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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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 province, country, and ZIP or foreign postal code
NEW HAVEN, CT 06519

D Employer identification number
22-2529464

E Telephone number
(203)688-6088

G Gross receipts $ 432,585,984

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

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

H(b) Are all subordinates 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**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,806
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,116,439
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	150,011

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	387,841,378	395,737,998
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311,462	-29,912
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,207,900	15,214,660
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	427,360,740	410,922,746
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	272,775	200,400
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)	173,002,912	194,214,752
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)	218,847,572	195,894,742
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	392,123,259	390,309,894
19	Revenue less expenses Subtract line 18 from line 12	35,237,481	20,612,852

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	418,035,060	1,363,045,860
21	Total liabilities (Part X, line 26)	323,282,233	1,213,053,903
22	Net assets or fund balances Subtract line 21 from line 20	94,752,827	149,991,957

Revenue | Expenses | 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: 2015-08-11

JAMES STATEN TREASURER
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 or note to any line 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 $ 330,318,357 including grants of $ 200,400) (Revenue $ 409,836,219)

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** ▶ 330,318,357

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	272		
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	1,806		
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" to line 3b, 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 or note to any line 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**	13		
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

▶KEITH TANDLER 789 HOWARD AVE
NEW HAVEN, CT 06519 (203) 688-9642

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

Check if Schedule O contains a response or note to any line 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			

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)** . . . . . ▶								8,124,231	16,194,667	6,140,850

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 ▶ 381

			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	14,808,702
BEACON PARTNERS INC 97 LIBERTY PKWY STE 400 WEYMOUTH MA 02189	CONSULTING	6,149,249
DELOITTE & TOUCHE LLP PO BOX 12001 DALLAS TX 75312	CONSULTING	5,660,813
PARKER STAFFING SERVICES 818 STEWART STREET STE 1210 SEATTLE WA 98101	STAFFING SERVICES	3,288,325
ORCHESTRATE HEALTHCARE 225 MAIN STREET CARBONDALE CO 81623	CONSULTING	3,130,148

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 ▶ 88

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	260,564,120	260,117,563	446,557	
	b	MANAGEMENT SERVICES-EPIC 621990	41,273,251	41,273,251		
	c	INSURANCE PREMIUMS 900099	41,095,923	41,095,923		
	d	SYSTEM SUPPORT SERVICES 900099	39,875,577	39,739,441	136,136	
	e	EMERGENCY PREPAREDNESS PROGRAM 900099	12,699,885	12,699,885		
	f	All other program service revenue	229,242	229,242		
	g	**Total.** Add lines 2a–2f . . . . . ▶	395,737,998			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	37,608			37,608
	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: 21,595,718				
	b	Less cost or other basis and sales expenses: 21,663,238				
	c	Gain or (loss): -67,520				
	d	Net gain or (loss) . . . . . ▶	-67,520			-67,520
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	PHYSICIAN INTEGRATION REVENUE 900099	12,118,780	12,118,780		
	b	OTHER INCOME 900099	2,562,134	2,562,134		
	c	EMERGENCY PREP/OTHR SERVICES 621990	533,746		533,746	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	15,214,660			
	12	**Total revenue.** See Instructions . . . . . ▶	410,922,746	409,836,219	1,116,439	-29,912

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 or note to any line 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	200,400	200,400		
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	7,495,503		7,495,503	
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	145,211,958	129,801,342	15,410,616	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,618,731	6,475,921	1,142,810	
9 Other employee benefits	24,003,591	20,403,052	3,600,539	
10 Payroll taxes	9,884,969	8,402,224	1,482,745	
11 Fees for services (non-employees)				
a Management				
b Legal	7,728,079		7,728,079	
c Accounting	269,476		269,476	
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)	49,147,468	41,775,348	7,372,120	
12 Advertising and promotion				
13 Office expenses	671,785	571,017	100,768	
14 Information technology				
15 Royalties . .				
16 Occupancy	34,700,198	29,495,169	5,205,029	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,210,652	1,879,054	331,598	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,227,512	48,643,385	8,584,127	
23 Insurance	35,637,477	35,637,477		
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 TELEPHONE & DATA COMMUN	5,410,656	4,599,058	811,598	
b DUES, FEES & MEMBERSHIP	1,740,574	1,479,488	261,086	
c CLINICAL PROGRAM & MISC	756,450	648,206	108,244	
d COMMUNITY ACTIVITY/OTHE	247,352	182,213	65,139	
e All other expenses	147,063	125,003	22,060	
25 **Total functional expenses.** Add lines 1 through 24e	390,309,894	330,318,357	59,991,537	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 or note to any line 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		16,323,382	2	13,239,630
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		97,784,032	4	1,002,539,739
	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		6,746,800	9	29,539,360
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 322,316,989			
	b	Less accumulated depreciation	10b 151,914,846	217,459,967	10c	170,402,143
	11	Investments—publicly traded securities		3,924,715	11	8,119,479
	12	Investments—other securities See Part IV, line 11		75,796,164	12	87,155,404
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	52,050,105
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		418,035,060	16	1,363,045,860
Liabilities	17	Accounts payable and accrued expenses		98,895,830	17	83,237,716
	18	Grants payable			18	
	19	Deferred revenue		188,102,588	19	163,851,856
	20	Tax-exempt bond liabilities			20	885,198,103
	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		36,283,815	25	80,766,228
	26	**Total liabilities.** Add lines 17 through 25		323,282,233	26	1,213,053,903
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		94,752,827	27	149,991,957
	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		94,752,827	33	149,991,957
	34	Total liabilities and net assets/fund balances		418,035,060	34	1,363,045,860

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	410,922,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,309,894
3	Revenue less expenses Subtract line 2 from line 1	3	20,612,852
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,752,827
5	Net unrealized gains (losses) on investments	5	85,811
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	34,540,467
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,991,957

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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									47,183,195

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	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	
(A) YALE-NEW HAVEN HOSPITALINC	060646652	3	Yes						0
(A) BRIDGEPORT HOSPITAL	060646554	3	Yes						0
(B) GREENWICH HOSPITAL	060646659	3	Yes						0
(C) NORTHEAST MEDICAL GROUP INC	061330992	9	Yes						47183195

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	856,430	1,261,184
d Equipment		319,537,309	151,058,416	168,478,893
e Other		662,066		662,066
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				170,402,143

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	75,451,819	C
(B) INVESTMENT IN YALE ENDOWMENT FUND	183,971	F
(C) CASH SURRENDER VALUE OF LIFE INSURANCE	11,451,825	F
(D) ALTERNATIVE INVESTMENTS	2,615	F
(E) INVESTMENT IN NEPC	65,174	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	87,155,404	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. 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	26,209,164
ACQUISITION CONTINGENT LIABILITY	5,000,000
RETRO INSURANCE CREDIT	8,146,162
INTEREST RATE SWAP	29,635,727
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	80,766,228

2. Liability for uncertain tax positions 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** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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**

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . ▶ 1

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION YALE NEW HAVEN HEALTHCARE SERVICES CORPORATION ("HSC") CARRIES OUT DUE DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES SERVED HSC VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO HSC ASSISTANCE DONATED BY HSC TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES HSC MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

