017	12,425	4,880		
2018	12,975	4,880		
Thereafter	618,015	58,930		
	\$ 677,875	83,037		
Less interest		(30,800)		
Total capital lease obligation		\$ 52,237		

## Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

Capitalized interest at September 30, 2013 and 2012 totaled \$27.0 million and \$26.9 million, respectively.

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

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized At September 30, 2013 and 2012, the fair value of all swap agreements based on current interest rates was approximately \$22.3 million and \$39.3 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities)

For the Series K swap, there was a favorable change in fair value of approximately \$4.5 million for the year ended September 30, 2013, and an unfavorable change in fair value of approximately \$0.9 million for the year ended September 30, 2012, which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap for the year ended September 30, 2012, \$4.6 million was collateralized by the Hospital and was held by the financial institution as of September 30, 2012, as required by the swap agreement. No collateral was required under the Series K swap agreement for the year ended September 30, 2013.

For the Series L swap, there was a favorable change in fair value of approximately \$7.5 million for the year ended September 30, 2013, and an unfavorable change in fair value of approximately \$2.0 million for the year ended September 30, 2012, which was recorded in the excess of revenue over expenses. No collateral was required under the Series L swap agreement for the years ended September 30, 2013 and 2012.

### Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

For the Series O swap and the LIBOR Swap Rate Lock swap, there was a favorable change in fair value of \$2 2 million and \$1 0 million, respectively, for the year ended September 30, 2013 which was recorded in excess of revenue over expenses. For the Series O swap, the LIBOR Swap Rate Lock and the SIFMA Rate Lock swaps, there was an unfavorable change in fair value of \$1 0 million, \$1 9 million, and \$1 6 million, respectively, for the year ended September 30, 2012, which was recorded in excess of revenue over expenses. In February 2013, the SIFMA Rate Lock swap and the LIBOR Swap Rate Lock were terminated. Upon termination, gains of \$0.8 million and \$4 5 million, respectively, were recorded in non-operating gains and losses, net

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

	Expiration	Hospital	Hospital		Amount at iber 30,
Swap Type	Date	Receives	Pays	2013	2012
Series K – Fixed to Floating	July 1, 2025	LIBOR	3 11%	\$ 59,987	\$ 63,977
Series L – Fixed to Floating	July 1, 2036	LIBOR	3 68%	44,505	44,505
Forward Starting Interest		67% of			
Rate Swap	July 1, 2053	LIBOR	2 84%	50,000	50,000
LIBOR Swap Rate Lock	July 1, 2043	LIBOR	2 73%	_	92,000
SIFMA Rate Lock	July 1, 2048	SIFMA	2 66%	_	50,000
				\$ 154,492	\$ 300,482

For the years ended September 30, 2013 and 2012, the Hospital paid approximately \$22.9 million and \$16.5 million, respectively, for interest related to long-term debt, exclusive of the swap agreements

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

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

Notes to Consolidated Financial Statements (continued)

#### 7. Debt (continued)

In January 2013, the Hospital entered into a transaction in connection with a building at 2 Howe Street, New Haven, Connecticut which was previously accounted for by the Hospital as a capital lease. Under the terms of the capital lease, the Hospital was obligated to purchase the building after an initial lease term of 3 years. In satisfaction of that obligation, the Hospital purchased the building and immediately sold the building to a third-party investor. The Hospital currently leases the building from the investor under a long-term operating lease. The Hospital owns the land on which the building is located and has entered into a prepaid long-term ground lease with the investor.

Assets recorded under the capital lease obligations totaled \$57.3 and \$115.1 million as of September 30, 2013 and 2012, respectively Accumulated depreciation for the capital lease obligations totaled \$5.9 million and \$8.0 million at September 30, 2013 and 2012, respectively

#### 8. Pensions and Postretirement Benefits

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

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

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees. The Hospital's contributions for the 403(b) plan are made to a matching 401(a) plan and are determined based on employee contributions and years of service. The Hospital contributed approximately \$16.0 million and \$11.9 million for the years ended September 30, 2013 and 2012, respectively. The Hospital maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2013 and 2012 in other assets and other long-term liabilities were \$27.3 million and \$21.7 million, respectively. The employees formerly employed by SRHS received credit for such past service solely for purposes of determining such employee's eligibility to participate in the contributory 403(b) plan and vesting under this plan but not for any other purpose under this plan.

