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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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

C Name of organization
YALE NEW HAVEN HEALTH SERVICES CORP

Doing Business As

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

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

D Employer identification number
22-2529464

E Telephone number
(203)688-6088

G Gross receipts $ 445,704,486

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW YNHHS ORG

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

L Year of formation 1983

M State of legal domicile CT

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	1,600
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	895,974
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	79,078

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	272,109,735	387,841,378
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,463,967	311,462
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,663,426	39,207,900
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,237,128	427,360,740
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	272,775
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	129,655,331	173,002,912
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	150,082,860	218,847,572
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	279,738,191	392,123,259
19	Revenue less expenses Subtract line 18 from line 12	24,498,937	35,237,481

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	309,188,310	418,035,060
21	Total liabilities (Part X, line 26)	213,383,917	323,282,233
22	Net assets or fund balances Subtract line 21 from line 20	95,804,393	94,752,827

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-08-08

JAMES STATEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00032493

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000
INDIANAPOLIS, IN 46204 — Phone no (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 335,738,622 including grants of $ 272,775) (Revenue $ 427,049,278)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 335,738,622

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the 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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part 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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	350		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,600		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 18			
	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 **1b** 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶VINCENT TAMMARO 789 HOWARD AVE NEW HAVEN, CT (203) 688-6364

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								7,783,989	14,976,834	5,106,837

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶343

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA WI 53593	CONSULTING	16,358,237
BEACON PARTNERS INC 97 LIBERTY PKWY STE 400 WEYMOUTH MA 02189	CONSULTING	6,287,892
DELOITTE & TOUCHE LLP PO BOX 12001 DALLAS TX 75312	CONSULTING	6,155,047
JONES DAY 51 LOUISIANA AVE WASHINGTON DC 20001	LEGAL	5,190,119
REGAN TECHNOLOGIES CORPORATION 7 BARNES INDUSTRIAL RD WALLINGFORD CT 06492	DATA MANAGEMENT	4,451,542

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 ▶107

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	MANAGEMENT SERVICES 900099	275,969,110	275,215,197	753,913	
	b	INSURANCE PREMIUMS 900099	41,960,825	41,960,825		
	c	SYSTEM SUPPORT SERVICES 900099	35,119,874	34,991,472	128,402	
	d	MANAGEMENT SERVICES-EPIC 621990	22,749,245	22,749,245		
	e	EMERGENCY PREPAREDNESS PROGRAM 900099	11,757,120	11,757,120		
	f	All other program service revenue	285,204	285,204		
	g	**Total.** Add lines 2a–2f . . . . . ▶	387,841,378			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	171,827			171,827
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 18,483,381				
	b	Less cost or other basis and sales expenses: 18,343,746				
	c	Gain or (loss): 139,635				
	d	Net gain or (loss) . . . . . ▶	139,635			139,635
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	PHYSICIAN INTEGRATION REVENUW 900099	36,571,471	36,571,471		
	b	OTHER INCOME 900099	2,622,770	2,622,770		
	c	EMERGENCY PREPARATION SERVICE 621990	13,659		13,659	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	39,207,900			
	12	**Total revenue.** See Instructions . . . . . ▶	427,360,740	426,153,304	895,974	311,462

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	272,775	272,775		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,057,758		7,057,758	
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	129,574,863	116,137,728	13,437,135	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,799,431	5,779,516	1,019,915	
9 Other employee benefits	20,057,785	17,049,117	3,008,668	
10 Payroll taxes	9,513,075	8,086,114	1,426,961	
11 Fees for services (non-employees)				
a Management				
b Legal	5,091,702		5,091,702	
c Accounting	281,188		281,188	
d Lobbying				
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)	61,184,982	52,007,235	9,177,747	
12 Advertising and promotion				
13 Office expenses	20,067,077	17,057,015	3,010,062	
14 Information technology				
15 Royalties . .				
16 Occupancy	29,228,579	24,844,292	4,384,287	
17 Travel	2,299,551	1,954,618	344,933	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,692,393	26,088,534	4,603,859	
23 Insurance	40,374,282	40,374,282		
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)				
a DUES, FEES & MEMBERSHIP	12,057,061	10,248,502	1,808,559	
b COMMUNITY ACTIVITY/OTHE	6,199,842	5,256,182	943,660	
c CLINICAL PROGRAM EXPENS	6,116,229	6,116,229		
d TELEPHONE & DATA COMMUN	5,062,825	4,303,401	759,424	
e All other expenses	191,861	163,082	28,779	
25 **Total functional expenses.** Add lines 1 through 24e	392,123,259	335,738,622	56,384,637	0
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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		8,214,016	2	16,323,382
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		88,821,382	4	97,784,032
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,458,143	9	6,746,800
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 312,001,021			
	b	Less accumulated depreciation	10b 94,541,054	126,464,672	10c	217,459,967
	11	Investments—publicly traded securities		10,140,011	11	3,924,715
	12	Investments—other securities See Part IV, line 11		67,090,086	12	75,796,164
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		309,188,310	16	418,035,060
Liabilities	17	Accounts payable and accrued expenses		61,870,392	17	98,895,830
	18	Grants payable			18	
	19	Deferred revenue		118,035,450	19	188,102,588
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		33,478,075	25	36,283,815
	26	**Total liabilities.** Add lines 17 through 25		213,383,917	26	323,282,233
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		95,804,393	27	94,752,827
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		95,804,393	33	94,752,827
	34	Total liabilities and net assets/fund balances		309,188,310	34	418,035,060

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	427,360,740
2	Total expenses (must equal Part IX, column (A), line 25)	2	392,123,259
3	Revenue less expenses Subtract line 2 from line 1	3	35,237,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,804,393
5	Net unrealized gains (losses) on investments	5	-217,576
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	-36,071,471
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,752,827

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS B KETCHUM DIRECTOR	1 00 1 00	X						0	0	0
RONALD B NORENESQ DIRECTOR	1 00 4 00	X						0	0	0
ROBERT A HAVERSAT DIRECTOR	1 00 2 00	X						0	0	0
JOHN L LAHEY DIRECTOR	1 00 2 00	X						0	0	0
RICHARD C LEVIN- THRU 7113 DIRECTOR	1 00 2 00	X						0	0	0
MICHAEL H FLYNN DIRECTOR	1 00 2 00	X						0	0	0
MARY C FARRELL DIRECTOR	1 00 2 00	X						0	0	0
MARVIN K LENDER VICE CHAIR	1 00 2 00	X						0	0	0
JULIA M MCNAMARA CHAIRWOMAN	1 00 2 00	X						0	0	0
JOSEPH R CRESPO DIRECTOR	1 00 2 00	X						0	0	0
PETER SOLEVEY- THRU 7113 DIRECTOR	1 00 2 00	X						0	0	0
F PATRICK MCFADDEN JR VICE CHAIR	1 00 0 00	X						0	0	0
DANIEL L MOSLEY DIRECTOR	1 00 4 00	X						0	0	0
DANIEL J MIGLIO DIRECTOR	1 00 0 00	X						0	0	0
BARBARA B MILLER DIRECTOR	1 00 2 00	X						0	0	0
MARNA P BORGSTROM CEO	16 00 24 00	X		X				947,505	1,421,256	545,209
MEREDITH B REUBEN DIRECTOR	1 00 4 00	X						0	0	0
NEIL DEFEO DIRECTOR	1 00 0 00	X						0	0	0
ELLIOT SUSSMAN DIRECTOR	1 00 0 00	X						0	0	0
STEPHEN ALLEGRETTO VP	2 00 38 00			X				26,335	500,368	159,483
PATRICK MCCABE VP	6 00 34 00			X				86,516	490,259	174,067
NANCY LEVITT-ROSENTHAL VP	1 00 39 00			X				0	402,165	116,920
MELISSA TURNER VP	1 00 39 00			X				0	331,027	110,915
CAROLYN SALSGIVER VP	1 00 39 00			X				0	341,984	132,425
FRANK A CORVINO EXECUTIVE VP	10 00 30 00			X				331,082	993,247	157,560

