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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

YALE-NEW HAVEN HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

20 YORK STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW HAVEN, CT 06504

F Name and address of principal officer

RICHARD D'AQUILA

20 YORK STREET

NEW HAVEN,CT 06504

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.YNHH.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1826

M State of legal domicile

CT

Part I	Summary																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO PROVIDE HEALTH CARE SERVICES</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>26</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>24</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>14,150</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>2,485</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>586,566</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>-22,871</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	26	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	14,150	6	Total number of volunteers (estimate if necessary)	2,485	7a	Total unrelated business revenue from Part VIII, column (C), line 12	586,566	7b	Net unrelated business taxable income from Form 990-T, line 34	-22,871																								
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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

2016-08-05

Date

VINCENT TAMMARO

EXECUTIVE VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MARY-EVELYN ANTONETTI

Preparer's signature

MARY-EVELYN ANTONETTI

Date

Firm's name

KPMG LLP

Firm's EIN

13-5565207

Firm's address

ONE FINANCIAL PLAZA 755 MAIN STREET

HARTFORD, CT 06103

Check if self-employed

PTIN

P00431862

Phone no

(860) 297-6085

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

☐ Yes

☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission
TO PROVIDE HEALTH CARE SERVICES

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 \$ 2,051,135,180 including grants of \$ 3,359,630) (Revenue \$ 2,471,547,426)
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 2,051,135,180

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 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
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 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	1,692	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	8	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	14,150	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records. ▶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

(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)	15,438,976	3,213,914	4,471,469

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 1,991

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
NURSEFINDERSINC 524 EAST LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	EMPLOYMENT SERVICES	10,454,815
UNITEX TEXTILE RENTAL 161 SOUTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	LAUNDERING SERVICE	6,447,273
BERKLEY RESEARCH GROUP LLC 2200 POWELL STREET SUITE 200 EMERYVILLE, CA 94608	CONSULTING SERVICES	5,345,204
BARD RAO & ATHANAS CONSULTING ENGINEERS 10 GUEST STREET 4TH FLOOR BOSTON, MA 02135	CONSULTING SERVICES	2,867,961
AMERICAN MEDICAL RESPONSE OF CONNECTICUT PO BOX 100296 ATLANTA, GA 30384	AMBULANCE SERVICES	2,762,281

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 ▶277

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	2,294,476			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	9,388,417			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	44,531,975			
	g	Noncash contributions included in lines 1a-1f \$	4,883,642			
	h	Total. Add lines 1a-1f	56,214,868			
Program Service Revenue	2a	INPATIENT SERVICES	612990	1,374,328,159	1,374,328,159	
	b	OUTPATIENT SERVICES	621400	1,083,092,779	1,083,092,779	
	c	LABORATORY SERVICES	621500	569,296	569,296	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	2,457,990,234			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,334,938		17,270	7,317,668
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 714,634	(ii) Personal		
	b	Less rental expenses	0			
	c	Rental income or (loss)	714,634			
	d	Net rental income or (loss)	714,634			714,634
	7a	Gross amount from sales of assets other than inventory	(i) Securities 289,676,207	(ii) Other		
	b	Less cost or other basis and sales expenses	286,629,485			
	c	Gain or (loss)	3,046,722			
	d	Net gain or (loss)	3,046,722			3,046,722
	8a	Gross income from fundraising events (not including \$ 2,294,476 of contributions reported on line 1c) See Part IV, line 18	a 271,799			
	b	Less direct expenses b	709,309			
	c	Net income or (loss) from fundraising events	-437,510			-437,510
	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	OTHER ANCILIARY SERVICES	900099	14,115,720	14,115,720	
	b	CAFETERIA/VENDING	900099	11,663,139		11,663,139
	c	PARKING	900099	7,691,400		7,691,400
	d	All other revenue		10,768	10,768	
	e	Total. Add lines 11a-11d	33,481,027			
	12	Total revenue. See Instructions	2,558,344,913	2,471,547,426	586,566	29,996,053