## Notes to Consolidated Financial Statements (continued)

#### 8. Pensions and Postretirement Benefits (continued)

Effective September 30, 2013, the qualified defined benefit pension plan and the 401(a) plan were amended to reduce the percentage of employee compensation contributed by the Hospital to the qualified defined benefit pension and to increase the percentage of employee compensation contributed by the Hospital to the 401(a) plan for plan years commencing after December 1, 2013. The amendment to the qualified defined benefit pension plan resulted in a decrease to the projected benefit obligation at September 30, 2013 of approximately \$23.9 million.

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

Included in unrestricted net assets at September 30, 2013 and 2012 are the following amounts that have not yet been recognized in net periodic pension cost unrecognized prior service credit of \$23.8 million and \$0.1 million, respectively, and unrecognized actuarial losses of \$118.6 million and \$183.6 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2014 are \$1.9 million and \$5.3 million, respectively

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2013 and 2012 (in thousands).

Defined Renefit

		n Plans	Postreti Benefi	ts Plan
	2013	2012	2013	2012
Change in benefit obligation				_
Benefit obligation at prior measurement date	\$ 475,473	\$ 405,642	\$ 79,630	\$ 63.687
Service cost	36,264	22,106	5,080	3,442
Interest cost	16,676	18,803	3,135	3.183
Plan amendments	(23,836)	_	_	_
Actuarial (gain)/loss	(38,302)	53,111	(18,428)	10,588
Benefits paid	(20,367)	(24.189)	(1,513)	(1.270)
Benefit obligation at current measurement date	445,908	475,473	67,904	79,630
Change in plan assets				
Fair value of assets at prior measurement date	271,952	225,895	_	_
Actual return on plan assets	19,906	25,511	_	_
Employer contributions	42,239	44,735	1,513	1.270
Benefits paid	(20,367)	(24,189)	(1,513)	(1.270)
Fair value of assets at current measurement date	313,730	271,952	_	_
Accrued benefit cost	\$ (132,178)	\$ (203,521)	\$ (67,904)	\$ (79.630)

Dostratiromant

Notes to Consolidated Financial Statements (continued)

#### 8. Pensions and Postretirement Benefits (continued)

#### **Benefit Obligation and Assumptions**

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

		September 30			
	2013			2012	
Projected benefit obligation	\$	(445,908)	\$	(475,473)	
Accumulated benefit obligation		(380,566)		(398,939)	
Fair value of plan assets		313,730		271,952	

At September 30, 2013 and 2012, the underfunded status of the qualified defined benefit pension plan was approximately \$87.9 million and \$154.1 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$44.3 million and \$49.4 million, respectively Additionally, there are assets limited as to use of approximately \$69.4 million and \$64.7 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2013 and 2012, respectively

The net periodic benefit cost for the years ended September 30, 2013 and 2012 is as follows (in thousands

		Defined Benefit Pension Plans			Postretirement Benefits Plan			
		2013		2012		2013		2012
Service cost Interest cost	\$	36,264 16,676	\$	22,106 18,803	\$	5,080 3,135	\$	3,442 3,183
Expected return on plan assets Amortization of prior service cost		(21,932) (293)		(20,521) (462)		- 85		259
Recognized net actuarial loss	_	9,619		4,738		703		
Net periodic benefit cost	<u>\$</u>	40,334	\$	24,664	\$	9,003	\$	6,884

## Notes to Consolidated Financial Statements (continued)

#### 8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2013 and 2012 are as follows.

_	Defined Pension		Postretirement Benefits Plan		
	2013	2012	2013	2012	
Discount rate for determining benefit obligations at year-end, qualified plan	4.80%	3 60%	4.90%	4 00%	
Discount rate for determining benefit obligations at year end, non-qualified plan	4.90	4 00	_	_	
Rate of compensation increase	5.00	5 00	_	_	

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2013 and 2012 are as follows