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 any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EUGENE J COLUCCI VP	2 00 38 00			X				28,489	541,314	162,337
JAMES B MORRIS VP	2 00 38 00			X				14,900	357,596	113,787
VINCENT TAMMARO VP	4 00 36 00			X				50,140	451,254	149,357
RICHARD D'AQUILA EXECUTIVE VP	10 00 30 00			X				354,409	1,063,226	330,514
KEVIN A MYATT SR VP	16 00 24 00			X				304,837	457,255	205,841
DAVID WURCEL VP	1 00 39 00			X				0	519,920	162,412
WILLIAM J ASELTYNE VP	26 00 14 00			X				490,996	264,383	195,172
PETER N HERBERT MD SR VP	16 00 24 00			X				573,832	860,748	76,682
MICHAEL DIMENSTEIN VP	4 00 36 00			X				41,741	375,664	140,921
JAMES M STATEN EXECUTIVE VP	16 00 24 00			X				445,104	667,658	345,337
WILLIAM S GEDGE SR VP	28 00 12 00			X				531,630	227,842	227,559
GAYLE L CAPOZZALO EXECUTIVE VP	24 00 16 00			X				687,914	458,610	161,371
ROBERT NORDGREN VP	1 00 39 00			X				0	527,836	139,143
DANIEL BARCHI SR VP	24 00 16 00			X				408,782	272,521	235,940
JOHN SKELLY VP	0 00 40 00			X				0	562,297	164,783
WILLIAM M JENNINGS EXEC VP	10 00 30 00			X				218,239	654,717	253,207
VINCENT PETRINI SR VP	1 00 39 00			X				0	519,465	143,219
CHRISTOPHER O'CONNOR EXEC VP & COO	16 00 24 00			X				77,587	116,380	159,240
CHRISTOPHER CANNON INT'L ADMINISTRATOR	40 00 0 00					X		365,072	0	47,877
PAMELA L SCAGLIARINI DIRECTOR OF SUPPLY CHAIN	40 00 0 00					X		392,631	0	78,971
RICHARD LISITANO VP EPIC INPATIENT CLIN SYS	40 00 0 00					X		394,433	0	89,641
LISA STUMP VP & ASSOCIATE CIO	40 00 0 00					X		343,466	0	50,611
DONALD WAGGAMAN DIRECTOR OF TREASURY	40 00 0 00					X		420,934	0	33,323
ROBERT J TREFRY FORMER OFFICER	0 00 0 00						X	0	301,062	0
QUINTON J FRIESEN FORMER OFFICER	0 00						X	0	696,540	32,190

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 any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH E JANELL FORMER OFFICER	0 00						X	0	600,240	10,823
MARK L ANDERSEN FORMER OFFICER	0 00						X	247,415	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									38,271,470

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—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 ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
YALE-NEW HAVEN HOSPITALINC	060646652	3	Yes						0
BRIDGEPORT HOSPITAL	060646554	3	Yes						0
GREENWICH HOSPITAL	060646659	3	Yes						700000
NORTHEAST MEDICAL GROUP INC	061330992	9	Yes						37571470

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,117,614	626,277	1,491,337
d Equipment		309,098,070	93,914,777	215,183,293
e Other		785,337		785,337
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				217,459,967

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN MCIC-VERMONT	64,420,719	C
(B) INVESTMENT IN YALE ENDOWMENT FUND	155,015	F
(C) CASH SURRENDER VALUE OF LIFE INSURANCE	11,117,405	F
(D) ALTERNATIVE INVESTMENTS	3,025	F
(E) INVESTMENT IN NEPC	100,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	75,796,164	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
PROFESSIONAL LIABILITY INSURANCE	11,775,175
ACCRUED SUPPLEMENTAL RETIREMENT	24,508,640
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	36,283,815