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 domestic organizations and domestic governments See Part IV, line 21	3,319,630	3,319,630		
2	Grants and other assistance to domestic individuals See Part IV, line 22	40,000	40,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	20,603,483		20,603,483	
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	801,792,825	661,679,365	138,393,283	1,720,177
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,787,505	49,972,590	11,690,196	124,719
9	Other employee benefits	109,772,007	92,146,525	17,372,898	252,584
10	Payroll taxes	60,057,940	48,573,751	11,362,962	121,227
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,462,565	2,807,448	655,117	
c	Accounting	385,250		385,250	
d	Lobbying	771,458	771,458		
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)	599,027,881	487,014,246	110,985,600	1,028,035
12	Advertising and promotion	24,471	19,841	4,630	
13	Office expenses	68,287,611	55,249,410	12,919,711	118,490
14	Information technology				
15	Royalties				
16	Occupancy	50,983,672	41,337,561	9,646,111	
17	Travel	2,953,083	2,341,154	558,723	53,206
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	20,695,953	20,695,953		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	119,156,727	96,612,282	22,544,445	
23	Insurance	16,952,339	16,506,217	446,122	
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	MEDICAL & PHARMACY SUPP	457,332,591	457,329,414	0	3,177
b	LINEN & LAUNDERING SERV	6,091,956	4,939,358	1,152,598	
c	PROPERTY TAXES	4,488,198	3,639,031	849,167	
d	COMMUNITY ACTIVITIES	4,006,432			4,006,432
e	All other expenses	7,787,106	6,139,946	1,456,183	190,977
25	Total functional expenses. Add lines 1 through 24e	2,419,780,683	2,051,135,180	361,026,479	7,619,024
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		942,030	1	743,845
	2	Savings and temporary cash investments		150,740,001	2	151,638,288
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		312,337,411	4	340,127,258
	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		32,802,450	8	39,407,544
	9	Prepaid expenses and deferred charges		110,327,525	9	90,503,378
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,745,859,151			
	b	Less accumulated depreciation	10b809,074,720	914,511,940	10c	936,784,431
	11	Investments—publicly traded securities		503,540,175	11	551,757,304
	12	Investments—other securities See Part IV, line 11		685,861,806	12	768,495,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		44,817,878	14	44,774,265
	15	Other assets See Part IV, line 11		185,863,891	15	197,090,110
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,941,745,107	16	3,121,321,423
Liabilities	17	Accounts payable and accrued expenses		345,522,842	17	346,209,496
	18	Grants payable			18	
	19	Deferred revenue		44,378,312	19	42,720,046
	20	Tax-exempt bond liabilities		94,815,000	20	94,815,000
	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		182,725,000	23	182,725,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		1,152,832,464	25	1,229,348,067
	26	Total liabilities. Add lines 17 through 25		1,820,273,618	26	1,895,817,609
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,020,591,968	27	1,107,464,594
	28	Temporarily restricted net assets		64,973,848	28	71,153,450
	29	Permanently restricted net assets		35,905,673	29	46,885,770
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		1,121,471,489	33	1,225,503,814
	34	Total liabilities and net assets/fund balances		2,941,745,107	34	3,121,321,423

Part XI Reconciliation 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	2,558,344,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,419,780,683
3	Revenue less expenses Subtract line 2 from line 1	3	138,564,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,121,471,489
5	Net unrealized gains (losses) on investments	5	-5,764,736
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	-28,767,169
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,225,503,814

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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

(A) Name and Title	(B) Average hours per week (list 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			
(1) BRUCE ALEXANDER TRUSTEE	1 00 0 00	X						0	0	0
(1) ROBERT ALPERN TRUSTEE	1 00 0 00	X						0	0	0
(2) MARNA BORGSTROM CEO	24 00 16 00	X		X				1,681,019	1,120,679	777,674
(3) BISHOP THEODORE BROOKS TRUSTEE	1 00 0 00	X						0	0	0
(4) VINCENT CALARCO SECRETARY	1 00 2 00	X		X				0	0	0
(5) JOSEPH CRESPO CHAIRMAN	1 00 2 00	X						0	0	0
(6) RICHARD D'AQUILA PRESIDENT	32 00 8 00	X		X				1,472,100	368,025	476,912
(7) MARY FARRELL TRUSTEE	1 00 2 00	X						0	0	0
(8) MICHAEL FLYNN TRUSTEE	1 00 0 00	X						0	0	0
(9) WILLIAM GINSBERG TRUSTEE	1 00 0 00	X						0	0	0
(10) THOMAS HANSON TRUSTEE	1 00 0 00	X						0	0	0
(11) ROBERT HAVERSAT TRUSTEE	1 00 0 00	X		X				0	0	0
(12) CARLTON HIGHSMITH TRUSTEE	1 00 1 00	X						0	0	0
(13) THOMAS B KETCHUM TRUSTEE	1 00 1 00	X						0	0	0
(14) JOHN LAHEY TRUSTEE	1 00 1 00	X						0	0	0
(15) MILES LASATER TRUSTEE	1 00 0 00	X						0	0	0
(16) MARVIN LENDER TRUSTEE	1 00 1 00	X						0	0	0
(17) LINDA KOCH LORIMER TRUSTEE	1 00 0 00	X						0	0	0
(18) LINDA MASCI TRUSTEE	1 00 0 00	X						0	0	0
(19) JULIA MCNAMARA VICE CHAIR	1 00 1 00	X		X				0	0	0
(20) THANASIS MOLOKOTOS TRUSTEE	1 00 0 00	X						0	0	0
(21) SISTER ROSEMARY MOYNIHAN TRUSTEE	1 00 0 00	X						0	0	0
(22) PETER SALOVEY TRUSTEE	1 00 1 00	X						0	0	0
(23) MICHAEL SPROULE TRUSTEE	1 00 0 00	X						0	0	0
(24) JAMES TORGERSON TRUSTEE	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours 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			
(26) SUSAN WHETSTONE TRUSTEE	1 00 0 00	X						0	0	0
(1) WILLIAM ASELTYNE SR VP	22 00 18 00			X				507,386	398,176	273,286
(2) DANIEL BARCHI SR VP	24 00 16 00			X				589,736	393,158	269,556
(3) THOMAS BALCEZAK SR VP	40 00 0 00			X				740,094	0	228,135
(4) PATRICIA SUE FITZSIMONS SR VP	40 00 0 00			X				738,955	0	37,923
(5) MICHEAL HOLMES SR VP	40 00 0 00			X				613,130	0	208,417
(6) THOMAS LEARY VP	38 00 2 00			X				462,963	24,367	182,418
(7) ABE LOPMAN SR VP	40 00 0 00			X				695,711	0	220,751
(8) STEPHEN MERZ VP	40 00 0 00			X				404,366	0	151,008
(9) KEVIN MYATT SR VP	24 00 16 00			X				508,092	338,728	271,915
(10) PAUL PATTON VP	40 00 0 00			X				539,521	0	180,269
(11) VINCENT PETRINI SR VP	40 00 0 00			X				625,458	0	213,665
(12) CYNTHIA SPARER SR VP	40 00 0 00			X				772,448	0	118,371
(13) JAMES STATEN SR VP	24 00 16 00			X				856,171	570,781	418,378
(14) KEVIN WALSH VP	40 00 0 00			X				542,838	0	169,957
(15) RICHARD LISITANO VP	40 00 0 00					X		451,871	0	90,056
(16) PETER HERBERT SR VP	40 00 0 00					X		1,466,414	0	30,616
(17) VICTOR MORRIS VP	40 00 0 00					X		527,530	0	95,183
(18) THOMAS SWEENEY DIRECTOR	40 00 0 00					X		660,447	0	23,487
(19) THOMAS DONOHUE VP	40 00 0 00					X		539,934	0	33,492
(20) PATRICK LUDDY - RET 111111 FORMER	0 00 0 00						X	42,792	0	0