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 BRANCH 545 WHALLEY AVE NEW HAVEN,CT 06511	06-6099313	501(C)(4)	18,500				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
NEW HAVEN INTERNATIONAL FESTIVAL 195 CHURCH STREET NEW HAVEN,CT 06511	06-1444222	501(C)(3)	15,000				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 FIRST 403 JAMES STREET NEW HAVEN,CT 06511	65-1203744	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
VISITING NURSE ASSOCIATION SOUTH ONE 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 LEAGUE WHITNEY AVE NEW HAVEN,CT 06511	13-1818723	501(C)(3)	10,000				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
BEULAH HEIGHT SOCIAL INTEGRATION 782 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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	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
THE CHAIN FUND 234 SHERMAN AVE C25 MERIDEN,CT 06450	52-2375279	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
PROMISING SCHOLARSHIP FUND INC 44 UPPER STATE STREET NORTH HAVEN,CT 06473	80-0112325	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
BEULAH LAND DEVELOPMENT 774 ORCHARD STREET NEW HAVEN,CT 06511	06-1419774	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
CT STATE MISSIONARY BAPTIST CONVENT 10 CHERRY DRIVE DANBURY,CT 06812	06-1421410	501(C)(3)	6,500				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
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 SEED 817 GRAND AVENUE NEW HAVEN,CT 06511	83-0397621	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
LEEWAY INC 40 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
CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN,CT 06511		GOVERNEMENT	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
CHAPEL WEST SPECIAL SERVICES 1205 CHAPEL STREET NEW HAVEN,CT 06511		GOVERNEMENT	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
CORNELL HILL SCOTT CORPORATION 400-428 COLUMBUS AVE NEW HAVEN,CT 06519	06-0870990	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
EAST END COMMUNITY COUNCIL 1149 STRATFORD AVE BRIDGEPORT,CT 06607	06-1614075	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
FIRST CALVERY BAPTISH CHURCH 609 DIXWELL AVE NEW HAVEN,CT 06511	06-1173497	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
LIFE HAVEN 153 EAST STREET NEW HAVEN,CT 06511	22-2513519	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 INC 168 DAVENPORT AVE NEW HAVEN,CT 06519	06-0941885	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
LOVE CHRISTIAN ACADEMY 729 UNION AVE BRIDGEPORT,CT 06607	06-1448782	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
NEW HAVEN PUBLIC LIBRARY 133 ELM STREET NEW HAVEN,CT 06510	06-1283798	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
POLICE ACTIVITY LEAGUE OF NEW HAVEN 1 UNION AVE NEW HAVEN,CT 06519	47-1212812	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
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET STE 403 NEW HAVEN,CT 06519	06-0646761	501(C)(3)	12,500				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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
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 - $370,245 - RICHARD D'AQUILA - 218,016 - JAMES M STATEN - 185,221 - CHRISTOPHER O'CONNOR - 166,274 - WILLIAM A JENNINGS - 139,208 - WILLIAM S GEDGE - 120,170 - DANIEL BARCHI - 115,052 - KEVIN A MYATT - 113,328 - WILLIAM J ASELTYNE - 108,317 - PATRICK MCCABE - 91,524 - EUGENE J COLUCCI - 86,208 - JOHN SKELLY - 85,346 - STEPHEN ALLEGRETTO - 82,275 - ROBERT NORDGREN - 82,059 - DAVID WURCEL - 80,497 - VINCENT PETRINI - 78,018 - VINCENT TAMMARO - 76,599 - NANCY LEVITT-ROSENTHAL - 64,872 - MICHAEL DIMENSTEIN - 62,716 - JAMES B MORRIS - 56,305 - CAROLYN SALSGIVER - 55,496 - MELISSA TURNER - 53,317 - THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2013 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2013 CALENDAR YEAR FORM W-2 SEVERANCE NONQUALIFIED EQUITY-BASED PETER HERBERT - $ 390,067 - GAYLE CAPOZZALO - $ 322,870 - 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 QUINTON FRIESEN $127,684 MARK ANDERSEN $ 83,767 JOSEPH JANELL $ 33,365 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