	Defined Benefit Pension Plans		Postretir Benefits	
	2013	2012	2013	2012
Discount rate for determining net periodic				
benefit cost at year-end, qualified plan	3.60%	4 80%	4.00%	5.10%
Discount rate for determining net periodic				
benefit cost at year end, non-qualified plan	4.00	5 10	_	_
Expected rate of return on plan assets	7.75	7 75	_	-
Rate of compensation increase	5.00	5.00	_	_

For measurement purposes relating to the postretirement benefits plan, a 6 0% and 7 0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2013 and fiscal 2012, respectively Rates are assumed to decline to 4 0% through fiscal 2014

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

		1%	1%		
	Ir	icrease	Decrease		
Effect on total of service and interest cost components	\$	9	\$	(11)	
Effect on postretirement benefit obligation		162		(153)	

# Notes to Consolidated Financial Statements (continued)

### 8. Pensions and Postretirement Benefits (continued)

The asset allocation of the Hospital's qualified pension plan at September 30, 2013 and 2012 was as follows.

	Target Allocation	Percentage of Plan Assets			
Asset Category	2014	2013	2012		
Equity securities	38%	41%	42%		
Debt securities	26	24	27		
Real assets	14	12	11		
All other assets	22	23	20		
Total	100%	100%	100%		

The pension assets carried at fair value, as of September 30, 2013 and 2012 are classified in the following tables (see FootNote 14 for description) (in thousands)

	<b>September 30, 2013</b>							
		Level 1		Level 2		Level 3		Total
Money market funds	\$	11,839	\$	_	\$	_	\$	11,839
U S equity securities		58,636		_		_		58,636
International equity securities		68,604		_		_		68,604
Fixed income:								
US government		48,655		_		_		48,655
International government		17,426		8,297		_		25,723
Commodities		13,396		_		6,227		19,623
Private Equity		_		_		1,143		1,143
Hedge funds.								
Multı Strategy/Other		_		44,905		_		44,905
Long/short equity		_		16,539		_		16,539
Real estate						18,063		18,063
Total investments	\$	218,556	\$	69,741	\$	25,433	\$	313,730

# Notes to Consolidated Financial Statements (continued)

## 8. Pensions and Postretirement Benefits (continued)

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

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

	 moditi	Private	Real	Total
	 es	Equity	Estate	Total
Fair value at September 30, 2011	\$ 5,745	\$ 331	\$15,627	\$ 21,703
2012 Realized and unrealized gains and losses	18	(57)	183	144
2012 Purchases	897	235	2,078	3,210
2012 Sales	(533)	_	(1,104)	(1,637)
Fair value at September 30, 2012	6,127	509	16,784	23,420
2013 Realized and unrealized gains and losses	(160)	(7)	1,058	891
2013 Purchases	748	688	2,334	3,770
2013 Sales	 (488)	(47)	(2,113)	(2,648)
Fair value at September 30, 2013	\$ 6,227	\$ 1,143	\$18,063	\$ 25,433

Notes to Consolidated Financial Statements (continued)

#### 8. Pensions and Postretirement Benefits (continued)

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. The Hospital's pension portfolio return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan for the years ended September 30, 2013 and 2012 was 7.4% and 11.1%, respectively

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

					fined Benefi ension Plans	ostretirement Benefits Plan
Estimated	benefit	payments	related	to		
years endın	g September	30.				
2014				\$	23,178	\$ 2,349
2015					25,681	2,540
2016					26,213	2,762
2017					27,905	3,047
2018					29,742	3,377
2019 to 2	023				175,965	22,967

The Hospital expects to contribute approximately \$31.1 million for pension benefits and \$2.2 million for postretirement benefits payments in fiscal 2014

Notes to Consolidated Financial Statements (continued)

#### 9. Professional Liability Insurance

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

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

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

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$111.2 million and \$84.5 million at September 30, 2013 and 2012, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$33.3 million and \$29.7 million for the Hospital at September 30, 2013 and 2012, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$29.9 million and \$28.5 million, respectively, based on a discount rate of 2.5% and 3.0% for the years ended September 30, 2013 and 2012, respectively

The Hospital has recorded related insurance recoveries receivable of approximately \$81.3 million and \$56.0 million at September 30, 2013 and 2012, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

## Notes to Consolidated Financial Statements (continued)

#### 9. Professional Liability Insurance (continued)

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

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

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately \$38.7 million and \$36.6 million at September 30, 2013 and 2012, respectively, and are included in professional liabilities in the accompanying consolidated statements of financial position.