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		406,469
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		364,489
j	Total. Add lines 1c through 1i.			771,458
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2015. ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE FOLLOWING LOBBYING EXPENSES: GREENWICH HOSPITAL EIN 06-0646659 \$ 116,429; BRIDGEPORT HOSPITAL EIN 06-0646554 \$ 149,774; NORTHEAST MEDICAL GROUP EIN 06-1330992 \$ 51,985.

[illegible]

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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 value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 72,145,000 | 63,261,000 | 63,422,000 | 62,861,000 | 68,085,000 |
| b Contributions | 18,630,331 | 3,493,000 | | 2,000 | 2,000 |
| c Net investment earnings, gains, and losses | 1,271,318 | 11,289,000 | 6,181,000 | 7,683,000 | 2,814,000 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 6,615,049 | 5,898,000 | 6,342,000 | 7,124,000 | 8,040,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 85,431,600 | 72,145,000 | 63,261,000 | 63,422,000 | 62,861,000 |
- 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

54 880 %

c

Temporarily restricted endowment

45 120 %

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

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 | | 46,256,351 | | 46,256,351 |
| b Buildings | | 253,965,666 | 90,972,786 | 162,992,880 |
| c Leasehold improvements | | 17,632,132 | 14,965,720 | 2,666,412 |
| d Equipment | | 1,347,231,121 | 703,101,137 | 644,129,984 |
| e Other | | 80,773,881 | 35,077 | 80,738,804 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 936,784,431 |
- Schedule D (Form 990) 2014

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	2,522,715,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	20,129,244
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-23,448,740
e	Add lines 2a through 2d	2e	-3,319,496
3	Subtract line 2e from line 1	3	2,526,035,464
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	32,309,449
c	Add lines 4a and 4b	4c	32,309,449
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,558,344,913

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	2,413,364,497
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	0
3	Subtract line 2e from line 1	3	2,413,364,497
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	6,416,186
c	Add lines 4a and 4b	4c	6,416,186
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,419,780,683