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 BORGSTROM PRESIDENT & CEO	(I) (II)	658,423 987,634	377,328 565,993	21,720 32,580	265,958 398,937	35,533 53,300	1,358,962 2,038,444	0 0
STEPHEN ALLEGRETTO VP	(I) (II)	363,214 12,629	100,519 3,495	64,681 2,249	155,234 5,397	15,586 542	699,234 24,312	26,137 808
WILLIAM ASELTYNE SR VP	(I) (II)	107,626 430,504	29,798 119,192	18,302 73,209	41,193 164,774	5,377 21,506	202,296 809,185	0 0
DANIEL BARCHI SR VP	(I) (II)	52,969 476,721	17,945 161,505	6,491 58,418	21,670 195,032	5,083 45,743	104,158 937,419	0 0
GAYLE CAPOZZALO EXECUTIVE VP	(I) (II)	263,471 395,207	92,006 138,009	167,616 251,424	57,460 86,190	18,420 27,630	598,973 898,460	0 0
EUGENE COLUCCI VP	(I) (II)	20,088 381,669	5,578 105,979	3,522 66,922	8,543 162,315	1,065 20,230	38,796 737,115	2,210 41,989
FRANK CORVINO EXECUTIVE VP	(I) (II)	208,091 624,273	98,496 295,489	8,897 26,691	34,413 103,238	5,285 15,856	355,182 1,065,547	4,540 13,621
RICHARD D'AQUILA EXECUTIVE VP	(I) (II)	266,395 799,184	99,418 298,253	38,827 116,480	96,233 288,700	5,771 17,312	506,644 1,519,929	4,514 13,543
MICHAEL DIMENSTEIN VP	(I) (II)	25,804 260,911	7,572 76,564	5,938 60,041	10,923 110,443	2,906 29,385	53,143 537,344	0 0
WILLIAM GEDGE SR VP	(I) (II)	367,341 157,432	136,706 58,588	51,857 22,225	160,174 68,646	13,496 5,784	729,574 312,675	0 0
PETER HERBERT SR VP	(I) (II)	306,683 460,024	95,623 143,434	194,374 291,560	8,060 12,090	21,426 32,138	626,166 939,246	0 0
WILLIAM JENNINGS EXECUTIVE VP	(I) (II)	169,352 508,055	58,633 175,899	18,553 55,658	64,212 192,644	12,520 37,559	323,270 969,815	0 0
NANCY LEVITT-ROSENTHAL VP	(I) (II)	0 296,690	0 77,331	0 38,476	0 132,522	0 4,347	0 549,366	0 0
PATRICK MCCABE SR VP	(I) (II)	70,786 401,120	17,265 97,832	9,378 53,143	29,651 168,023	3,088 17,500	130,168 737,618	4,638 26,280
KEVIN MYATT SR VP	(I) (II)	195,717 293,576	72,783 109,174	37,503 56,254	87,586 131,378	11,128 16,691	404,717 607,073	0 0
JAMES MORRIS VP	(I) (II)	10,601 254,435	2,843 68,241	1,967 47,216	4,518 108,437	840 20,152	20,769 498,481	0 0
ROBERT NORDGREN SR VP	(I) (II)	0 407,367	0 113,705	0 52,278	0 144,692	0 21,337	0 739,379	0 1,568
CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	(I) (II)	290,957 436,435	16,280 24,420	18,484 27,726	107,134 160,702	20,215 30,322	453,070 679,605	0 0
VINCENT PETRINI SR VP	(I) (II)	0 373,039	0 128,289	0 68,258	0 156,080	0 33,581	0 759,247	0 0
CAROLYN SALSGIVER VP	(I) (II)	0 242,593	0 62,705	0 47,022	0 116,146	0 25,792	0 494,258	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-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				
JOHN SKELLY VP	(I)	0	0	0	0	0	0	0
	(II)	408,026	100,765	69,304	163,996	23,267	765,358	9,357
JAMES STATEN	(I)	377,308	115,136	36,552	136,948	8,518	674,462	16,673
EXECUTIVE VP	(II)	565,962	172,704	54,828	205,423	12,777	1,011,694	25,010
VINCENT TAMMARO	(I)	48,368	12,616	7,365	19,861	3,217	91,427	0
SR VP	(II)	365,033	95,213	55,580	149,888	24,282	689,996	0
MELISSA TURNER VP	(I)	0	0	0	0	0	0	0
	(II)	245,211	62,965	46,099	100,368	23,343	477,986	0
DAVID WURCEL VP	(I)	0	0	0	0	0	0	0
	(II)	374,723	110,574	68,655	164,147	14,357	732,456	3,026
JOSEPH BISSON VP	(I)	321,985	0	31,505	46,150	44,544	444,184	0
	(II)	0	0	0	0	0	0	0
STEPHEN CARBERY	(I)	250,967	72,136	51,352	60,473	21,734	456,662	13,826
VP	(II)	0	0	0	0	0	0	0
RICHARD LISITANO	(I)	283,275	83,544	59,977	68,650	22,363	517,809	6,219
VP	(II)	0	0	0	0	0	0	0
PAMELA	(I)	288,637	76,124	49,552	60,600	20,401	495,314	9,312
SCAGLIARINI VP	(II)	0	0	0	0	0	0	0
RICHARD STAHL VP	(I)	428,381	110,792	88,792	22,650	9,099	659,714	0
	(II)	0	0	0	0	0	0	0
MARK ANDERSEN	(I)	0	0	55,446	0	0	55,446	55,446
FORMER OFFICER	(II)	0	0	0	0	0	0	0
QUINTON FRIESEN	(I)	0	0	0	0	0	0	0
FORMER OFFICER	(II)	0	117,663	542,230	0	0	659,893	520,569
JOSEPH JANELL	(I)	0	0	0	0	0	0	0
FORMER OFFICER	(II)	0	0	267,707	0	0	267,707	264,750
ROBERT TREFRY	(I)	0	0	0	0	0		0
FORMER OFFICER	(II)	0	0	0	0	0		0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA - SERIES A	06-0806186	20774YQY6	06-24-2014	102,300,000	REFUND- M		X		X		X
B	CHEFA - SERIES B	06-0806186	20774YQP5	06-24-2014	168,275,000	REFUND- J-1		X		X		X
C	CHEFA - SERIES C	06-0806186	20774YRV1	06-24-2014	83,625,000	REFUND- K-1,K-2		X		X		X
D	CHEFA - SERIES D	06-0806186	20774YQM2	06-24-2014	108,275,000	REFUND- L-1,L-2		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	122,995,448	176,848,421	90,435,635	109,088,097
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,461,826	1,470,421	710,635	808,810
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	121,533,632	175,378,000	89,725,000	108,279,287
12	Other unspent proceeds				
13	Year of substantial completion	2014	2014	2014	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 030 %		0 030 %		0 020 %		0 410 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 030 %		0 030 %		0 020 %		0 410 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider			BARCLAYS BANK & JP MORGAN		GOLDMAN SASHS CAPITAL			
c	Term of hedge			35 000000000000		11 000000000000		22 000000000000	
d	Was the hedge superintegrated?				X		X		X
e	Was the hedge terminated?				X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
ON JUNE 24, 2014 YALE NEW HAVEN HEALTH SERVICES CORPORATION ("CORPORATION")	ISSUED APPROXIMATELY $543M OF CHEFA REVENUE BONDS SERIES A, B, C, D & E CONCURRENT WITH THE ISSUANCE OF THE CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY (CHEFA) REVENUE BONDS, YALE-NEW HAVEN HEALTH OBLIGATED GROUP ISSUE, SERIES A, B, C, D AND E DATED MAY 20, 2014, SIX MEMBERS OF THE SYSTEM WERE COMBINED TO FORM AN OBLIGATED GROUP THE OBLIGATED GROUP COMPRISES OF THE CORPORATION, YALE-NEW HAVEN HOSPITAL, YALE NEW HAVEN CARE CONTINUUM CORPORATION, BRIDGEPORT HOSPITAL, BRIDGEPORT HOSPITAL FOUNDATION, INC , AND NORTHEAST MEDICAL GROUP, INC THE MEMBERS OF THE OBLIGATED GROUP HAVE ADOPTED CERTAIN GOVERNANCE PROVISIONS IN THEIR CERTIFICATES OF INCORPORATION AND BY-LAWS PURSUANT TO WHICH YALE NEW HAVEN HEALTH SERVICES, CORPORATION RETAINS THE AUTHORITY TO DIRECTLY TAKE CERTAIN ACTIONS ON BEHALF OF EACH OBLIGATED GROUP MEMBER WITHOUT THE APPROVAL OF THE BOARD OF TRUSTEES OF THE APPLICABLE OBLIGATED GROUP MEMBER, INCLUDING THE INCURRENCE OF INDEBTEDNESS ON BEHALF OF EACH OBLIGATED GROUP MEMBER, THE MANAGEMENT AND CONTROL OF THE LIQUID ASSETS OF EACH, AND THE APPOINTMENT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF EACH OBLIGATED GROUP MEMBER GHCS AND ITS SUBSIDIARIES ARE PART OF THE SYSTEM, BUT THEY ARE NOT MEMBERS OF THE OBLIGATED GROUP PART II LINE 3 THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART II, LINE 3 IS DUE TO EITHER INVESTMENT EARNINGS OR PREMIUM RECEIVED FROM PURCHASER