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

#### 10. Commitments and Contingencies

#### Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2014 through 2038. Future minimum lease payments under these leases are as follows (in thousands).

2014	\$ 15,588
2015	12,301
2016	11,701
2017	10,394
2018	8,986
Thereafter	89,918
	\$ 148,888

Notes to Consolidated Financial Statements (continued)

#### 10. Commitments and Contingencies (continued)

The Hospital incurred net rent and parking expense under these leases of approximately \$15.2 million and \$10.9 million for each of the years ended September 30, 2013 and 2012, respectively

#### **Cancer Hospital**

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue Deferred revenue, from this agreement, at September 30, 2013 and 2012 was \$45.2 million and \$46.6 million, respectively

#### Litigation

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

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

#### 11. Functional Expenses

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

	Year Ended September 30			
	2013	2012		
Health care services	\$ 1,923,539	\$ 1,390,200		
General and administrative	313,134	231,622		
	\$ 2,236,673	\$ 1,621,822		

Notes to Consolidated Financial Statements (continued)

## 12. Related-Party Transactions

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

	Year Ended September 30			
		2013		
Recovery of expenses				
YNHHSC				
Facility rental	\$	3,028	\$	2,883
Shared services		_		230
	\$	3,028	\$	3,113
Bridgeport Hospital				
Resident fees	\$	1,977	\$	2,379
Other		753		1,107
	\$	2,730	\$	3,486
Ambulatory Services Corporation:				
Salaries and benefits	\$	5,735	\$	5,654
Other		567		336
	\$	6,302	\$	5,990

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

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

Notes to Consolidated Financial Statements (continued)

### 12. Related-Party Transactions (continued)

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

	Year Ended September 30				
		2013		2012	
Operating expenses.					
Professional and general liability insurance	\$	26,928	\$	20,948	
Information systems		44,896		37,673	
System business office		23,518		17,739	
Other business services		88,032		67,613	
	\$	183,374	\$	143,973	

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

	September 30			
		2013		2012
Other receivables				
YNHHSC	\$	6,207	\$	2,283
York Enterprises, Inc		3,695		482
Ambulatory Services Corporation		492		369
Greenwich Hospital		809		560
Northeast Medical Group, Inc		548		_
YNH Care Continuum Corporation		2,776		_
YNH Network Corporation		421		_
Other assets				
YNH Care Continuum Corporation		4,000		4,000
Ambulatory Services Corporation		12,500		12,500
	\$	31,448	\$	20,194
Accounts payable.		· · · · · · · · · · · · · · · · · · ·		
YNHHSC	\$	35,832	\$	28,503
Ambulatory Services Corporation	-	3,425	-	_
Bridgeport Hospital		837		1,501
YNH Network Corporation		_		613
York Enterprises, Inc		16		16
Northeast Medical Group Inc.		_		2,912
YNH Care Continuum Corporation		_		407
Other long-term liabilities				.0,
YNHHSC		48,307		42,385
	\$	88,417	\$	76,337

Notes to Consolidated Financial Statements (continued)

#### 12. Related-Party Transactions (continued)

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

The Hospital funds certain capital assets purchased by YNHHSC Included in other current assets and other assets were approximately \$28.4 million and \$85.2 million, respectively, at September 30, 2013 and approximately \$13.9 million and \$49.8 million, respectively, at September 30, 2012

Additionally, for the years ended September 30, 2013 and 2012, the Hospital funded YNHHSC approximately \$6 0 million and \$9 0 million, respectively, as part of its participation in the New Clinical Program Development Corporation ("NCPDC") The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs The NCPDC Board approves the funding of initiatives

#### 13. Other Revenue

Other revenue consisted of the following (in thousands).