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 5

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

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAACP NEW HAVEN BRANCH545 WHALLEY AVE NEW HAVEN,CT 06511	06-6099313	501(C)(4)	20,250				SPONSORSHIP
NEW HAVEN INTERNATIONAL FESTIVAL 195 CHURCH STREET NEW HAVEN,CT 06511	06-1444222	501(C)(3)	20,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACHIEVEMENT FIRST403 JAMES STREET NEW HAVEN,CT 06511	65-1203744	501(C)(3)	12,000				SUPPORT MISSION
VISITING NURSE ASSOCIATION SOUTHONE LONG WHARF DRIVE NEW HAVEN,CT 06511	06-0646941	501(C)(3)	10,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTI DEFAMATION LEAGUEWHITNEY AVE NEW HAVEN,CT 06511	13-1818723	501(C)(3)	10,000				SPONSORSHIP
BEULAH HEIGHT SOCIAL INTEGRATION782 ORCHARD STREET NEW HAVEN,CT 06511	06-1290930	501(C)(3)	7,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER NEW HAVEN CHAMBER OF COMMER900 CHAPEL STREET NEW HAVEN,CT 06510	06-0646890	501(C)(6)	20,090				SPONSORSHIP
NEW HAVEN SYMPHONY ORCHESTRA70 AUDUBON STREET NEW HAVEN,CT 06510	06-6000592	501(C)(3)	15,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROMISING SCHOLARSHIP FUND INC44 UPPER STATE STREET NORTH HAVEN,CT 06473	80-0112325	501(C)(3)	10,000				SUPPORT MISSION
RONALD MCDONALD HOUSE501 GEORGE STREET NEW HAVEN,CT 06511	06-1063758	501(C)(3)	11,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CT STATE MISSIONARY BAPTIST CONVENT10 CHERRY DRIVE DANBURY,CT 06812	06-1421410	501(C)(3)	6,500				SUPPORT MISSION
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN,CT 06511	23-7431264	501(C)(3)	5,400				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY SEED817 GRAND AVENUE NEW HAVEN,CT 06511	83-0397621	501(C)(3)	10,000				SUPPORT MISSION
LEEWAY INC40 ALBERTS ST NEW HAVEN,CT 06511	22-3065487	501(C)(3)	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHORELINE ARTS ALLIANCE725 BOSTON POST ROAD GUILFORD,CT 06437	06-1027403	501(C)(3)	5,000				SUPPORT MISSION
EHEALTH CONNECTICUT INC1290 SILAS DEAN HIGHWAY WETHERSFIELD,CT 06109	20-4667060	501(C)(3)	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR CHILDREN INC104 HUNGERFORD STREET HARTFORD,CT 06106	06-1392883	501(C)(3)	12,500				SUPPORT MISSION
UNITED WAY OF GREENWICH INCONE LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	501(C)(3)	10,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN KOMEN BREAST CANCER FOUNDATION74 BETTERSON PARK RD FARMINGTON,CT 06032	75-2844629	501(C)(3)	5,540				SUPPORT MISSION
CAREER RESOURCES INC 350 FAIRFIELD AVE BRIDGEPORT,CT 06604	06-1427945	501(C)(3)	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN COMMUNITY ACTION INC168 DAVENPORT AVE NEW HAVEN,CT 06519	06-0941885	501(C)(3)	5,000				SUPPORT MISSION
CONNECTICUT WOMEN HALL OF FAME INC320 FITCH STREET NEW HAVEN,CT 06515	06-1492895	501(C)(3)	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY COMMUNITY SERVICES129 CHURCH STREET NEW HAVEN,CT 06510	22-2849124	501(C)(3)	5,000				SUPPORT MISSION
NEW HAVEN WORKS INC 205 WHITNEY AVE NEW HAVEN,CT 06511		UNKNOWN	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARTIN DE PORRES ACADEMY208 COLUMBUS AVE NEW HAVEN,CT 06519	81-0666655	501(C)(3)	5,000				SUPPORT MISSION
FAMILY CENTERED SERVICES OF CONNECTICUT235 NICOLL STREET NEW HAVEN,CT 06511	06-0972684	501(C)(3)	5,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT PLAYERS FOUNDATION INC222 SARGENT DRIVE NEW HAVEN,CT 06511	06-6073063	501(C)(3)	25,000				SUPPORT MISSION
TOWN OF GUILFORD31 PARK STRET GUILFORD,CT 06837		GOVERNMENT	6,000				SUPPORT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOSTON COLLEGE140 COMMONWEALTH AVE CHESTNUT HILL,MA 02467	04-2103545	501(C)(2)	5,995				SUPPORT MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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, LINE 4B	PART I, LINE 4B THE INDIVIDUALS LISTED BELOW ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION)AND REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS SEVERANCE NONQUALIFIED EQUITY-BASED MARNA P BORGSTROM - $258,931 - RICHARD D'AQUILA - 151,570 - JAMES M STATEN - 132,290 - WILLIAM A JENNINGS - 95,633 - WILLIAM S GEDGE - 90,178 - VUNCENT PETRINI - 55,784 - KEVIN A MYATT - 83,807 - DANIEL BARCHI - 78,297 - WILLIAM J ASELTYNE - 75,979 - EUGENE J COLUCCI - 64,625 - PATRICK MCCABE - 65,125 - JOHN SKELLY - 63,959 - STEPHEN ALLEGRETTO - 60,919 - DAVID WURCEL - 59,420 - ROBERT NORDGREN - 56,353 - VINCENT TAMMARO - 53,049 - NANCY LEVITT-ROSENTHAL - 48,511 - JAMES B MORRIS - 42,306 - CAROLYN SALSGIVER - 41,473 - MELISSA TURNER - 37,518 - MICHAEL DIMENSTEIN - 46,540 - CHRISTOPHER O'CONNOR - 32,132 - JOSEPH E JANELL - 10,466 - 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 SEVERANCE NONQUALIFIED EQUITY-BASED PETER HERBERT - $ 285,649 - GAYLE CAPOZZALO - $ 185,042 - FRANK CORVINO - $ 128,277 - QUINTON FRIESEN - $ 145,221 - FOUR FORMER OFFICERS, ROBERT TREFRY, MARK ANDERSEN, JOSEPH JANNEL AND QUINTON FRIESEN RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE TRUST ROBERT TREFRY $216,182 MARK ANDERSEN $ 83,767 JOSEPH JANELL $ 30,585 QUINTON FRIESEN $ 31,921 THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)
	PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARNA P BORGSTROM	(I)	597,033	329,152	21,320	209,943	8,141	1,165,589	0
	(II)	895,549	493,727	31,980	314,914	12,211	1,748,381	0
STEPHEN ALLEGRETTO	(I)	18,732	5,353	2,250	6,944	1,031	34,310	555
	(II)	355,914	101,709	42,745	131,927	19,581	651,876	10,545
PATRICK MCCABE	(I)	59,605	20,156	6,755	20,182	5,928	112,626	0
	(II)	337,762	114,218	38,279	114,366	33,591	638,216	0
NANCY LEVITT-ROSENTHAL	(I)	0	0	0	0	0	0	0
	(II)	289,761	72,626	39,778	115,611	1,309	519,085	5,175
MELISSA TURNER	(I)	0	0	0	0	0	0	0
	(II)	226,345	61,538	43,144	84,818	26,097	441,942	0
CAROLYN SALSGIVER	(I)	0	0	0	0	0	0	0
	(II)	232,639	64,418	44,927	101,673	30,752	474,409	0
FRANK A CORVINO	(I)	199,454	73,540	58,088	34,275	5,115	370,472	17,756
	(II)	598,363	220,620	174,264	102,825	15,345	1,111,417	53,271
EUGENE J COLUCCI	(I)	19,469	5,649	3,371	7,086	1,031	36,606	0
	(II)	369,920	107,338	64,056	134,639	19,581	695,534	0
JAMES B MORRIS	(I)	10,531	2,594	1,775	3,744	807	19,451	0
	(II)	252,752	62,246	42,598	89,862	19,374	466,832	0
VINCENT TAMMARO	(I)	34,131	10,854	5,155	11,470	3,465	65,075	0
	(II)	307,176	97,686	46,392	103,233	31,189	585,676	0
RICHARD D'AQUILA	(I)	231,114	83,801	39,494	75,968	6,661	437,038	0
	(II)	693,342	251,402	118,482	227,903	19,982	1,311,111	0
KEVIN A MYATT	(I)	189,950	79,200	35,687	75,412	6,924	387,173	13,437
	(II)	284,925	118,800	53,530	113,118	10,387	580,760	20,156
DAVID WURCEL	(I)	0	0	0	0	0	0	0
	(II)	351,604	103,235	65,081	142,520	19,892	682,332	0
WILLIAM J ASELTYNE	(I)	316,955	119,506	54,535	112,599	14,263	617,858	5,380
	(II)	170,668	64,350	29,365	60,630	7,680	332,693	2,897
PETER N HERBERT MD	(I)	316,583	107,788	149,461	7,900	22,773	604,505	0
	(II)	474,875	161,682	224,191	11,850	34,159	906,757	0
MICHAEL DIMENSTEIN	(I)	27,234	8,211	6,296	10,484	3,608	55,833	0
	(II)	245,107	73,896	56,661	94,356	32,473	502,493	0
JAMES M STATEN	(I)	306,882	103,920	34,302	110,016	28,119	583,239	0
	(II)	460,324	155,880	51,454	165,024	42,178	874,860	0
WILLIAM S GEDGE	(I)	358,317	123,418	49,895	137,150	22,142	690,922	0
	(II)	153,565	52,893	21,384	58,778	9,489	296,109	0
GAYLE L CAPOZZALO	(I)	379,333	148,692	159,889	85,920	10,903	784,737	0
	(II)	252,889	99,128	106,593	57,280	7,268	523,158	0
ROBERT NORDGREN	(I)	0	0	0	0	0	0	0
	(II)	372,964	105,210	49,662	118,653	20,490	666,979	2,666