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

Return Reference	Explanation
PART III, LINE 9	THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA - SERIES E	06-0806186	20774YQN0	06-24-2014	80,935,000	CONSTRUCTION PROJECT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	92,331,918			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,173,121			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	62,166,628			
11	Other spent proceeds				
12	Other unspent proceeds	28,992,169			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	1,044,605	SEE PART V		No
(2) UNITED ILLUMINATING CO	SEE SCHEDULE O	135,952	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	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 AMOUNT OF TRANSACTION $1,044,605NAME OF INTERESTED PERSON UNITED ILLUMINATING CO TRUSTEES DANIEL J MIGLIO AND JOHN L LAHEY AND OFFICER JAMES TORGERSON 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 AMOUNT OF TRANSACTION $135,952PART 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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	YALE NEW HAVEN HEALTH SYSTEM (YNHHS OR THE SYSTEM), CONNECTICUT'S LEADING HEALTHCARE SYSTE M, WAS FORMED IN 1996 TO ENHANCE THE QUALITY AND SCOPE OF HEALTHCARE SERVICES FOR RESIDENT S OF CONNECTICUT AND BEYOND YNHHS INCLUDES THREE DELIVERY NETWORKS BRIDGEPORT HOSPITAL, GREENWICH HOSPITAL AND YALE-NEW HAVEN HOSPITAL, AND A PHYSICIAN FOUNDATION, NORTHEAST MEDI CAL GROUP YNHHS HAS CLINICAL RELATIONSHIPS WITH SEVERAL OTHER HOSPITALS IN CONNECTICUT AN D NUMEROUS OUTPATIENT LOCATIONS THROUGHOUT THE STATE YNHHS IS AFFILIATED WITH YALE UNIVER SITY IN SUPPORT OF PATIENT CARE, MEDICAL EDUCATION AND CLINICAL RESEARCH YNHHS PROVIDES Q UALITY ACCESSIBLE CARE TO A BROAD PATIENT POPULATION THE SYSTEM IS COMMITTED TO CREATING A CULTURE OF SAFETY FOR PATIENTS IT CONTINUED A MULTI-YEAR INITIATIVE TO BECOME A HIGH RE LIABILITY ORGANIZATION (HRO), IN COLLABORATION WITH THE CONNECTICUT HOSPITAL ASSOCIATION THE SYSTEM HAS FURTHER CONTINUED AND BEEN SUCCESSFUL IN ITS EFFORTS TO IMPROVE QUALITY OUT COMES WHILE REDUCING EXPENSES IN A TIME OF GREAT CHANGE IN HEALTHCARE REIMBURSEMENT IN ORD ER TO CONTINUE ITS MISSION OF PROVIDING QUALITY AFFORDABLE CARE TO A BROAD PATIENT POPULAT ION REGARDLESS OF ABILITY TO PAY AND OTHERWISE WITHOUT DISCRIMINATION, FURTHERING MEDICAL EDUCATION AND ADVANCEMENTS IN HEALTHCARE THROUGH CLINICAL RESEARCH SPECIFICALLY, IT HAS L ED CLINICAL INITIATIVES DESIGNED TO REDUCE CLINICAL VARIATION, POTENTIALLY AVOIDABLE COMPL ICATIONS AND EXCESS COST THROUGH BEST PRACTICES AND IMPROVED CARE MODELS - AND IN DOING SO IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT IN LENGTH OF STAY, READMISSIONS, EXPENSE REDUCTI ONS, REVENUE IMPROVEMENT AND INCREASED VOLUME FOR EXAMPLE, AN INITIATIVE TO STANDARDIZE D RUG INVENTORIES AT ALL THREE SYSTEM HOSPITALS RESULTED IN SIGNIFICANT SAVINGS AND HELPED E LIMINATE "DUPLICATE THERAPIES" - DEFINED AS USING SIMILAR, BUT MORE COSTLY MEDICATIONS TO TREAT THE SAME CONDITIONS THE PROJECT EARNED BAXTER HEALTHCARE CORPORATION'S LEADERSHIP E XCELLENCE AWARD IN PHARMACY AND WAS RECOGNIZED AS PART OF AN EXCELLENCE AWARD FOR SUPPLY C HAIN MANAGEMENT FROM VHA INC , A NATIONAL NETWORK OF NOT-FOR-PROFIT HEALTHCARE ORGANIZATIO NS EPIC, THE SYSTEM'S ELECTRONIC MEDICAL RECORD SYSTEM, WAS UPGRADED IN 2014 TO OPTIMIZE USAGE AND ADD NEW TOOLS, SEARCH FUNCTIONS AND SAFETY FEATURES, AND WAS FURTHER EXTENDED IN TO COMMUNITY PRACTICES IN 2014 YNHHS AND ITS MEMBER HOSPITALS WERE AGAIN SELECTED AS ONE OF THE MOST WIRED HEALTH SYSTEMS IN THE NATION BY HOSPITALS AND HEALTH NETWORKS MAGAZINE W ITH CLINICAL INFORMATION TECHNOLOGY INITIATIVES THAT ENHANCE ACCESS AND CONTINUITY FOR PAT IENTS AND PROVIDERS IN THE DELIVERY OF HEALTHCARE TO SUPPORT ITS' THREE-FOLD STRATEGY, IT WAS PARAMOUNT THAT THE YALE-NEW HAVEN HEALTH SYSTEM PARTNER WITH YALE UNIVERSITY TO CREAT E A CUTTING EDGE DATA AND ANALYTICS TEAM THAT WOULD COMBINE DISPARATE REPORTING RESOURCES FROM YNHHS, YALE MEDICAL GROUP (YMG), YALE SCHOOL OF MEDICINE (YSM) THE NEW DEPARTMENT CA LLED THE JOINT DATA ANALYTICS TEAM (JDAT) WAS FORMED ON OCTOBER 1, 2014 TO SUPPORT THE ORG ANIZATIONS IN A DATA DRIVEN, TRANSPARENT AND SECURITY FOCUSED MISSION UNDER THE LEADERSHIP OF THE YNHHS AND YSM CHIEF MEDICAL INFORMATION OFFICER SINCE ITS' FORMATION, JDAT HAS HA D NUMEROUS SUCCESSES INCLUDING CREATING A CENTRALLY MANAGED AND SINGLE PORTAL FOR ALL DATA REQUESTS, BUILDING A RESEARCH FOCUSED TEAM OF ANALYSTS, CREATING STANDARDIZED METRICS AND DASHBOARDS ACROSS THE INSTITUTIONS AND DEVELOPING THE 'HELIX' BRAND REPRESENTING THE ENTE RPRISE DATA WAREHOUSE AND ALL ANALYTICS PRODUCED BY THE 60+ MEMBER TEAM EACH JDAT ANALYST HAS OBTAINED AT LEAST ONE EPIC CERTIFICATION AND ALL ARE TRAINED IN THE LATEST BUSINESS I NTELLIGENCE (BI) TECHNOLOGIES AS WELL AS DATABASE QUERYING TOOLS YNHHS CONTINUED TO SERVE A BROAD PATIENT POPULATION EXPANDING ITS CLINICAL SERVICE PARTNERSHIPS AND PROGRAMS TO MA KE CARE MORE ACCESSIBLE AND AVAILABLE ACROSS THE STATE FURTHERING EXPANDING ACCESS TO CAR E, YNHHS PARTNERED WITH ANOTHER AREA NONPROFIT HEALTH SYSTEM TO PROVIDE EMERGENCY HOSPITAL -TO-HOSPITAL TRANSPORT BY HELICOPTER SPECIFIC EXAMPLES OF CLINICAL SERVICE PARTNERSHIPS A ND PROGRAM EXPANSIONS IMPLEMENTED DURING 2014 INCLUDE - THE YALE-NEW HAVEN CHILDREN'S HOS PITAL SPECIALTY CENTER IN TRUMBULL OPENED - YNHHS AND MILFORD HOSPITAL SIGNED AN AGREEMEN T TO BRING VARIOUS YALE-NEW HAVEN HOSPITAL PROGRAMS TO THE MILFORD CAMPUS, INCLUDING A 24- BED INPATIENT REHABILITATION UNIT - BRIDGEPORT HOSPITAL EXPANDED ITS CARDIAC SURGERY PROG RAM BY INTEGRATING WITH YALE-NEW HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE - SMILOW CANC ER HOSPITAL AT YALE-NEW HAVEN, IN COLLABORATION WITH THE PHYSICIANS AND STAFF FORMERLY OF ONCOLOGY ASSOCIATES OF BRIDGEPORT (WHO JOINED THE YALE SCHOOL OF MEDICINE), BEGAN TO PROVI DE CANCER SERVICES AT BRIDGEPORT HOSPITAL'S TRUMBULL AND FAIRFIELD LOCATIONS IN SEPTEMBER - PEDIATRIC AND HEART AND VASCULAR SERVICES WERE EXPANDED AT GREENWICH HOSPITAL - YNHHS EXTENDED MATERNAL FETAL MEDICINE, HEART AND VASCUL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	AR SERVICES AND NEUROSURGICAL SERVICES TO LAWRENCE & MEMORIAL HOSPITAL - YALE-NEW HAVEN C HILDREN'S HOSPITAL ESTABLISHED A RELATIONSHIP WITH STAMFORD HOSPITAL TO PROVIDE PEDIATRIC EMERGENCY DEPARTMENT SERVICES - COLLABORATING WITH EASTERN CONNECTICUT HEALTH NETWORK, YN HHS EXPANDED HEART AND VASCULAR AND SLEEP MEDICINE SERVICES THE SERVICE EXCELLENCE COUNCI L CONTINUED TO IDENTIFY STRATEGIES AND IMPLEMENT MEASURES THAT IMPROVE THE PATIENT EXPERIE NCE THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY, DEVELOPED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, WAS ONE OF MANY MEASURES OF THE PATIENT EXPERIENCE IN MARCH, HCAHPS REPORTED THAT GREENWICH HOSPITAL HAD THE HIGHEST RANKING FOR BOTH "OVERALL RATING" AND "WILLINGNESS TO RECOMMEND" IN THE STATE OF CONNECTIC UT AS WELL AS THE NEARBY NEW YORK COUNTIES THE ANNUAL YNHHS SERVICE EXCELLENCE CONFERENCE DREW MORE THAN 950 ATTENDEES AND 96 PRESENTATIONS ON PROJECTS THAT STAFF DEVELOPED TO IMP ROVE THE OVERALL PATIENT EXPERIENCE A REFRESHED DIVERSITY AND INCLUSION PROGRAM WAS IMPLE MENTED TO HELP EMPLOYEES BETTER UNDERSTAND AND WORK WITH DIVERSE PATIENT AND STAFF POPULAT IONS FOR THE SECOND CONSECUTIVE YEAR, YNHHS HOSPITALS WERE NAMED "LEADERS IN LGBT HEALTHC ARE EQUALITY" BY THE NATIONAL HUMAN RIGHTS CAMPAIGN FOUNDATION FOR COMMITMENT TO EQUITABLE , INCLUSIVE CARE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER PATIENTS AND FAMILIES YNHHS F ORMED A SYSTEM-WIDE PRICING ALIGNMENT COMMITTEE AND A NEW PATIENT AND FAMILY ADVISORY COMM ITTEE TO ADDRESS THE PRICING OF OUR HEALTHCARE SERVICES, TAKING A PROACTIVE STANCE ON PRIC ING TRANSPARENCY , AND ADVISING LEADERS ON BILLING APPROACHES AND THE SIMPLIFICATION OF PAT IENT BILLS THE PATIENT AND FAMILY ADVISORY COMMITTEE HAS GUIDED THE HEALTH SYSTEM TOWARD SIMPLER, MORE UNDERSTANDABLE PATIENT STATEMENTS AND MORE EFFECTIVE COMMUNICATIONS TO PATIE NTS REGARDING THE PRICES OF SERVICES COST ESTIMATES FOR PATIENTS PRIOR TO SERVICE WERE IM PLEMENTED SYSTEM-WIDE IN 2014 VIRTUALLY ALL HEALTH BENEFIT PLANS NOW CONSIST OF SUBSTANTI AL DEDUCTIBLES AND COPAY MENTS, YNHHS RECOGNIZES THE IMPORTANCE TO CONSUMERS OF UNDERSTANDI NG THEIR FINANCIAL OBLIGATIONS AND RESOURCES AVAILABLE TO THEM TO HELP PAY FOR MEDICALLY N ECESSARY CARE AND, TO THAT END, IS WORKING TO PROVIDE GREATER TRANSPARENCY OF PRICING, AND AWARENESS AROUND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO HELP CONSUMERS PAY THEIR MEDI CAL BILLS, IF NEEDED