	Year Ended September 30			
		2013		2012
Cafeteria and vending	\$	10,564	\$	7,756
Contributions		3,924		2,960
Parking income		6,507		4,087
Net assets released from restrictions for operations		2,822		2,962
Net assets released from restrictions for free care		779		889
Net assets released from restrictions for medical research	l			
and clinical programs		9,498		12,804
Grants		13,051		8,314
Electronic health records incentive payment		4,210		2,649
Other		7,278		5,263
	\$	58,633	\$	47,684

Notes to Consolidated Financial Statements (continued)

#### 13. Other Revenue (continued)

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act ("HITECH") The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received Medicare EHR incentive payment revenue was approximately \$2.6 million for the year ended September 30, 2013 and Medicaid EHR incentive payment revenue was approximately \$1.6 million \$2.6 million, respectively, for the years ended September 30, 2013 and 2012 EHR incentive payment revenue is included in other revenue in the accompanying consolidated statement of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government

Notes to Consolidated Financial Statements (continued)

#### 14. Non-Operating Gains and Losses, Net

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

	Year Ended September 30		
	 2013	2012	
Income from investments, donations and other, net Change in unrealized gains and losses on investments Change in fair value of swaps, including counterparty	\$ 7,300 50,283	\$ 5,959 47,932	
payments	16,586	(12,610)	
Acquisition costs related to Saint Raphael Healthcare System	(196)	(22,103)	
Medical residents FICA tax refund	(127)	4,920	
	\$ 73,846	\$ 24,098	

#### 15. Fair Value Measurements

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

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

Level 1: Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.

Level 2 Observable inputs that are based on data not quoted in active markets, but corroborated by market data

Level 3 Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority

## Notes to Consolidated Financial Statements (continued)

## 15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2013 are classified in the following table in two of the three categories described above (in thousands).

	<b>September 30, 2013</b>					
	Level 1	Level 2	Level 3	Total		
Cash and cash equivalents  Money market funds U.S. equity securities International equity securities Fixed income	\$ 40,355 123,249 43,594 64,313	\$ - - - -	s – – –	\$ 40,355 123,249 43,594 64,313		
U S government International government Interest in Yale University endowment pool	80,472 38,789	25,171 -	- - 511,719	80,472 63,960 511,719		
Investments at fair value	\$ 390,772	\$ 25,171	\$ 511,719	927,662		
Common collective trusts Alternative investments Perpetual trusts Investments not at fair value Total investments				95,892 19,369 12,538 127,798 \$1,055,461		
Liabilities Interest rate swaps	<u>\$</u> –	\$ (22,323)	<b>s</b> –	\$ (22,323)		

## Notes to Consolidated Financial Statements (continued)

### 15. Fair Value Measurements (continued)

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

		Septembe	r 30, 2012	
	Level 1	Level 2	Level 3	Total
			dh	
Cash and cash equivalents	\$ 64,557	\$ -	\$ -	\$ 64.557
Money market funds	156,663	_	_	156,663
U.S. equity securities	28,378	_	_	28,378
International equity securities	40,019	_	_	40.019
Fixed income				
U S government	87,329	_	_	87,329
International government	26,227	17,009	_	43,236
Interest in Yale University endowment pool	_	_	361,550	361.550
Investments at fair value	\$ 403,173	\$ 17,009	\$ 361,550	781.732
Common collective trusts				89,203
Alternative investments				71,400
Perpetual trusts				12,127
Investments not at fair value				172,730
Total investments				\$ 954,462
Labelitio				
Liabilities	¢.	¢ (20.2(0)	ď	¢ (20.2(0)
Interest rate swaps	<u> </u>	\$ (39,269)	\$ –	\$ (39,269)

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

Interest in Yale University Endowment Pool	
Fair value at September 30, 2011	\$ 278,719
2012 Unrealized gains	38,570
2012 Purchases	44,261
Fair value at September 30, 2012	361,550
2013 Unrealized gains	50,169
2013 Purchases	100,000
Fair value at September 30, 2013	\$ 511,719

## Notes to Consolidated Financial Statements (continued)

#### 15. Fair Value Measurements (continued)

The fair value of debt was approximately \$674.6 million and \$741.7 million at September 30, 2013 and 2012, respectively. The fair value of the capital leases was approximately \$51.3 million and \$112.6 million at September 30, 2013 and 2012, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan (see Note 8). In addition, included in the table above are investments at September 30, 2013 and 2012 in common collective trusts totaling approximately \$95.9 million and \$89.2 million, respectively, other alternative investments totaling approximately \$19.1 million and \$71.4 million, respectively, and perpetual trusts totaling approximately \$12.5 million and \$12.1 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2013 and 2012.