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANIEL BARCHI	(I)	290,259	83,259	35,264	107,758	33,806	550,346	0
	(II)	193,506	55,506	23,509	71,839	22,537	366,897	0
JOHN SKELLY	(I)	0	0	0	0	0	0	0
	(II)	397,192	99,212	65,893	142,259	22,524	727,080	6,060
WILLIAM M JENNINGS	(I)	148,418	49,994	19,827	53,209	10,093	281,541	0
	(II)	445,254	149,981	59,482	159,627	30,278	844,622	0
VINCENT PETRINI	(I)	0	0	0	0	0	0	0
	(II)	334,449	121,944	63,072	121,084	22,135	662,684	5,034
CHRISTOPHER O'CONNOR	(I)	76,689	0	898	47,653	16,043	141,283	0
	(II)	115,033	0	1,347	71,479	24,065	211,924	0
CHRISTOPHER CANNON	(I)	198,086	144,046	22,940	24,985	22,892	412,949	0
	(II)	0	0	0	0	0	0	0
PAMELA L SCAGLIARINI	(I)	275,541	73,804	43,286	57,315	21,656	471,602	11,004
	(II)	0	0	0	0	0	0	0
RICHARD LISITANO	(I)	265,432	73,683	55,318	68,100	21,541	484,074	1,616
	(II)	0	0	0	0	0	0	0
LISA STUMP	(I)	236,866	67,494	39,106	48,700	1,911	394,077	0
	(II)	0	0	0	0	0	0	0
DONALD WAGGAMAN	(I)	274,518	100,820	45,596	17,300	16,023	454,257	0
	(II)	0	0	0	0	0	0	0
ROBERT J TREFRY	(I)	0	0	0	0	0	0	0
	(II)	0	0	301,062	0	0	301,062	237,188
QUINTON J FRIESEN	(I)	0	0	0	0	0	0	0
	(II)	397,490	110,745	188,305	20,469	11,721	728,730	85,154
JOSEPH E JANELL	(I)	0	0	0	0	0	0	0
	(II)	79,272	74,850	446,118	10,823	0	611,063	459,118
MARK L ANDERSEN	(I)	0	0	247,415	0	0	247,415	247,415
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	2,225,837	SEE PART V		No
(2) UNITED ILLUMINATING CO	SEE SCHEDULE O	104,913	SEE PART V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		PART IV, COLUMN DBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSNAME OF INTERESTED PERSON CENTURY FINANCIAL SERVICES, INC OFFICERS EUGENE J COLUCCI, PATRICK MCCABE AND DAVID WURCEL ARE OFFICERS AND/OR DIRECTORS OF CENTURY FINANCIAL SERVICES, INC , WHICH PROVIDES BILLING AND COLLECTION SERVICES FOR AND IS PARTIALLY OWNED BY YALE-NEW HAVEN HEALTH SERVICES CORPORATION PART IV, COLUMN DNAME OF INTERESTED PERSON UNITED ILLUMINATING CO TRUSTEES DANIEL J MIGLIO AND JOHN L LAHEY ARE DIRECTORS OF UIL HOLDINGS CORPORATION, THE PARENT COMPANY OF UNITED ILLUMINATING CO YALE-NEW HAVEN HEALTH SERVICES CORPORATION PURCHASED ELECTRICITY AND GAS SERVICES FROM UNITED ILLUMINATING CO , THE ONLY SUPPLIER OF ELECTRICITY AND GAS AVAILABLE TO YALE-NEW HAVEN HEALTH SERVICES CORPORATION RATES CHARGED BY UNITED ILLUMINATING CO ARE REVIEWED AND APPROVED BY THE CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL PART IVBUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSSOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE AFFILIATES THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
YALE NEW HAVEN HEALTH SERVICES CORP	22-2529464