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	YNHHS CONTINUES TO BUILD ITS CAPABILITIES TO MANAGE POPULATION-BASED HEALTH CARE, INCLUDIN G WAYS TO ADDRESS THE INTERRELATED FACTORS THAT IMPACT THE HEALTH OF SPECIFIC POPULATIONS OF PATIENTS THE GOAL OF BUILDING A SCALABLE INFRASTRUCTURE AND IMPLEMENTING TARGETED PROG RAMS TO BETTER COORDINATE THE PREVENTIVE, WELLNESS AND MEDICAL CARE OF PATIENTS ACROSS THE HEALTHCARE CONTINUUM WAS EVIDENCED IN MANY WAYS IN 2014, NORTHEAST MEDICAL GROUP ACHIEVE D LEVEL III (THE HIGHEST LEVEL) PATIENT CENTERED MEDICAL HOME (PCMH) RECOGNITION FROM THE NATIONAL COMMITTEE ON QUALITY ASSURANCE (NCQA) IN 12 PRIMARY CARE PRACTICES, UTILIZING A C ARE MANAGEMENT MODEL THAT USES EMBEDDED AND CENTRALIZED CARE COORDINATORS AND PATIENT NAVI GATORS TO MANAGE THE CARE OF PATIENTS THESE MODELS OF CARE FOCUS ON IMPROVING ACCESS AND COORDINATING PATIENT CARE ACROSS THE HEALTHCARE CONTINUUM THROUGH THE PRIMARY CARE PROVIDE R'S OFFICE THIS HELPS ENSURE THAT PATIENTS RECEIVE THE CARE THEY NEED, WHEN THEY NEED IT, THEREBY IMPROVING BOTH THE PHYSICIAN'S AND PATIENT'S EXPERIENCE WHILE LOWERING COSTS ACR OSS YNHHS, PATIENT REGISTRIES WERE ESTABLISHED FOR DIABETES, CARDIOVASCULAR DISEASE AND GE RIATRICS WHICH IMPROVED OUR AFFILIATED PROVIDERS' ABILITY TO IDENTIFY PATIENTS IN NEED OF SUPPORT YNHHS CONTINUED TO ENHANCE CARE MANAGEMENT WITH ITS EMPLOYEES RESULTING IN A SIGN IFICANT IMPROVEMENT IN HEALTHCARE UTILIZATION PATTERNS AND REDUCING THE PER MEMBER PER MON TH INDEX OF TARGETED PATIENTS WHILE MAINTAINING A GREATER THAN 97 PERCENT PARTICIPANT SATI SFACTION RATING IN 2014 THE PROGRAM GREW TO NEARLY 500 PARTICIPANTS AND INCLUDED A LOWER ACUITY HEALTH COACHING PROGRAM AT ALL YNHHS CAMPUSES YNHHS ALSO LAID THE GROUNDWORK FOR A CLINICALLY INTEGRATED NETWORK OF PHYSICIANS, HOSPITALS AND OTHER HEALTHCARE PROVIDERS TO PROVIDE PATIENTS WITH SAFE, HIGH-QUALITY, COORDINATED AND COST-EFFECTIVE HEALTHCARE SERVIC ES CALLED TOTAL HEALTH, THIS COLLABORATIVE NETWORK DELIVERS HEALTH CARE THAT IS PATIENT-F OCUSED, PHYSICIAN-LED AND COMMITTED TO OUR COMMUNITIES IT IS ANTICIPATED, THAT TOTAL HEAL TH WILL GROW THE INFRASTRUCTURE, RESOURCES, POLICIES, PROCESSES AND ORGANIZATIONAL STRUCTU RE NEEDED TO SUPPORT A NETWORK OF PHYSICIANS AND PRACTICES WORKING WITH EACH OTHER AND WIT H YNHHS TO DELIVER EVIDENCE-BASED CARE TO IMPROVE THE QUALITY, EFFICIENCY AND COORDINATION OF HEALTH CARE SERVICES THE CONIFER VALUE-BASED CARE SUITE OF TECHNOLOGIES WILL ASSIST C LINICAL INTEGRATION WITH A FOCUS ON PHYSICIAN DASHBOARDS FOR METRIC REPORTING FROM THE POP ULATION LEVEL DOWN TO THE PATIENT LEVEL TOTAL HEALTH IS ONE OF SEVERAL WAYS YNHHS IS CHAN GING TO MEET THE CHALLENGES AND DEMANDS OF THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT IN INCREASING QUALITY, AFFORDABILITY AND ACCESS TO HEALTH CARE EACH YEAR YNHHS DELIV ERY NETWORKS PROVIDE OVER $565 3 MILLION (AT COST) IN COMMUNITY BENEFIT AND COMMUNITY-BUIL DING ACTIVITIES AS PART OF THE SYSTEM-WIDE COMMITMENT TO SERVE AS STRONG COMMUNITY PARTNE RS, EACH YNHHS DELIVERY NETWORK PROVIDED NUMEROUS HEALTH SCREENINGS, COMMUNITY EDUCATION S ESSIONS, COMMUNITY-BUILDING EVENTS, COMMUNITY LEADERSHIP ACTIVITIES AND GRANTS AND ASSISTA NCE TO IMPROVE AND ENHANCE THE HEALTH OF ITS LOCAL COMMUNITY IN ADDITION, THE AREA OF COM MUNITY BENEFITS ALSO INCLUDES COSTS ASSOCIATED WITH HEALTH PROFESSIONS EDUCATION, UNCOMPEN SATED AND UNDER-COMPENSATED CARE BASED ON THE RESULTS OF LAST YEAR'S COMMUNITY HEALTH NEE DS ASSESSMENTS, EACH YNHHS HOSPITAL IMPLEMENTED COMMUNITY HEALTH IMPROVEMENT PLANS WITH PA RTNERS IN THEIR LOCAL COMMUNITIES THAT ADDRESSED THEIR TOP THREE PUBLIC HEALTH ISSUES BUI LDING ON THE SUCCESS OF LAST YEAR'S "KNOW YOUR NUMBERS" EMPLOYEE WELLNESS PROGRAM, YNHHS O FFERED "KNOW YOUR NUMBERS PLUS" TO FURTHER SUPPORT EMPLOYEE WELLNESS EMPLOYEES WHO COMPLE TED A HEALTH SCREENING AND DOCUMENTATION OF HEALTHY BEHAVIOR RECEIVED A $500 CREDIT TOWARD THE COST OF THEIR ANNUAL MEDICAL PREMIUM MORE THAN 10,000 SYSTEM EMPLOYEES PARTICIPATED IN HEALTH SCREENINGS THE LIVINGWELLCARES ON SITE CARE COORDINATION PROGRAM, WHICH PROVIDE S FREE, CONFIDENTIAL HEALTHCARE COORDINATION SERVICES TO EMPLOYEES, INCREASED ENROLLMENT THE PROGRAM EXPANDED THIS YEAR FROM A FOCUS ON DIABETES TO CORONARY ARTERY DISEASE, CONGES TIVE HEART FAILURE, ASTHMA, COPD, HYPERTENSION, HYPERLIPIDEMIA AND CERTAIN MUSCULOSKELETAL CONDITIONS PARTICIPANTS DEMONSTRATED DECREASED BLOOD PRESSURE, CHOLESTEROL AND HEMOGLOBI N LEVELS OVER THE PAST YEAR, AND RANKED THEIR SATISFACTION WITH THE PROGRAM AT 97 PERCENT THE E-LEARNING DEPARTMENT PROVIDED 