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 V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY
PART X, LINE 2	YNHCCC AND THE HOSPITAL ARE NOT FOR PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. YNHCCC AND THE HOSPITAL ARE ALSO EXEMPT FROM STATE INCOME TAX. THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED "UNRELATED BUSINESS INCOME" AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED. ASC AND YORK ARE SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. DEFERRED INCOME TAXES ARE PROVIDED ON TEMPORARY DIFFERENCES BETWEEN FINANCIAL STATEMENT AND TAX REPORTING. THE PROVISION FOR INCOME TAXES AND DEFERRED TAXES ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER 11,324,323. CHANGE IN MARKET VALUE OF SWAPS -28,247,979. RECLASS EXPENSES NETTED WITH INVESTMENT INCOME TO EXPENSES -6,525,084.
PART XI, LINE 4B - OTHER ADJUSTMENTS	BEQUESTS, GIFTS & GRANTS 31,614,541. INVESTMENT INCOME RELEASE FROM RESTRICTIONS 621,858. AUXILIARY INCOME 781,907. RECLASS FOR SPECIAL EVENTS -708,857.
PART XII, LINE 4B - OTHER ADJUSTMENTS	AUXILIARY EXPENSES 600,410. EXPENSE RECLASS TO SPECIAL EVENTS -709,309. FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE 6,525,085.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>CLOSER TO FREE BIKE RIDE</u>	<u>GOLF EVENTS</u>	<u>6</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	1,947,893	150,947	467,435	2,566,275	
	2	Less Contributions . . .	1,834,503	96,793	363,180	2,294,476	
3	Gross income (line 1 minus line 2)	113,390	54,154	104,255	271,799		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .					
	7	Food and beverages .	18,521	66,025	18,694	103,240	
	8	Entertainment	1,255			1,255	
	9	Other direct expenses .	575,906	21,886	7,022	604,814	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(709,309)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					-437,510

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility
b	An outside facility

13a	%
13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		33,633	171,710,559	9,282,686	162,427,873	6 710 %
b Medicaid (from Worksheet 3, column a)		362,387	536,783,220	304,329,906	232,453,314	9 610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		396,020	708,493,779	313,612,592	394,881,187	16 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	22	60,409	10,352,642	2,685,595	7,667,047	0 320 %
f Health professions education (from Worksheet 5)	6	2,830	104,703,631	22,826,143	81,877,488	3 380 %
g Subsidized health services (from Worksheet 6)	1	19,272	9,500,339	5,230,499	4,269,840	0 180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	773	1,980,342	0	1,980,342	0 080 %
j Total Other Benefits	41	83,284	126,536,954	30,742,237	95,794,717	3 960 %
k Total. Add lines 7d and 7j	41	479,304	835,030,733	344,354,829	490,675,904	20 280 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	1		10,000	0	10,000	0 %
2Economic development	1	10	501,258		501,258	0 020 %
3Community support	2		225,912		225,912	0 010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	1		1,500		1,500	0 %
7Community health improvement advocacy						
8Workforce development	2	43	104,653		104,653	0 %
9Other	1		2,655,642		2,655,642	0 110 %
10Total	8	53	3,498,965		3,498,965	0 140 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1Yes

No

2Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

249,303,970

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)

5782,825,029

6Enter Medicare allowable costs of care relating to payments on line 5

6900,988,244

7Subtract line 6 from line 5 This is the surplus (or shortfall)

7-118,163,215

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☒ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 NONE	NONE			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

YALE-NEW HAVEN HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20	13
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url)	SEE PART V	
b <input checked="" type="checkbox"/> Other website (list url)	SEE PART V	
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20	13
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url)	SEE PART V	
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

YALE-NEW HAVEN HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u> </u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

YALE-NEW HAVEN HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **80**

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THE FINANCIAL ASSISTANCE POLICY PROVIDES FOR ELIGIBILITY OF DISCOUNTED CARE REGARDLESS OF INCOME

Form and Line Reference	Explanation
PART I, LINE 7	THE HOSPITAL USES A COST ACCOUNTING SYSTEM, STRATAJAZZ, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Form and Line Reference	Explanation
PART I, LINE 7 CONTINUED	DESCRIPTION OF INCONSISTENCIES FROM REPORTING IN PRIOR YEARS THE CATHOLIC HOSPITAL ASSOCIATION'S WHAT COUNTS TASK FORCE DISCUSSED WHETHER THE COSTS FOR CANCER REGISTRIES SHOULD BE REPORTED AS COMMUNITY BENEFIT THE TASK FORCE WAS ASKED TO REVIEW ITS RECOMMENDATION THAT CANCER REGISTRIES NOT BE REPORTED AS COMMUNITY BENEFIT THE TASK FORCE CONCLUDED THAT SINCE REGISTRIES ARE REQUIRED FOR ACCREDITATION AS A CANCER HOSPITAL, IT SHOULD AFFIRM ITS GUIDANCE THAT THEIR COST NOT BE REPORTED AS COMMUNITY BENEFIT IN 2014, YALE NEW HAVEN HOSPITAL ATTRIBUTED \$1 4 MILLION IN TOTAL COSTS TO ITS CANCER REGISTRY