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	YALE NEW HAVEN HEALTH SYSTEM (YNHHS) IS CONNECTICUT'S LEADING HEALTHCARE SYSTEM YNHHS WAS FORMED IN 1996 TO ENHANCE THE QUALITY AND SCOPE OF HEALTHCARE SERVICES FOR RESIDENTS OF C ONNECTICUT AND BEYOND YNHHS INCLUDES THREE DELIVERY NETWORKS BRIDGEPORT HOSPITAL, GREENW ICH HOSPITAL AND YALE-NEW HAVEN HOSPITAL, AND A PHYSICIAN FOUNDATION, NORTHEAST MEDICAL GR OUP (NEMG) YNHHS HAS CLINICAL RELATIONSHIPS WITH SEVERAL OTHER HOSPITALS IN CONNECTICUT A ND NUMEROUS OUTPATIENT LOCATIONS THROUGHOUT THE STATE YNHHS IS AFFILIATED WITH YALE UNIVE RSITY IN SUPPORT OF PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH SAFETY, QUALITY AND OPERATIONAL EFFECTIVENESS SAFETY AND QUALITY OVER THE PAST DECADE, YALE NEW HAVEN HEA LTH SYSTEM HAS ENHANCED PATIENT CARE SAFETY AND CLINICAL QUALITY WHILE SIMULTANEOUSLY MAKI NG IT MORE EFFICIENT AND COST-EFFECTIVE YNHHS'S WORK TO IMPROVE PATIENT SAFETY, MEASURE A ND REPORT HEALTHCARE OUTCOMES, AND REALIZE COST EFFICIENCIES HAS BEEN INSTRUMENTAL TO PROV IDING HIGH-VALUE CARE TO THE PATIENTS AND COMMUNITIES WE SERVE IN 2013, EACH DELIVERY NET WORK SUCCESSFULLY IMPLEMENTED HEALTHCARE PERFORMANCE IMPROVEMENT'S SERIOUS SAFETY EVENT IN ITIATIVE AT LEVEL 2 AND EXCEEDED ESTABLISHED TARGETS FOR HAND HYGIENE COMPLIANCE AND VALUE -BASED PURCHASING METRICS SET BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES IN ADDITI ON, EACH DELIVERY NETWORK IMPLEMENTED MORNING SAFETY ROUNDS AT WHICH CLINICAL AND ADMINIST RATIVE STAFF ADDRESSED QUESTIONS, DISCUSSED ADVERSE EVENTS AND IDENTIFIED EXISTING OR POTE NTIAL PATIENT SAFETY ISSUES AND SOLUTIONS ALL THREE HOSPITALS PARTICIPATED IN THE GREAT C ATCH, A MONTHLY AWARDS PROGRAM RECOGNIZING EMPLOYEES WHO PROACTIVELY DETECT POTENTIAL PATI ENT SAFETY ISSUES OPERATIONAL IMPROVEMENT COST AND VALUE POSITIONING IN 2012, YNHHS INIT IATED A COST AND VALUE POSITIONING (CVP) INITIATIVE TO PRODUCE BETTER QUALITY OUTCOMES WHI LE REDUCING UP TO $125 MILLION IN EXPENSE REDUCTION A YEAR AND A CUMULATIVE FIVE-YEAR PROJ ECTED SAVINGS OF $550 MILLION THROUGH A SYSTEMIZED APPROACH, ANNUAL EXPENSE REDUCTION OPP ORTUNITIES WERE IDENTIFIED IN WORKFORCE PRODUCTIVITY, SUPPLY CHAIN MANAGEMENT, BENEFIT PLA NS AND CLINICAL REDESIGN, AND IN 2013 YNHHS EXCEEDED ITS CVP TARGET BY MORE THAN $20 MILLI ON IN ADDITION, THE ACQUISITION OF THE HOSPITAL OF SAINT RAPHAEL HAS CONTINUED TO GENERAT E ECONOMIES OF SCALE TO HELP TRACK PROGRESS ON SAFETY AND QUALITY IMPROVEMENT, YNHHS ADOP TED A SCORECARD METHOD THAT MEASURES HOW THE SYSTEM IS DOING ON CORE MEASURES, READMISSION S, MORTALITY AND INFECTION RATES, TRANSITION OF CARE AND SERIOUS SAFETY EVENTS SUPPLY CHA IN / NON-LABOR AS A PART OF COST AND VALUE POSITIONING, THE FOCUS AREA OF NON-LABOR IMPLEM ENTED $20 9 MILLION IN COST REDUCTION, WELL AHEAD OF TARGETS THIS COST REDUCTION WAS A RE SULT OF A SYSTEM-WIDE REORGANIZATION OF THE LEADERSHIP AND ENGAGEMENT PROCESS NEEDED TO RE DUCE COSTS WHILE ENSURING QUALITY REMAINED HIGH MANY PHYSICIANS AND OTHER CLINICIANS PART ICIPATED WITH STRONG LEADERSHIP PRESENCE INITIATIVES INCLUDED A COMBINATION OF YALE NEW H AVEN HEALTH SYSTEM AS WELL AS NORTHEAST PURCHASING COALITION, LLC, COMMITMENTS TO BUY COMM ON SUPPLIES AND/OR UTILIZE A COMMON CONTRACT METHOD THE MOST SIGNIFICANT COST REDUCTIONS OCCURRED IN THE AREAS OF PHARMACY, GENERAL MEDICAL SUPPLIES AND SERVICES, AND SURGICAL SER VICES CLINICAL AND INFORMATION TECHNOLOGY THE IMPLEMENTATION OF EPIC, YNHHS'S $290 MILLIO N ELECTRONIC MEDICAL RECORD (EMR) INITIATIVE, WAS COMPLETED IN 2013, ON TIME AND UNDER BUD GET GREENWICH HOSPITAL WENT LIVE IN APRIL 2012 YALE-NEW HAVEN HOSPITAL IMPLEMENTED EPIC ON ITS YORK STREET CAMPUS IN FEBRUARY 2013 AND ITS SAINT RAPHAEL CAMPUS IN JUNE 2013 BRID GEPORT HOSPITAL FOLLOWED IN SEPTEMBER 2013 EPIC NOW LINKS ALL THREE HOSPITALS, NORTHEAST MEDICAL GROUP, YALE MEDICAL GROUP AND MANY COMMUNITY PHYSICIANS, INCLUDING OVER 1,220 PHYS ICIANS AND PROVIDERS AT 267 YNHHS-AFFILIATED AMBULATORY SITES YNHHS IS NOW A NATIONAL LEA DER FOR CONTINUUM OF CARE TECHNOLOGY AND IS ABLE TO USE ITS INTEGRATED EMR TO IDENTIFY QUA LITY INDICATORS AND BEST PRACTICES ACROSS ALL PARTS OF THE HEALTH SYSTEM YNHHS WAS AGAIN SELECTED AS ONE OF THE MOST WIRED HEALTH SYSTEMS IN THE NATION BY HOSPITALS AND HEALTH NET WORK MAGAZINE YNHHS WAS ALSO RECOGNIZED BY FAIRWARNING, AN INTERNATIONAL PATIENT PRIVACY MONITORING COMPANY, FOR ITS COMMITMENT TO PROTECTING PATIENT INFORMATION THROUGH ONGOING M ONITORING AND BEST PRACTICES AND FOR INTEGRATING DIFFERENT CLINICAL SYSTEMS, ENABLING THE DETECTION OF POTENTIAL PRIVACY BREACHES IN THESE APPLICATIONS PROVIDER OF CHOICE SERVICE GROWTH AND ACCESS IMPROVEMENT YALE NEW HAVEN HEALTH SYSTEM CONTINUED TO PROVIDE CARE TO MO RE PATIENTS IN 2013 WHILE THE STATES INPATIENT DISCHARGES DECLINED BY 1 3 PERCENT, YNHHS INCREASED ITS VOLUME BY 22 5 PERCENT THIS YEAR, INCREASING STATEWIDE SHARE TO 27 1 PERCENT , COMPARED WITH 21 7 PERCENT IN 2012 THIS GROWTH IS PRIMARILY DUE TO THE ACQUISITION OF T HE HOSPITAL OF SAINT RAPHAEL AND A NOTABLE INCREAS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	E IN TRANSFERS TO YALE-NEW HAVEN HOSPITAL THROUGH ITS INNOVATIVE Y ACCESS LINE, AS WELL AS CONTINUED INVESTMENT IN CLINICAL PROGRAMS AND SERVICES ACROSS THE SYSTEM ADDITIONALLY, Y NHHS EXPANDED ACCESS TO MORE PATIENTS IN 2013 BY DEVELOPING CLINICAL RELATIONSHIPS WITH OT HER HOSPITALS THROUGHOUT THE STATE AND OPENING OR ACQUIRING OUTPATIENT COMMUNITY-BASED LOC ATIONS, INCLUDING SMILOW CANCER CARE CENTERS, PEDIATRIC NETWORKS, BLOOD DRAW STATIONS, RAD IOLOGY SITES AND TELESTROKE ARRANGEMENTS THE ONGOING SHIFT FROM INPATIENT TO OUTPATIENT C ARE CONTINUED THIS YEAR SEVERAL PRACTICES, INCLUDING PRIMARY CARE, CARDIOLOGY, ONCOLOGY A ND UROLOGY, JOINED YNHHS, AND NEMG EXPERIENCED TREMENDOUS GROWTH, ADDING 63 NEW PROVIDERS IN 2013 IN AUGUST 2013, YNHHS SIGNED A LETTER OF INTENT WITH TENET TO CREATE AN INNOVATIV E NEW PARTNERSHIP BLENDING THE STRENGTHS OF THE TWO NATIONALLY RECOGNIZED ORGANIZATIONS T HE STRATEGIC ALLIANCE WILL ENHANCE PATIENT CARE ACCESS TO YNHHS SERVICE LINES, SUPPORT BRO ADER CLINICAL INTEGRATION AND IMPROVE CARE EFFICIENCY PATIENT EXPERIENCE / SERVICE EXCELL ENCE YNHHS AND ITS DELIVERY NETWORKS EMBRACED A COMMON COMMITMENT TO EXCELLENCE IN PATIENT CARE AND PRACTICING THE VALUES OF PUTTING PATIENTS AND FAMILIES FIRST, BEING RESPONSIBLE, EMPATHETIC AND ALWAYS DOING THE RIGHT THING YNHHS CONTINUED ITS EFFORTS TO RAISE ITS PAT IENT SATISFACTION SCORES, AS MEASURED BY PRESS GANEY, WITH SPECIAL AREAS OF FOCUS BEING OU TPATIENT, AMBULATORY SURGERY, EMERGENCY DEPARTMENT, PEDIATRIC INPATIENT, PSYCHIATRIC INPAT IENT AND COMMUNITY THE YNHHS SERVICE EXCELLENCE COUNCIL, ORGANIZED IN 2012, EXPANDED ITS FOCUS ON SERVICE EXCELLENCE OPPORTUNITIES ACROSS THE CONTINUUM OF CARE. THE COUNCIL ROUTIN ELY SHARED SERVICE EXCELLENCE BEST PRACTICES ACROSS THE SYSTEM, WHICH PROVIDED LEARNING OP PORTUNITIES TO ENHANCE PATIENT AND FAMILY ENGAGEMENT AND SATISFACTION WITH THEIR EXPERIENC ES THE YNHHS 2012 SERVICE EXCELLENCE CONFERENCE DREW MORE THAN 900 ATTENDEES AND 55 PRESE NTATIONS ON PROJECTS THAT STAFF DEVELOPED TO IMPROVE THE OVERALL PATIENT EXPERIENCE. THE C OUNCIL ALSO CREATED AN ELECTRONIC SYSTEMS SUBCOMMITTEE TO EXAMINE MOBILE TECHNOLOGIES DESI GNED TO ENGAGE AND ENHANCE THE EXPERIENCE OF PATIENTS AND FAMILIES YNHHS HOSPITALS WERE N AMED "LEADERS IN LGBT HEALTHCARE EQUALITY" BY THE NATIONAL HUMAN RIGHTS CAMPAIGN FOUNDATIO N, IN 2013, FOR COMMITMENT TO EQUITABLE, INCLUSIVE CARE FOR LESBIAN, GAY, BISEXUAL AND TRA NSGENDER PATIENTS AND THEIR FAMILIES POPULATION HEALTH MANAGEMENT RECOGNIZING THE IMPORTA NCE OF UNDERSTANDING HOW AND WHEN TO BEGIN THE TRANSITION FROM VOLUME-BASED TO VALUE-BASED CARE DELIVERY, YNHHS FOCUSED ON THREE ESSENTIAL COMPONENTS OF ITS POPULATION HEALTH MANAG EMENT INITIATIVE CLINICAL INTEGRATION, CARE MANAGEMENT AND DISEASE MANAGEMENT THE CLINIC AL INTEGRATION STEERING COMMITTEE COLLABORATED WITH PHYSICIANS ACROSS YNHHS TO ENHANCE THE COORDINATION OF CARE FOR PATIENTS WITH DIABETES AND CARDIOVASCULAR DISEASE AND ESTABLISHE D PRIORITIES FOR IMPROVING TRANSITIONS OF CARE ACROSS SETTINGS A SYSTEM-WIDE CARE MANAGEM ENT PLAN WAS DEVELOPED TO MORE FULLY INTEGRATE ITS CARE MANAGEMENT SYSTEMS, PROCESSES AND RESOURCES TO SUPPORT CARE ACROSS YNHHS NORTHEAST MEDICAL GROUP IS CENTRAL TO YNHHS'S DEVE LOPMENT OF A POPULATION HEALTH MANAGEMENT PROGRAM, IN PARTICULAR WITH ITS FOCUS ON PATIENT -CENTERED MEDICAL HOME DEVELOPMENT