The following is a summary of total investments as of September 30, 2013 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands).

Description of Investment	Carrying Value	Unfunded Commitment	Redemption Frequency	Notice Period	Funds Availability
Real estate	\$ 9,590	\$ 3.231	N/A	N/A	N/A
Commodities	\$ 396	_	N/A	N/A	N/A

Notes to Consolidated Financial Statements (continued)

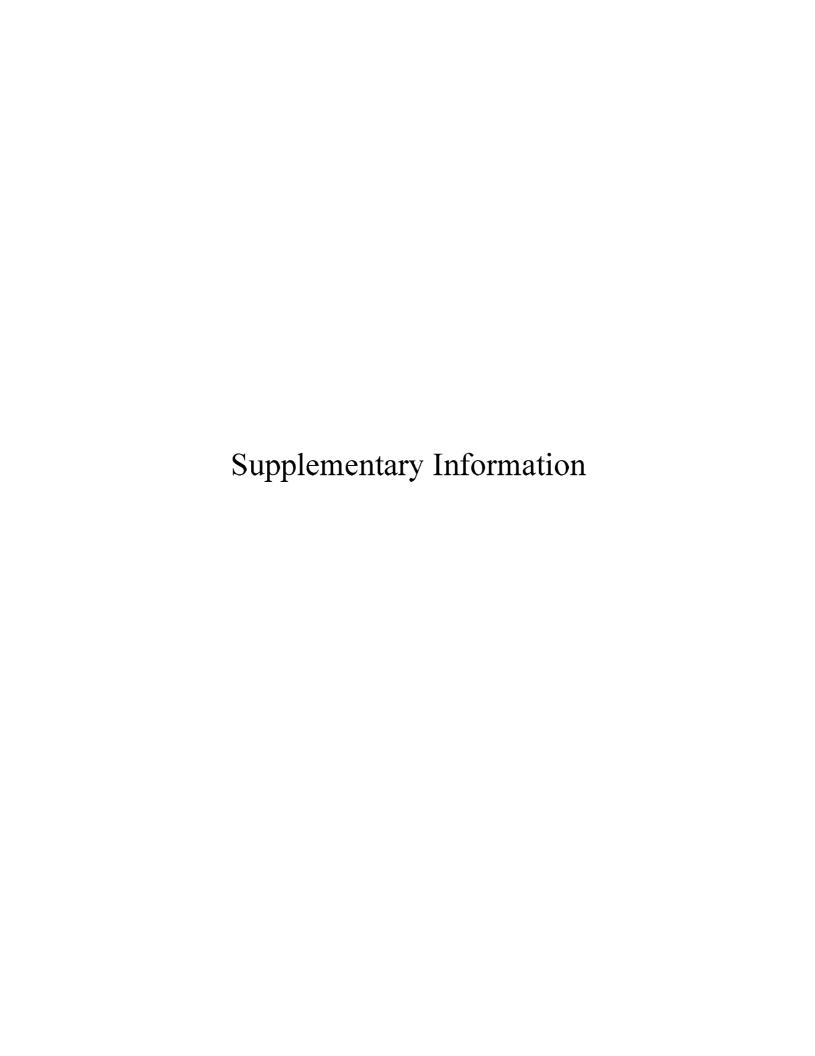
#### 16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service ("IRS") announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act ("FICA") taxes Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005 Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2013 the Hospital recorded estimated net revenue of \$4.9 million in non-operating gains and losses, related to FICA medical resident refunds claims that have met the IRS refund requirements At September 30, 2012, the Hospital recorded a net receivable of approximately \$18.2 million included in other assets and a payable of approximately \$13.8 million included in other long-term liabilities at September 30, 2012 The Hospital collected approximately \$18.1 million and paid approximately \$13.8 million in 2013. The Hospital has established its estimate based on information presently available and this estimate is subject to change as the IRS adjudicates the claims

#### 17. Subsequent Events

Subsequent events have been evaluated through December 23, 2013 which is the date the financial statements were available to be issued. No events have occurred, except those disclosed below, that require disclosure or adjustment of the financial statements.