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>YALE NEW HAVEN HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORK FORCE DEVELOPMENT. YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, YALE NEW HAVEN HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2015, YALE NEW HAVEN HOSPITAL PROVIDED \$3.5 MILLION IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT AFFORDABLE HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND WORKFORCE DEVELOPMENT INITIATIVES.</p> <p>REVITALIZING OUR NEIGHBORHOODS: OVER THE PAST SEVERAL YEARS, YALE NEW HAVEN HOSPITAL HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 25.6 PERCENT OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 61.4 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE. TO REVERSE THIS TREND, YALE NEW HAVEN HOSPITAL HAS FOCUSED ON SUPPORT EFFORTS TO INCREASE PERMANENT HOME OWNERSHIP. THE HOME OWNERSHIP MADE EASIER (HOME) PROGRAM AT YALE NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 12 EMPLOYEES AND THEIR FAMILIES. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 131 HOMES HAVE BEEN PURCHASED BY YALE NEW HAVEN HOSPITAL EMPLOYEES. RESULTS FROM THE FALL 2012 COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT AT YALE SCHOOL OF PUBLIC HEALTH SURVEY OF NEW HAVEN'S LOW-INCOME NEIGHBORHOODS, INCLUDING THE HILL NORTH NEIGHBORHOOD WHERE THE HOSPITAL IS LOCATED, PROVIDE EVIDENCE THAT ACCESS TO HEALTHY AFFORDABLE FOOD IS A MAJOR PUBLIC HEALTH CONCERN. FOR EXAMPLE, ABOUT 40% OF RESPONDENTS SAID THEY WERE NOT ALWAYS ABLE TO AFFORD TO BUY VEGETABLES, FRUIT, HEALTHY OILS OR WHOLE GRAINS. OVER THE PAST FOUR YEARS, YALE NEW HAVEN HOSPITAL HAS BEEN A PROUD SPONSOR, ALONG WITH THE CONNECTICUT MENTAL HEALTH CENTER, OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YALE NEW HAVEN HOSPITAL'S YORK STREET CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER AND OFFERS HEALTHY, AFFORDABLE FOOD FOR LOCAL RESIDENTS. IN ADDITION, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY, YALE NEW HAVEN HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATED IT TO THE COMMUNITY SOUP KITCHEN AT CHRIST CHURCH AND ST. LUKE'S EPISCOPAL CHURCH IN NEW HAVEN AS WELL AS ST. ANN'S SOUP KITCHEN IN HAMDEN. REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHER MEETINGS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS UTILIZING LOCAL RESOURCES. THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, SUCH AS THE HOSPITAL, AND ANY CITIZEN WHO TAKES AN ACTIVE</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>INTEREST IN NEIGHBORHOOD IMPROVEMENT CREATING EDUCATIONAL OPPORTUNITIES HIGHER EDUCATIONA L ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION IN RESPONSE, YALE NEW HAVEN HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2015 REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TO SUPPORT NEW HAVEN PROMISE NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS YALE NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVE'S PARTNERSHIP COMPONENT ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS THE PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, HUNDREDS OF NEW HAVEN STUDENTS APPLY FOR AND ARE ACCEPTED EACH YEAR IN 2015, NEW HAVEN PROMISE RECEIVED 574 APPLICATIONS WITH 44% QUALIFYING FOR THE PROGRAM THE YALE NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YALE NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM OVER 30 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2015 IN ADDITION TO THE SCHOOL-TO-CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT THE JOHN C DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSES THEM TO CAREERS IN HEALTH CARE STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YALE NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE IN 2015, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST MARTIN DE PORRES ACADEMY AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS YALE NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	CONTINUED - WORKFORCE DEVELOPMENT INITIATIVESLIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 9 0% COMPARED TO 6 6% STATE-WIDE AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW SINCE 1996, THE HOSPITAL'S AWARD-WINNING HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) TRAINING AND SKILLS DEVELOPMENT PROGRAM HAS HELPED MORE THAN 100 ADULTS TRANSITION FROM INCOME SUPPORT SITUATIONS INTO EMPLOYMENT INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS

Form and Line Reference	Explanation
PART III, LINE 2	IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 3	THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART III, LINE 4	<p>YNHH'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE INDIGENT AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE INDIGENT INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED YNHH MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF YNHH, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY YNHH TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE THE PROVISION FOR BAD DEBTS FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY YNHH, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CARE AND THE PROVISION FOR BAD DEBTS REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$114.4 MILLION AND \$132.4 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY THE ESTIMATED COST OF CHARITY CARE AND FREE CARE PROVIDED WAS \$82.4 MILLION AND \$85.3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES THE ALLOCATION BETWEEN THE PROVISION FOR BAD DEBTS AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE PROVISION FOR BAD DEBTS, AT CHARGES, WAS \$50.4 MILLION AND \$72.8 MILLION, RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE PROVISION FOR BAD DEBTS, WAS \$32.0 MILLION AND \$47.1 MILLION, RESPECTIVELY THE PROVISION FOR BAD DEBTS IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE HOSPITAL RECEIVED \$9.3 MILLION AND \$26.6 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$6.7 MILLION AND \$17.1 MILLION, RESPECTIVELY WAS RELATED TO CHARITY CARE Y NHH MADE PAYMENTS INTO THE CDSHP OF \$89.3 MILLION AND \$73.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY, FOR THE ASSESSMENT THE STATE OF CONNECTICUT IMPLEMENTED CHANGES TO THE HOSPITAL FUNDING LEVELS FOR THE CDSHP IN THEIR FISCAL 2016 BIENNIUM BUDGET AS A RESULT OF THESE BUDGET CHANGES, THE FUNDING FOR THIS PROGRAM WAS REDUCED EFFECTIVE JULY 1, 2015 THE REDUCTION IN FUNDING WAS APPROXIMATELY \$6.8 MILLION FOR THE PERIOD JULY 1, 2015 TO SEPTEMBER 30, 2015 AND THE FUNDING HAS BEEN ELIMINATED FOR STATE FISCAL YEAR 2016 IN THE AMOUNT OF \$27.2 MILLION ADDITIONALLY, YNHH PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS INDIGENT BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NONENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS Y NHH VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, YNHH PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES YNHH'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES YNHH ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS</p>