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		YNHHS'S DISEASE MANAGEMENT EMPLOYEE INITIATIVE EXPANDED THE LIVINGWELL CARES ON-SITE CARE COORDINATION DIABETES PROGRAM, WITH OVER 340 EMPLOYEES CURRENTLY ENROLLED PATIENT SATISFA CTION WITH THE PROGRAM IS EXCEPTIONAL, AND THE PROGRAM WILL EXPAND TO INCLUDE ASTHMA, CARD IOVASCULAR DISEASE AND MUSCULOSKELETAL CONDITIONS THIS PROGRAM IMPROVED COMPLIANCE WITH E VIDENCE-BASED CARE BY 10 PERCENT, BROUGHT RISK-ADJUSTED PER-MEMBER PER-MONTH SPENDING IN L INE WITH THE GENERAL EMPLOYEE POPULATION, RESULTED IN ZERO PERCENT READMISSIONS AND AVOIDA BLE ADMISSIONS FOR PROGRAM PARTICIPANTS, AND CONSISTENTLY HAD 95 PERCENT OR BETTER PARTICI PANT SATISFACTION RATINGS COMMUNITY BENEFITS EACH YEAR YNHHS DELIVERY NETWORKS PROVIDE OV ER $489 MILLION (AT COST) IN COMMUNITY BENEFIT AND COMMUNITY-BUILDING ACTIVITIES AS PART OF THE SYSTEM-WIDE COMMITMENT TO SERVE AS STRONG COMMUNITY PARTNERS, EACH YNHHS DELIVERY N ETWORK PROVIDED NUMEROUS HEALTH SCREENINGS, COMMUNITY EDUCATION SESSIONS, COMMUNITY-BUILDI NG EVENTS, COMMUNITY LEADERSHIP ACTIVITIES AND GRANTS AND ASSISTANCE TO IMPROVE AND ENHANC E THE HEALTH OF ITS LOCAL COMMUNITY IN ADDITION, THE AREA OF COMMUNITY BENEFITS ALSO INCL UDES COSTS ASSOCIATED WITH HEALTH PROFESSIONS EDUCATION, UNCOMPENSATED AND UNDER-COMPENSAT ED CARE EMPLOYER OF CHOICE HUMAN RESOURCES YNHHS REMAINED COMMITTED TO RECRUITING AND RET AINING A HIGH-QUALITY, ENGAGED WORKFORCE THROUGH A RANGE OF HUMAN RESOURCE INITIATIVES, IN CLUDING COMPETITIVE SALARIES AND BENEFITS, EXTENSIVE TRAINING AND DEVELOPMENT OPPORTUNITIE S RESULTS FROM THE EMPLOYEE ENGAGEMENT SURVEY SHOWED THAT EMPLOYEES ACROSS YNHHS ARE ALIG NED WITH THE SYSTEMS MISSION, ARE COMMITTED TO HELPING THE ORGANIZATION SUCCEED, AND VIEW THE ORGANIZATION AS A VALUED EMPLOYER AS A LEADER IN HEALTHCARE EXCELLENCE, YNHHS HAS A R ESPONSIBILITY TO HELP KEEP ITS EMPLOYEES PHYSICALLY HEALTHY TO SUPPORT EMPLOYEES IN MANAG ING THEIR HEALTH AS WELL AS HELP CONTAIN EMPLOYEES' MEDICAL COSTS, YNHHS LAUNCHED KNOW YOU R NUMBERS, A WELLNESS PROGRAM THAT HELPS EMPLOYEES HEIGHTEN THEIR HEALTH AWARENESS, IMPROV E THEIR HEALTH AND RECEIVE A $500 CREDIT TOWARD THE COST OF THEIR 2014 ANNUAL MEDICAL PREM IUM UPON COMPLETION OF SPECIFIC CRITERIA TO QUALIFY FOR THE CREDIT, EMPLOYEES NEEDED TO H AVE A HEALTH SCREENING AND COMPLETE AN ONLINE HEALTH RISK ASSESSMENT MORE THAN 9,200 EMPL OYEES, WHICH WAS 65 PERCENT OF BENEFITS-ENROLLED YNHHS EMPLOYEES, COMPLETED BOTH COMPONENT S OF THE PROGRAM ADDITIONALLY, EXTENDING THE CARE PROVIDED DIRECTLY TO EMPLOYERS AND THEI R EMPLOYEES CONTINUES TO BE THE FOCUS OF THE HEALTH SYSTEM SERVING NEARLY 1,500 COMPANIES , YNHHS'S OCCUPATIONAL HEALTH SERVICES WORKS TO KEEP EMPLOYEES OF LOCAL BUSINESSES AND ORG ANIZATIONS HEALTHY INSTITUTE FOR EXCELLENCE YNHHS REMAINED COMMITTED TO SUPPORTING EMPLOY EE CAREER DEVELOPMENT IN 2013, THE INSTITUTE FOR EXCELLENCE (IFE) PROVIDED MORE THAN 17,0 00 HOURS OF CLASSROOM INSTRUCTION FOR NEARLY 2,600 EMPLOYEES AND SAW AN INCREASE IN THE NU MBER OF MANAGERS AND DIRECTORS WHO REQUESTED PROFESSIONAL DEVELOPMENT SUPPORT THE IFE ALS O COLLABORATED WITH THE YALE SCHOOL OF MANAGEMENT TO PROVIDE A LEADERSHIP DEVELOPMENT PROG RAM FOR 25 PATIENT SERVICES MANAGERS AT YALE-NEW HAVEN HOSPITAL THROUGH IFE'S E-LEARNING DEPARTMENT, MORE THAN 19,000 YNHHS EMPLOYEES COMPLETED NEARLY 381,000 COURSES THROUGH HEAL THSTREAM AND OTHER PROGRAMS AS E-LEARNING CONTINUES TO EVOLVE AS AN IMPORTANT STRATEGY FOR BLENDING TECHNOLOGY WITH CLASSROOM LEARNING THE IFE'S SIMULATION AT YALE NEW HAVEN ADVA NCING PATIENT SAFETY AND EDUCATION CENTER (SYN APSE) PROVIDED MORE THAN 21,000 HOURS OF SI MULATION-ENHANCED EDUCATION TO OVER 5,000 EMPLOYEES ACROSS YNHHS, AS WELL AS 1,090 HOURS O F SUPPORT FOR EPIC IMPLEMENTATION SYN APSE WAS ALSO SELECTED AS ONE OF ONLY 8,000 GLOBAL TEST RECIPIENTS OF GOOGLE GLASS, AS PART OF THE GOOGLE EXPLORER PROGRAM OVERALL FINANCIAL PERFORMANCE YNHHS CONTINUED TO FOCUS ON MAXIMIZING FINANCIAL PERFORMANCE WHILE INVESTING IN KEY INITIATIVES TO STRENGTHEN AND GROW THE SYSTEM, AS WELL AS PREPARING FOR REIMBURSEME NT CHANGES AS THE LARGEST PROVIDER OF MEDICAID SERVICES IN THE STATE, YNHHS MODIFIED ITS OPERATING PLANS TO ABSORB NEARLY $40 MILLION IN MEDICAID PAYMENT REDUCTIONSINCLUDING $35 8 MILLION AT YALE-NEW HAVEN HOSPITAL, $2 3 MILLION AT BRIDGEPORT HOSPITAL AND $1 8 MILLION AT GREENWICH HOSPITAL ADDITIONAL CUTS ARE INCLUDED IN THE STATE'S BIENNIAL BUDGET STRONG EXPENSE MANAGEMENT HELPED YNHHS ACHIEVE MORE THAN $47 7 MILLION IN COST SAVINGS AND AVOID ANCE THIS YEAR, INCLUDING $27 MILLION RELATED TO SUPPLY CHAIN MANAGEMENT AND $14 7 MILLION IN CORPORATE COST SAVINGS BRIDGEPORT DELIVERY NETWORK BRIDGEPORT HOSPITAL AND HEALTHCARE SERVICES INCLUDES THE ENTITIES OF BRIDGEPORT HOSPITAL, SOUTHERN CT HEALTH SYSTEM PROPERTI ES AND THE BRIDGEPORT HOSPITAL FOUNDATION, INC BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING NEARLY 18,500 INPATIENTS AND MORE THAN 240,000 OU TPATIENT ENCOUNTERS IN 2013 A MEMBER OF THE YALE