On October 11, 2013, the Hospital acquired all of the business, assets, operations, of the Saint Raphael Magnetic Resonance Partnership ("SRMP") SRMP provides radiology services to patients in the New Haven area 50% of the interest in SRMP was acquired from an unrelated third party for \$3 9 million and the remaining 50% will be transferred to the Hospital from ASC, who acquired a 50% interest in SRMP on September 12, 2012 as part of the SRHS acquisition described in Note 1.





Ernst & Young

Goodwin Square 225 Asylum Street Hartford, CT 06103

Tel +1860 247 3100 Far +1860 725 6040 www.ey.com

# Report of Independent Auditors on Supplementary Information

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

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Yale-New Haven Hospital, Inc. and Subsidiaries as of and for the years ended September 30, 2013 and 2012, and have issued an unmodified report thereon dated December 23, 2013 Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheets and consolidating statement of operations and change in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole

December 23, 2013

Ernst + Young LLP

# Consolidating Balance Sheet

September 30, 2013 (In Thousands)

	Hospital	Lu	kan	(	Caritas	Eliminations	Total
Assets							_
Current assets							
Cash and cash equivalents	\$ 38.914		.388	\$	53	\$ -	\$ 40,355
Short-term investments	671.389		2,808		15,256	_	709.453
Accounts receivable for services to patients, net	233,822		_		_	_	233,822
Other receivables	48.016		80		_	(76)	48.020
Professional habilities insurance recoveries receivable –current portion	21,142		_		_	_	21.142
Other current assets	60,752		1		34	_	60,787
Amounts on deposit with trustee in debt service fund	7,176		_		_		7.176
Total current assets	1,081,211	2	4.277		15,343	(76)	1.120.755
Assets limited as to use	84,095		_		_	_	84,095
Long-term investments	207,616		6,766		_	_	214,382
Deferred financing costs, less accumulated amortization	8.079		_		_	_	8.079
Professional liabilities insurance recoveries receivable –non-current	60,199		_		_	_	60,199
Goodwill	38,955		_		_	_	38,955
Other assets	197.465		_		1,100	(8.560)	190,005
Property, plant, and equipment							
Land and land improvements	33,191		_		_	_	33,191
Buildings and fixtures	1.101.393		_		_	_	1,101,393
Equipment	461.458		_		_	_	461,458
	1.596,042		-		_	_	1.596,042
Less accumulated depreciation	677,907		_		_	_	677,907
	918.135		_		_	_	918,135
Construction in progress	22,942						22,942
	941.077		_		_	_	941.077
Total assets	\$ 2.618.697	\$ 3	1.043	\$	16,443	\$ (8.636)	\$ 2.657.547

# Consolidating Balance Sheet (continued)

September 30, 2013 (In Thousands)

	Hospital	Lukai	1	Caritas	Eliminations		Total
Liabilities and net assets (deficiency)	-						
Current liabilities							
Accounts payable	\$ 148.975	\$ 1	47	<b>\$</b> 61	\$ (76)	\$	149,107
Accrued expenses	170,013		_	_	_		170,013
Professional liabilities –current portion	21,142		_	_	_		21,142
Current portion of debt	11.070		_	_	_		11.070
Current portion of capital lease obligation	1,555		-	_	_		1,555
Other current liabilities	15,079		_		_		15,079
Total current liabilities	367.834	1	<del>1</del> 7	61	(76)		367.966
Long-term debt, net of current portion	677.492		_	_	_		677.492
Long-term capital lease obligation, net of current portion	50,682		_	_	_		50,682
Accrued pension and postretirement benefit obligations	197.950		_	_	_		197,950
Professional liabilities	90,135	26,0	48	12,537	_		128,720
Other long-term liabilities	169,182		55	78	_		169,315
Deferred revenue	47.297		_	_	_		47.297
Total habilities	1.600.572	26.2	50	12,676	(76)		1.639.422
Net assets							
Unrestricted	930,988	4.7	93	3,767	(8,560)		930,988
Temporarily restricted	59.982		_	_	_		59,982
Permanently restricted	27.155		_				27,155
Total net assets	1,018,125	4.7	93	3,767	(8,560)		1,018,125
Total liabilities and net assets	\$ 2.618.697	\$ 31.0	43	\$ 16,443	\$ (8,636)	\$	2.657.547