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

Form and Line Reference	Explanation
PART III, LINE 9B	IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT YALE-NEW HAVEN HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

Form and Line Reference	Explanation
PART VI, LINE 3	YALE-NEW HAVEN HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROVES THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS

Form and Line Reference	Explanation
PART VI, LINE 4	YALE NEW HAVEN HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE SPECIFICALLY FOCUSED IN THE TOWNS WHERE THE HOSPITAL IS ENGAGED WITH COMMUNITY PARTNERS THIS GEOGRAPHIC AREA INCLUDES THE CITY OF NEW HAVEN AND THE TOWNS COMPRISING THE INNER AND OUTER RING SUBURBS INCLUDING EAST HAVEN, HAMDEN, WEST HAVEN, BETHANY, BRANFORD, GUILFORD, MILFORD, MADISON, ORANGE, NORTH BRANFORD, NORTH HAVEN, AND WOODBRIDGE OVER 461,930 PEOPLE LIVE IN THESE TOWNS INCLUDING 91,945 UNDER THE AGE OF 18, 113,544 BETWEEN THE AGES OF 18 AND 34, 180,587 BETWEEN THE AGES OF 35 AND 64, AND 75,319 OVER THE AGE OF 65 APPROXIMATELY 12% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$15,000, 29% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$15,000 AND \$50,000, 44% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND THE REMAINING 15% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>EVERY YEAR, YALE NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES DURING FISCAL YEAR 2015, YALE NEW HAVEN HOSPITAL MANAGED \$581.1 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES. YALE NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS 4,128 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS. 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 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 78,452 INPATIENTS AND PROVIDED 1,282,529 OUTPATIENT ENCOUNTERS. YALE NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 12,522 EMPLOYEES IN 2015.</p>

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS PART VI, LINE 7, LIST STATES RECEIVING COMMUNITY BENEFIT REPORT CONNECTICUT

Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION A	THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER THE SAME STATE HOSPITAL LICENSE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS YALE-NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE YNHH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX PART V, SECTION B, LINE 7B - OTHER WEBSITES HTTP://WWW.CT.DATASHAVEN.ORG/REPORTS/GREATER-NEW-HAVEN-COMMUNITY-INDEX, HTTP://WWW.CITYOFNEWHAVEN.COM/UPLOADS/2013_COMMUNITYINDEX%20REPORT.PDF, HTTP://WWW.CPHA.INFO/NEWS/146744/THE-GREATER-NEW-HAVEN-COMMUNITY-INDEX-2013.HTM, HTTP://WWW.NEIGHBORHOODINDICATORS.ORG/LIBRARY/CATALOG/2013-GREATER-NEW-HAVEN-COMMUNITY-INDEX, HTTPS://WWW.CFGNH.ORG/ABOUT/NEWSEVENTS/VIEWARTICLE/TABID/96/ARTICLEID/254/COMMUNITY-INDEX-2013.ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 6B UNDERSTANDING THE CURRENT HEALTH STATUS OF THE COMMUNITY IS IMPORTANT IN ORDER TO IDENTIFY PRIORITIES FOR FUTURE PLANNING AND FUNDING, THE EXISTING STRENGTHS AND ASSETS ON WHICH TO BUILD UPON, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION ACROSS ORGANIZATIONS, INSTITUTIONS, AND COMMUNITY GROUPS TO THIS END, YALE NEW HAVEN HOSPITAL, AS PART OF THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN - A COALITION INCLUDING YALE NEW HAVEN HOSPITAL, THE NEW HAVEN HEALTH DEPARTMENT, NEW HAVEN CITY SERVICES ADMINISTRATION, FAIR HAVEN COMMUNITY HEALTH CENTER, CORNELL SCOTT-HILL HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT - IS LEADING A COMPREHENSIVE EFFORT TO ADDRESS HEALTH DISPARITIES IN THE CITY OF NEW HAVEN THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN MEMBERS BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT MEMBERS OF THE PARTNERSHIP INCLUDE RESPECTED PUBLIC HEALTH EXPERTS FROM THE NEW HAVEN HEALTH DEPARTMENT AND YALE SCHOOL OF PUBLIC HEALTH AS WELL AS THOSE WITH SPECIFIC KNOWLEDGE AND EXPERTISE SERVING UNDERSERVED AND MINORITY POPULATIONS SUCH AS PROJECT ACCESS-NEW HAVEN, FAIR HAVEN COMMUNITY HEALTH CENTER AND CORNELL SCOTT-HILL HEALTH CENTER PART V, SECTION B, LINE 10A HTTPS //WWW.YNHH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 11 BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, SEVEN HEALTH ISSUES WERE PRIORITIZED ACCESS TO CARE, ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS, OBESITY AND CHRONIC DISEASE AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES YALE NEW HAVEN HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE ACCESS TO CARE, OBESITY AND CHRONIC DISEASE AND SOCIAL DETERMINANTS OF HEALTH TO LEARN MORE ABOUT HOW YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS ARE MEETING THESE NEEDS PLEASE REVIEW THE YALE NEW HAVEN HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN ATTACHED TO THIS FILING IN ADDITION, YALE NEW HAVEN HOSPITAL WILL CONTINUE EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES YALE NEW HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE DEVELOPMENT OF A COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL SEVEN AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 13H THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 22D PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION D	THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT YALE-NEW HAVEN HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A, FAP WEBSITE	HTTPS //WWW.YNHH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE.ASPX PART V, SECTION B, LINE 16B, FAP APPLICATION FORM WEBSITE HTTPS //WWW.YNHHS.ORG/FORMS.ASPX PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE HTTPS //WWW.YNHHS.ORG/FORMS.ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	SEE PART V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	SEE PART V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
YALE-NEW HAVEN HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	SEE PART V