381,000 HOURS OF ONLINE EDUCATION TO MORE THAN 20,000 EMPLOYEES AMONG OTHER THINGS THE CENTER PROVIDED HIGH-IMPACT TRAINING THAT INCLUDED EBOLA PREPAREDNESS TRAINING FOR PERSONAL PROTECTIVE EQUIPMENT TO FACILITATE ITS STRATEGIES DES IGNED TO PREPARE YNHHS TO CONTINUE TO DELIVER COMPREHENSIVE, INTEGRATED, QUALITY HEALTH CA RE IN A CONSUMER FRIENDLY AND ACCESSIBLE MANNER IN A CHANGING AND CHALLENGING ENVIRONMENT, YNHHS FORMED AN "OBLIGATED GROUP" TO ENHANCE THE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	SYSTEM'S ACCESS TO AND COORDINATED DEPLOYMENT OF CAPITAL BRIDGEPORT DELIVERY NETWORK BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014 A MEMBER OF YNHHS SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE JOEL E SMILOW HEART INSTITUTE, THE NORMA F PFRIEM CANCER INSTITUTE AND BREAST CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE AND AHLBIN CENTERS FOR REHABILITATION MEDICINE BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY $ 66 4 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $53 5 MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $10 3 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER $2 6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $90, 759 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING BRIDGEPORT 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 GREENWICH HOSPITAL DELIVERY NETWORK GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, WITH MORE THAN 12,500 INPATIENT DISCHARGES AND NEARLY 290,000 OUTPATIENT ENCOUNTERS LAST YEAR THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS SPECIALIZED SERVICES ARE OFFERED AT THE BENDHEIM CANCER CENTER, BREAST CENTER, ENDOSCOPY CENTER, LEONA M AND HARRY B HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD DURING FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED APPROXIMATELY $35 6 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES $27 4 MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $3 6 MILLION IN HEALTH PROFESSIONS EDUCATION AND $4 7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $319,409 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS YALE-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 ALMOST 79,400 INPATIENTS AND HANDLED ABOUT 1 2 MILLION OUTPATIENT ENCOUNTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND DOZENS OF RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE LAST YEAR, THE HOSPITAL RECEIVED NATIONAL RECOGNITION FOR ITS CLINICAL SERVICES RANKING AMONG THE COUNTRY'S TOP HOSPITALS IN 11 SPECIALTIES IN U S NEWS & WORLD REPORT'S ANNUAL "AMERICA'S BEST HOSPITALS, AND FOR SEVEN PEDIATRIC SUBSPECIALTIES IN THE U S NEWS BEST CHILDREN'S HOSPITALS RANKINGS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	DURING FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL PROVIDED APPROXIMATELY 463 3 MILLION IN COMMUNITY BENEFITS THIS FIGURE INCLUDES 353 8 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), $93 9 MILLION IN HEALTH PROFESSIONS EDUCATION, AND $15 6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS AN ADDITIONAL $3 5 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 NEMG, ESTABLISHED IN 2010, IS A SYSTEM-WIDE PHYSICIAN GROUP DESIGNED TO CREATE OPPORTUNITIES FOR BETTER COLLABORATION, QUALITY OF CARE AND PHYSICIAN ALIGNMENT A NOT-FOR-PROFIT MULTISPECIALTY MEDICAL FOUNDATION, NEMG HAS ALIGNED PHYSICIANS AND ADVANCED PRACTICE CLINICIANS ACROSS THE SYSTEM NEMG INCLUDES PHYSICIANS THROUGHOUT THE SYSTEM, INCLUDING HOSPITAL-EMPLOYED PHYSICIANS AT GREENWICH HOSPITAL, BRIDGEPORT HOSPITAL AND THE HOSPITALISTS OF YALE-NEW HAVEN HOSPITAL AND COMMUNITY PHYSICIANS BASED IN BRIDGEPORT, CONNECTICUT, NEMG COMMUNITY PRACTICES EXTEND FROM RYE BROOK, NEW YORK, TO GALES FERRY, CONNECTICUT THROUGH ITS GROWING PHYSICIAN NETWORK, NEMG HELPS THE SYSTEM BETTER CARE FOR PATIENTS ACROSS THE CARE CONTINUUM-FROM HOSPITALS TO AMBULATORY CARE SETTINGS TO HOME NEMG OFFERS ITS EMPLOYED PHYSICIANS OPPORTUNITIES FOR COLLABORATION AND RESOURCES TO IMPROVE PRACTICE MANAGEMENT AND CLINICAL QUALITY NEMG PHYSICIAN PRACTICES CAN TAKE ADVANTAGE OF ECONOMIES OF SCALE, ASSISTANCE WITH RECRUITMENT EFFORTS AND SUPPORT FOR THE DELIVERY OF INTEGRATED, HIGH-QUALITY CARE BY GROWING ITS PROVIDER NETWORK, NEMG STRENGTHENED ITS ABILITY TO INCREASE PATIENT ACCESS TO HIGH-QUALITY HEALTHCARE SERVICES, ESPECIALLY IN PRIMARY CARE, IN A COST-EFFICIENT, COORDINATED MANNER NEMG CONTINUED TO DEVOTE ATTENTION TO THE PATIENT EXPERIENCE, MAINTAINING STRONG GAINS REFLECTED IN ITS PATIENT SATISFACTION SCORES NEMG RANKED IN THE 97TH PERCENTILE NATIONALLY FOR OVERALL PATIENT SATISFACTION