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		NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BUR N CENTER, THE JOEL E. SMILOW HEART INSTITUTE THE NORMA F PFRIEM CANCER INSTITUTE AND BREA ST CARE CENTER, THE WOMENS CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AN D AHLBIN CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECO ND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDRENS HOSPITAL. DURING FISCAL YEAR 2013, BRIDGEP ORT HOSPITAL PROVIDED APPROXIMATELY $71 8 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGU RE INCLUDES $47 3 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $19 5 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER $4 9 MILLION IN COMMUNI TY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL $91,000 DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRON MENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING. BRIDGEPORT HO SPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPL EMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS. GREENWICH HOSP ITAL DELIVERY NETWORK GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE T HAN 12,000 INPATIENT DISCHARGES AND NEARLY 300,000 OUTPATIENT ENCOUNTERS LAST YEAR. THE HO SPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELL NESS PROGRAMS. SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSC OPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R. PIVIR OTTO CENTER FOR HEALTHY LIVING, AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD. DURING FISCAL YEAR 2013, GREENWICH HOSPITAL PROVIDED APPROXIMATELY $31 6 MILLION IN COMMUN ITY BENEFITS. THIS FIGURE INCLUDES $24 7 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UND ER REIMBURSED MEDICAID (AT COST), $3 1 MILLION IN HEALTH PROFESSIONS EDUCATION AND $3 8 MI LLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEA RCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL $279,000 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT , ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPRO VEMENT AND HOUSING. GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AN D RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEA LTH AND INCREASE ACCESS

Identifier	Return Reference	Explanation
		YALE-NEW HAVEN DELIVERY NETWORK 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 $280 3 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $79 7 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 PHYSICAL 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 NORTHEAST MEDICAL GROUP ESTABLISHED IN 2010, NORTHEAST MEDICAL GROUP (NEMG) IS A SYSTEM-WIDE PHYSICIAN GROUP DESIGNED TO CREATE OPPORTUNITIES FOR BETTER COLLABORATION, IMPROVED QUALITY OF CARE AND CLOSER PHYSICIAN ALIGNMENT A NOT-FOR-PROFIT MULTISPECIALTY MEDICAL FOUNDATION, NEMG HAS ALIGNED PHYSICIANS AND MID-LEVEL PROVIDERS ACROSS THE HEALTH SYSTEM NEMG'S INCLUDE HOSPITAL-EMPLOYED PHYSICIANS AT GREENWICH HOSPITAL, BRIDGEPORT HOSPITAL, THE HOSPITALISTS OF YALE-NEW HAVEN HOSPITAL AND COMMUNITY PHYSICIANS HEADQUARTERED IN BRIDGEPORT, CONNECTICUT, NEMG COMMUNITY PRACTICES EXTEND FROM RYE BROOK, NEW YORK, TO GALES FERRY, CONNECTICUT THROUGH ITS GROWING PHYSICIAN NETWORK, NEMG HELPS THE HEALTH SYSTEM BETTER CARE FOR PATIENTS ACROSS THE CONTINUUM-FROM HOSPITALS TO NURSING HOMES TO HOME NEMG OFFERS ITS MEMBERS OPPORTUNITIES FOR COLLABORATION AND RESOURCES TO IMPROVE PRACTICE MANAGEMENT AND CLINICAL QUALITY IN ADDITION, NEMG SUPPORTS PHYSICIAN PRACTICES THROUGH ECONOMIES OF SCALE, ASSISTANCE WITH RECRUITMENT EFFORTS AND SUPPORT FOR THE DELIVERY OF INTEGRATED, HIGH-QUALITY CARE NEMG BEGAN ITS THIRD YEAR OF OPERATION IN APRIL AND CONTINUED TO EXPERIENCE TREMENDOUS GROWTH DURING THE YEAR BY SEPTEMBER 30, 2013, NEMG INCLUDED 81 PRACTICE SITES, REPRESENTING ABOUT 170 PHYSICIANS AND MORE THAN 390 STAFF MEMBERS FISCAL YEAR 2013 ALSO SAW A LARGE JUMP IN PATIENT VOLUME WITH A 74 PERCENT INCREASE OVER THE SAME PERIOD THE PREVIOUS YEAR CONSISTENT WITH THE DELIVERY NETWORKS, NEMG TRACKS PERFORMANCE ON KEY METRICS RELATED TO PATIENT CARE, SAFETY AND CLINICAL QUALITY, AND PERFORMED STRONGLY FOR EXAMPLE, STAFF ACHIEVED 95 PERCENT PERFORMANCE ON CHEMOTHERAPY COMPARED WITH A TARGET OF 90 PERCENT AND REACHED 88 PERCENT IN DEPRESSION SCREENING, EXCEEDING THE TARGET OF 60 PERCENT NEMG ALSO ACHIEVED STRONG PATIENT SATISFACTION SCORES WHILE SIMULTANEOUSLY INCREASING THE SIZE AND SCOPE OF PRACTICES NEMG RANKED IN THE 98TH PERCENTILE NATIONALLY AND THE 99TH PERCENTILE IN THE NORTHEAST FOR OVERALL PATIENT SATISFACTION THROUGH THE FIRST TWO QUARTERS OF FISCAL YEAR 2013