# Consolidating Statement of Operations and Changes in Net Assets

# Year Ended September 30, 2013 (In Thousands)

	Hospital Luka		Caritas	Eliminations	Total	
Operating revenue						
Net patient service revenue	\$ 2.347.565	\$ -	\$ -	\$ -	\$ 2.347.565	
Less Provision for bad debts	(64.649)	_	_	_	(64,649)	
Net patient service revenue, less provision for bad debts	2.282.916	_	_	_	2,282,916	
Other revenue	58,633	2,111	_	(2.111)	58,633	
Total operating revenue	2,341,549	2.111	_	(2.111)	2,341,549	
Operating expenses						
Salaries and benefits	1.025,652	_	_	_	1.025,652	
Supplies and other expenses	1.062.979	_	_	(376)	1.062,603	
Depreciation	107,957	_	_	_	107.957	
Insurance	16,165	1,270	4,776	(5,670)	16,541	
Interest	23,920	_	_	_	23,920	
Total operating expenses	2,236,673	1.270	4,776	(6.046)	2,236,673	
Income (loss) from operations	104.876	841	(4,776)	3.935	104.876	
Nonoperating gains (losses), net	73.846	(132)	1	131	73,846	
Excess (deficiency) of revenue over expenses	178.722	709	(4.775)	4.066	178.722	

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

# Year Ended September 30, 2013 (In Thousands)

	Hospital	L	ukan	Caritas	Eliminations	Total
Unrestricted net assets						
Excess (deficiency) of revenue over expenses (continued)	\$ 178.722	\$	709	\$ (4,775)	\$ 4.066	\$ 178,722
Other changes in net assets	343		_	_	_	343
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(6,000)		_	_	_	(6,000)
Transfer from Yale-New Haven Health Services Corporation	2,900		_	_	_	2,900
Net Transfer from Yale-New Haven Network Corporation	(9.793)		_	_	_	(9.793)
Net assets released from restrictions for purchases of fixed assets	152		_	_	_	152
Pension and other postretirement liability adjustments	88.656		_	_	_	88.656
Increase (decrease) in unrestricted net assets	254,980		709	(4.775)	4.066	254,980
Temporarily restricted net assets						
Income from investments	241		_	_	_	241
Net realized gains on investments	768		_	_	_	768
Change in net unrealized gains and losses on investments	5.421		_	_	_	5.421
Bequests, contributions and grants	20,777		_	_	_	20,777
Net assets released from restrictions for purchases of fixed assets	(152)		_	_	_	(152)
Net assets released from restrictions for free care	(779)		_	_	_	(779)
Net assets released from restrictions for operations	(2.822)		_	_	_	(2.822)
Net assets released from restrictions for clinical programs	(9.498)		_	_	_	(9.498)
Increase in temporarily restricted net assets	13.956		_	-	_	13,956
Permanently restricted net assets						
Change in beneficial interest in perpetual trusts	411		_	_	_	411
Increase in permanently restricted net assets	411		_	_	_	411
Increase (decrease) in net assets	269,347		709	(4,775)	4,066	269,347
Net assets (deficiency) at beginning of year	748,778		4.084	8,542	(12.626)	748,778
Net assets (deficiency) at end of year	\$ 1,018,125	\$	4,793	\$ 3,767	\$ (8.560)	\$1.018.125

### Ernst & Young LLP

#### Assurance | Tax | Transactions | Advisory

#### About Ernst & Young

Exist  $\times$  councils, add of leader in action is expected as a finite of the following set of the set of the finite of the following set of the set of the finite of t

Form temptiment in please is the second

Errotis is some reterring the old standard and at mender time, of Errotis is some of distributed exclusion by the horizone parabetes at entit.

Errotis is one of that time 3 of UK only and hinter (1) of an ante-of-section type of 6-centres to the other.