Return Reference	Explanation
FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE HOSPITAL SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE HOSPITAL AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE HOSPITAL WAS ABLE TO CONFIRM THAT 13 VOTING MEMBERS ARE INDEPENDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PART VI, LINE 2 BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES DANIEL J MIGLIO AND JOHN L LAHEY AND OFFICER JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE CENTURY FINANCIAL SERVICES, INC , 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 , SHORELINE SURGERY CENTER LLC, SSC II, LLC, YNHH-MSO, INC , YNHH PHYSICIANS CORP , YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION, AND YORK ENTERPRISES, INC

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

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

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 4,831,413 MANAGEMENT AND GENERAL EXPENSES 852,602 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,684,015 PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL PROGRAM SERVICE EXPENSES 35,561,027 MANAGEMENT AND GENERAL EXPENSES 6,275,475 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 41,836,502 TEMPORARY HELP/TRAINING/DEVELOPMENT PROGRAM SERVICE EXPENSES 1,382,908 MANAGEMENT AND GENERAL EXPENSES 244,043 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,626,951

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO/FROM AFFILIATES- NEMG/PRIMED 34,540,467

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number
22-2529464

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,390,452	1,263,971		No			No	51 000 %
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	4,070,552	1,412,995		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER LLC 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	2,317,736	824,618		No			No	35 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 related 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" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS	BRIDGEPORT HOSPITAL - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14 BRIDGEPORT HOSPITAL AUXILIARY INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 BRIDGEPORT HOSPITAL FOUNDATION, INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 SOUTHERN CT HEALTH SYSTEM PROPERTIES INC - BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14 BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN CARE CONTINUUM CORP - YNH NETWORK CORP 10/1/13-5/16/14 YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14 YALE-NEW HAVEN HOSPITAL - YNH NETWORK CORP 10/1/13-5/16/14 YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14 PART IV (D), DIRECT CONTROLLING ENTITY OF ORGANIZATIONS TAXABLE AS CORP OR TRUST YALE NEW HAVEN AMBULATORY SERVICES - YNH NETWORK CORP 10/1/13-5/16/14 YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14 YORK ENTERPRISES INC - YNH NETWORK CORP 10/1/13-5/16/14 YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14

Additional Data

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

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

(a) Name, address, and EIN (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
(1) BRIDGEPORT RENEWAL LLC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1452169	REAL ESTATE RENTAL	CT	89,131	483,138	SOUTHERERN CONNECTICUT HEALTH SYSTEM PROPERTIES
(1) 900 KING STREET ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805259	BUILDING OPERATIONS	CT	0	0	GREENWICH HOSPITAL
(2) GREENWICH PATHOLOGY ASSOCIATES LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-6140101	HEALTHCARE SERVICES	CT	3,418,510	643,708	GREENWICH HOSPITAL
(3) GREENWICH CLINICAL PATHOLOGYLLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-2455578	HEALTHCARE SERVICES	CT	1,303,060	251,548	GREENWICH HOSPITAL
(4) GREENWICH ENDOSCOPY CENTER LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0805473	HEALTHCARE SERVICES	CT	0	0	GREENWICH HEALTH CARE SERVICES INC
(5) 2015 WEST MAIN STREET ASSOC LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 73-1718563	REAL ESTATE RENTAL	CT	721,431	2,229,489	PERRYRIDGE CORPORATION
(6) GH REALTY HOLDING LLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1623145	REAL ESTATE RENTAL	CT	1,203,096	8,753,954	PERRYRIDGE CORPORATION
(7) GREENWICH AMBULATORY SURGERY CENTERLLC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0810580	HEALTHCARE SERVICES	CT	7,585,000	2,232,000	GREENWICH HEALTH CARE SERVICES INC
(8) NORTHEAST MEDICAL GROUP ACO LLC 226 MILL HILL AVE BRIDGEPORT, CT 06610 47-0970286	HEALTHCARE SERVICES	CT	0	0	NORTHEAST MEDICAL GROUP INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC	Yes	
(1) GREENWICH HEALTH CARE SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(2) THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(3) BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - MERGED 5162014 267 GRANT STREET BRIDGEPORT, CT 06610 06-1066729	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(4) BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	SEE PART VII	Yes	
(5) SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		SEE PART VII	Yes	
(6) BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	SEE PART VII	Yes	
(7) BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	SEE PART VII	Yes	
(8) NORMA F PFREIM BREAST CANCER INC -MERGED 2202014 111 BEACH ROAD FAIRFIELD, CT 06430 06-0567752	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
(9) NORTHEAST MEDICAL GROUP INC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(10) NORTHEAST MEDICAL GROUP PLLC 226 MILL HILL AVENUE BRIDGEPORT, CT 06610 35-2380180	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
(11) YNH NETWORK CORP -MERGED 52014 789 HOWARD AVE NEW HAVEN, CT 06519 06-1513687	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(12) YALE-NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	SEE PART VII	Yes	
(13) YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	SEE PART VII	Yes	
(14) CARITAS INSURANCE 40 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
(15) PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(16) BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	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
YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C	1,707,648	368,236	100 000 %	Yes	
YALE-NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	SEE PART VII	C	4,275,292	13,270,460	100 000 %	Yes	
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	REAL ESTATE RENTAL	CT	YORK ENTERPRISES INC	C	1,703,790	4,528,007	100 000 %	Yes	
GREENWICH HEALTH SERVICES INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE SERVICES	CT	GREENWICH HEALTH CARE SERVICES CORP	C	377,977	831,138	100 000 %	Yes	
GREENWICH PEDIATRIC SERVICES PC - DISSOLVED 92014 5 PERRYRIDGE ROAD GREENWICH, CT 06830 74-3054409	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	1,170	441	100 000 %	Yes	
GREENWICH INTEGRATIVE MEDICINE - DISSOLVED 92014 5 PERRYRIDGE ROAD GREENWICH, CT 06830 26-0236411	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	166,380		100 000 %	Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	2,378,146	1,985,666	100 000 %	Yes	
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	SEE PART VII	C	33,058	8,862,600	100 000 %	Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C	21	100,626	100 000 %	Yes	
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	8,554,227	11,371,300	100 000 %	Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C	5,635,442	3,094,101	95 290 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC-NY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C	287,000	264,970	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	219,786	118,276	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	