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

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

Name and address	Type of Facility (describe)
MEDICAL CENTER 6 DEVINE STREET NORTH HAVEN,CT 06473	MEDICAL OFFICE
SHORELINE MEDICAL CENTER 111 GOOSE LANE GUILFORD,CT 06437	MEDICAL OFFICE
RADIOLOGYWOMEN'S SURGICAL 40-60 TEMPLE STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 1075 CHASE PARKWAY WATERBURY,CT 06708	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 200-220 KENNEDY DRIVE TORRINGTON,CT 06790	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 111 BEACH ROAD FAIRFIELD,CT 06824	MEDICAL OFFICE
MEDICAL CENTER 1 LONG WHARF NEW HAVEN,CT 06511	MEDICAL OFFICE
PRIMARY CARE CENTER 789 HOWARD AVENUE NEW HAVEN,CT 06519	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 350 SEYMOUR AVENUE DERBY,CT 06418	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 240 INDIAN RIVER ROAD ORANGE,CT 06477	MEDICAL OFFICE
PEDIATRIC SPECIALTY CENTER 1 PARK STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 330 ORCHARD STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHASC TEMPLE SURGICAL CENTER 60 TEMPLE STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH LAB 55 PARK STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
HAMDEN RADIOLOGYDENTAL CLINIC 2560 DIXWELL AVENUE HAMDEN,CT 06518	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
YNHH BLOOD DRAW 2 DEVINE STREET NORTH HAVEN,CT 06473	MEDICAL OFFICE
SOUND MEDICAL CENTER 1591 BOSTON POST ROAD GUILFORD,CT 06437	MEDICAL OFFICE
SMILOW CANCER HOSPITAL CARE CENTER 2080 WHITNEY AVE HAMDEN,CT 06518	MEDICAL OFFICE
YNHH BLOOD DRAWRADIOLOGY 150 SARGENT DRIVE NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 46 PRINCE STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
AMBULATORY SERVICES EAST HAVEN 500 ELM STREET WEST HAVEN,CT 06516	MEDICAL OFFICE
YNHH BLOOD DRAW 11 HARRISON AVE BRANFORD,CT 06405	MEDICAL OFFICE
AMBULATORY SERVICES BLOOD LAB 556 MAIN STREET EAST HAVEN,CT 06512	MEDICAL OFFICE
ADULT SLEEP CENTER 8 DEVINE STREET NORTH HAVEN,CT 06473	MEDICAL OFFICE
YNHH MEDICAL CENTER 2200 WHITNEY AVENUE HAMDEN,CT 06518	MEDICAL OFFICE
LAKEBROOK MEDICAL CENTER 5 PEQUOT PARK ROAD WESTBROOK,CT 06498	MEDICAL OFFICE
YNHH MEDICAL CENTER 633 MIDDLESEX TURNPIKE OLD SAYBROOK,CT 06475	MEDICAL OFFICE
CONTINUING CARE CLINIC 1294 CHAPEL STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
HEART & VASCULAR OUTPATIENT 325 POST ROAD ORANGE,CT 06477	MEDICAL OFFICE
SLEEP LABUROLOGY 1291 BOSTON POST ROAD MADISON,CT 06443	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
BRANFORD ADOLESCENT CARE 21 BUSINESS PARK DRIVE BRANFORD,CT 06405	MEDICAL OFFICE
AMBULATORY SERVICES GUILFORD 1445 BOSTON POST ROAD GUILFORD,CT 06437	MEDICAL OFFICE
YNHH CARDIOLOGY 84 NORTH MAIN STREET BRANFORD,CT 06405	MEDICAL OFFICE
DIAGNOSTIC RADIOLOGYBLOOD DRAW 317 FOXON ROAD EAST HAVEN,CT 06512	MEDICAL OFFICE
ADULT PHP 1100 SHERMAN AVENUE HAMDEN,CT 06514	MEDICAL OFFICE
ADOLESCENT CARE 646 GEORGE STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAWPEDIATRICRADIOLOGY 747 BELDEN AVENUE NORWALK,CT 06850	MEDICAL OFFICE
MILFORD OFFICE PARK 48 WELLINGTON ROAD MILFORD,CT 06460	MEDICAL OFFICE
REHABILITATIONOCCUPATIONAL 175 SHERMAN AVENUE NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH MEDICAL CENTER 50 HOSPITAL HILL ROAD SHARON,CT 06069	MEDICAL OFFICE
YNHH BLOOD DRAW 1475 WHALLEY AVE NEW HAVEN,CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 665 NORTH COLONY ROAD WALLINGFORD,CT 06492	MEDICAL OFFICE
YNHH BLOOD DRAW 236 BOSTON POST ROAD ORANGE,CT 06477	MEDICAL OFFICE
YNHH BLOOD DRAW 252 EAST MAIN STREET CLINTON,CT 06413	MEDICAL OFFICE
ADLER GERIATRIC CENTER 874 HOWARD AVE NEW HAVEN,CT 06511	MEDICAL OFFICE