Identifier	Return Reference	Explanation
	FORM 990, PART VI	SECTION A, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION 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 ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT 14 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 CENTURY FINANCIAL SERVICES, INC , COMMUNITY HEALTH CARE PHYSICIANS, P C , GREENWICH HEALTH SERVICES, INC , GREENWICH INTEGRATIVE MEDICINE, P C , GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P C , GREENWICH PEDIATRIC SERVICES, P C , MEDICAL CENTER REALTY, INC , MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC , QUINNIPIAC MEDICAL, P C , SHORELINE SURGERY CENTER, LLC , SSC II, LLC, YNH GERIATRICS SERVICES, P C , YNH MEDICAL SERVICES, P C , YNHH-MSO, INC , YNHH PHYSICIANS CORP , YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, AND YORK ENTERPRISES, INC

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990, PART VI, SECTION C, LINE 18 COPIES OF FORM 990, FORM 1023 AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY OFFICE OF LEGAL AND CORPORATE COMPLIANCE THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 34,211,593 MANAGEMENT AND GENERAL EXPENSES 6,037,340 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,248,933 PERSONNEL SUPPORT PROGRAM SERVICE EXPENSES 778,410 MANAGEMENT AND GENERAL EXPENSES 137,366 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 915,776 TEMPORARY HELP/TRAINING & DEVELOPMENT PROGRAM SERVICE EXPENSES 17,017,232 MANAGEMENT AND GENERAL EXPENSES 3,003,041 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,020,273

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	TRANSFER TO/FROM AFFILIATES- NEMG/NCDP/NETWORK CORP -35,984,771 OTHER CHANGES IN NET ASSETS -86,700

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,451,448	1,393,769		No			No	51 000 %
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	4,344,574	1,743,514		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER LLC 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	932,448	991,211		No			No	35 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties 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	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
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 line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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 regarding exclusion for certain investment partnerships

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

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
BRIDGEPORT RENEWAL LLC 267 GRANT AVE BRIDGEPORT, CT 06610 06-1452169	RENTAL	CT	88,657	421,100	SOUTHERERN CONNECTICUT HEALTH SYSTEM PROPERTIES
900 KING STREET ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILDING OPERATIONS	CT	0	0	GREENWICH HOSPITAL
GREENWICH PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE	CT	3,602,408	1,461,173	GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGYLLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE	CT	1,729,461	330,158	GREENWICH HOSPITAL
GREENWICH ENDOSCOPY CENTER LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805473	HEALTHCARE	CT	0	0	GREENWICH HEALTH CARE SERVICES INC
2015 WEST MAIN STREET ASSOC LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 73-1718563	RENTAL	CT	757,412	2,800,494	PERRYRIDGE CORPORATION
GH REALTY HOLDING LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1623145	RENTAL	CT	1,102,196	9,172,833	PERRYRIDGE CORPORATION
GREENWICH AMBULATORY SURGERY CENTERLLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0810580	HEALTHCARE	CT	7,835,000	1,616,000	GREENWICH HEALTH CARE SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C	1,706,393	370,480	100 000 %	Yes	
YALE-NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE	CT	YNH NETWORK CORP	C	5,395,311	16,925,659	100 000 %	Yes	
QUINNIPIAC MEDICAL PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1405531	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	1,370		100 000 %	Yes	
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL	CT	YORK ENTERPRISES INC	C	1,648,543	5,310,518	100 000 %	Yes	
YNH GERIATRIC SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561581	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	3,021		100 000 %	Yes	
YNH MEDICAL SERVICES PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1561583	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C	114,587		100 000 %	Yes	
CHC PHYSICIANS PC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1436530	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C			100 000 %	Yes	
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE	CT	GREENWICH HEALTH CARE SERVICES CORP	C	589,458	586,066	100 000 %	Yes	
GREENWICH PEDIATRIC SERVICES PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	30,952	927	100 000 %	Yes	
GREENWICH INTEGRATIVE MEDICINE 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	193,909		100 000 %	Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE	CT	GREENWICH HEALTH SERVICES INC	C	2,195,159	1,881,741	100 000 %	Yes	
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	YNH NETWORK CORP	C	33,235	8,042,124	100 000 %	Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C	21	10,626	100 000 %	Yes	
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	5,411,294	10,892,523	100 000 %	Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C	5,204,703	2,797	95 290 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH OCCUPATIONAL HEALTH SERVICES INC-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C	320,047	159,542	100 000 %	Yes	
LUKAN INDEMNITY COMPANY 58 PAR-LA-VALLIS RD HAMILTON BD 98-1072793	INSURANCE	BD	YALE-NEW HAVEN HOSPITAL	C			100 000 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC- NJ 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	GREENWICH HEALTH SERVICES INC	C	84,102	84,102	100 000 %	Yes	
PRIMARYNET OF CT INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE	CT	CHC PHYSICIANS INC	C			100 000 %	Yes	
								Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BRIDGEPORT HOSPITAL	L	71,006,331	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	Q	292,330	TRANSACTION REVIEW
YALE-NEW HAVEN HOSPITAL	L	177,492,933	COMPARABLE MARKET VALUE
YALE-NEW HAVEN HOSPITAL	Q	26,928,426	TRANSACTION REVIEW
YALE-NEW HAVEN HOSPITAL	K	3,028,000	COMPARABLE MARKET VALUE
YALE-NEW HAVEN HOSPITAL	S	6,000,000	CASH
GREENWICH HOSPITAL	L	38,868,943	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	L	4,377,795	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	R	37,571,470	CASH
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	250,724	COMPARABLE MARKET VALUE
YNH NETWORK CORP	L	147,751	COMPARABLE MARKET VALUE
YORK ENTERPRISES INC	L	256,489	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	Q	4,649,720	TRANSACTION REVIEW
CENTURY FINANCIAL SERVICES INC	L	94,669	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	L	157,456	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES	S	12,995,015	CASH
GREENWICH HEALTH CARE SERVICES INC	S	11,783,800	CASH