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	65,145,444	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	Q	9,480,937	TRANSACTION REVIEW
YALE-NEW HAVEN HOSPITAL	L	188,471,600	COMPARABLE MARKET VALUE
YALE-NEW HAVEN HOSPITAL	Q	26,886,799	TRANSACTION REVIEW
YALE-NEW HAVEN HOSPITAL	K	3,066,000	COMPARABLE MARKET VALUE
YALE-NEW HAVEN HOSPITAL	S	25,000,000	CASH
GREENWICH HOSPITAL	L	46,393,443	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	L	7,180,141	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	R	47,183,195	CASH
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	138,526	COMPARABLE MARKET VALUE
YORK ENTERPRISES INC	L	339,156	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	Q	5,647,266	TRANSACTION REVIEW
CENTURY FINANCIAL SERVICES INC	L	98,959	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	L	163,052	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	S	25,000,000	CASH

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			
MARNA BORGSTROM PRESIDENT & CEO	16 00 24 00	X		X				1,057,471	1,586,207	753,728
VINCENT CALARCO DIRECTOR	1 00 2 00	X						0	0	0
JOSEPH CRESPO DIRECTOR	1 00 2 00	X						0	0	0
NEIL DEFEO DIRECTOR	1 00 0 00	X						0	0	0
MARY FARRELL DIRECTOR	1 00 2 00	X						0	0	0
MICHAEL FLYNN -THRU 10413 DIRECTOR	1 00 2 00	X						0	0	0
ROBERT HAVERSAT-THRU 10413 DIRECTOR	1 00 1 00	X						0	0	0
THOMAS KETCHUM DIRECTOR	1 00 1 00	X						0	0	0
JOHN LAHEY DIRECTOR	1 00 2 00	X						0	0	0
MARVIN LENDER VICE CHAIRMAN	1 00 2 00	X						0	0	0
F PATRICK MCFADDEN JR-THRU 10413 VICE CHAIRMAN	1 00 0 00	X						0	0	0
JULIA MCNAMARA CHAIRWOMAN	1 00 2 00	X						0	0	0
DANIEL MIGLIO DIRECTOR	1 00 0 00	X						0	0	0
BARBARA MILLER DIRECTOR	1 00 2 00	X						0	0	0
DANIEL MOSLEY DIRECTOR	1 00 4 00	X						0	0	0
RONALD NOREN DIRECTOR	1 00 3 00	X						0	0	0
BENJAMIN POLAK DIRECTOR	1 00 0 00	X						0	0	0
MEREDITH REUBEN DIRECTOR	1 00 4 00	X						0	0	0
PETER SOLVEY DIRECTOR	1 00 2 00	X						0	0	0
ELLIOT SUSSMAN DIRECTOR	1 00 0 00	X						0	0	0
JAMES TORGERSON DIRECTOR	1 00 1 00	X						0	0	0
STEPHEN ALLEGRETTO VP	2 00 38 00			X				528,414	18,373	176,759
WILLIAM ASELTYNE SR VP	26 00 14 00			X				155,726	622,905	232,850
DANIEL BARCHI SR VP	24 00 16 00			X				77,405	696,644	267,528
GAYLE CAPOZZALO EXECUTIVE VP	24 00 16 00			X				523,093	784,640	189,700

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EUGENE COLUCCI VP	2 00 38 00			X				29,188	554,570	192,153
FRANK CORVINO EXECUTIVE VP	10 00 30 00			X				315,484	946,453	158,792
RICHARD D'AQUILA EXECUTIVE VP	10 00 30 00			X				404,640	1,213,917	408,016
MICHAEL DIMENSTEIN VP	4 00 36 00			X				39,314	397,516	153,657
WILLIAM GEDGE SR VP	28 00 12 00			X				555,904	238,245	248,100
PETER HERBERT SR VP	16 00 24 00			X				596,680	895,018	73,714
WILLIAM JENNINGS EXECUTIVE VP	10 00 30 00			X				246,538	739,612	306,935
NANCY LEVITT-ROSENTHAL VP	1 00 39 00			X				0	412,497	136,869
PATRICK MCCABE SR VP	6 00 34 00			X				97,429	552,095	218,262
KEVIN MYATT SR VP	16 00 24 00			X				306,003	459,004	246,783
JAMES MORRIS VP	2 00 38 00			X				15,411	369,892	133,947
ROBERT NORDGREN SR VP	1 00 39 00			X				0	573,350	166,029
CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	16 00 24 00			X				325,721	488,581	318,373
VINCENT PETRINI SR VP	1 00 39 00			X				0	569,586	189,661
CAROLYN SALSGIVER VP	1 00 39 00			X				0	352,320	141,938
JOHN SKELLY VP	0 00 40 00			X				0	578,095	187,263
JAMES STATEN EXECUTIVE VP	16 00 24 00			X				528,996	793,494	363,666
VINCENT TAMMARO SR VP	4 00 36 00			X				68,349	515,826	197,248
MELISSA TURNER VP	1 00 39 00			X				0	354,275	123,711
DAVID WURCEL VP	1 00 39 00			X				0	553,952	178,504
JOSEPH BISSON VP	40 00 0 00					X		353,490	0	90,694
STEPHEN CARBERY VP	40 00 0 00					X		374,455	0	82,207
RICHARD LISITANO VP	40 00 0 00					X		426,796	0	91,013
PAMELA SCAGLIARINI VP	40 00 0 00					X		414,313	0	81,001
RICHARD STAHL VP	40 00 0 00					X		627,965	0	31,749

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ANDERSEN FORMER OFFICER	0 00 0 00						X	55,446	0	0
QUINTON FRIESEN FORMER OFFICER	0 00 0 00						X	0	659,893	0
JOSEPH JANELL FORMER OFFICER	0 00 0 00						X	0	267,707	0
ROBERT TREFRY FORMER OFFICER	0 00 0 00						X	0	0	0