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

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

Name and address	Type of Facility (describe)
YNHH BLOOD DRAW 247 BROAD STREET MILFORD, CT 06460	MEDICAL OFFICE
YNHH BLOOD DRAW 170 BOSTON POST ROAD NEW HAVEN, CT 06344	MEDICAL OFFICE
CENTER FOR WOMEN'S HEALTH 1441 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 1 NEW HAVEN AVENUE MILFORD, CT 06460	MEDICAL OFFICE
RADIOLOGY 100 BROADWAY NORTH HAVEN, CT 06473	MEDICAL OFFICE
YNHH MEDICAL CENTER 1000 ASYLUM AVENUE HARTFORD, CT 06105	MEDICAL OFFICE
YALE-GRIFFIN PREVENTION RESEARCH 130 DIVISION STREET DERBY, CT 06418	MEDICAL OFFICE
YNHH DIALYSIS 137 WATER STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH MEDICAL CENTER 1401 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 141 MILL HILL AVE BRIDGEPORT, CT 06610	MEDICAL OFFICE
YNHH MEDICAL CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06511	MEDICAL OFFICE
YALE ORTHOPEDIC ASSOCIATES 157 GOOSE LANE GUILFORD, CT 06437	MEDICAL OFFICE
YNHH MEDICAL CENTER 158 STATE STREET NORTH HAVEN, CT 06473	MEDICAL OFFICE
SMILOW ONCOLOGY 19 LUNAR DRIVE WOODBIDGE, CT 06525	MEDICAL OFFICE
YNHH MEDICAL CENTER 2 IVY BROOK ROAD SHELTON, CT 06484	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
YNHH MEDICAL CENTER 200 ORCHARD STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH DIALYSIS 266 STATE STREET NORTH HAVEN, CT 06473	MEDICAL OFFICE
REHABILITATION & WELLNESS 300 SEASIDE AVENUE MILFORD, CT 06460	MEDICAL OFFICE
CARDIAC OUTPATIENT SERVICES 311 HARRISON AVE BRANFORD, CT 06405	MEDICAL OFFICE
YNHH BLOOD DRAW 3115 MAIN STREET STRATFORD, CT 06614	MEDICAL OFFICE
SHORELINE DIALYSIS 34 EAST INDUSTRIAL RD BRANFORD, CT 06405	MEDICAL OFFICE
CARDIAC OUTPATIENT SERVICES 365 MONTAUK AVENUE NEW LONDON, CT 06320	MEDICAL OFFICE
MERIDEN DIALYSIS 377 RESEARCH PARKWAY MERIDEN, CT 06450	MEDICAL OFFICE
PEDIATRIC INFUSION CENTER 405 CHURCH STREET NEW HAVEN, CT 06437	MEDICAL OFFICE
YNHH MEDICAL CENTER 430 CONGRESS AVENUE NEW HAVEN, CT 06511	MEDICAL OFFICE
HEMATOLOGY & ONCOLOGY 455 LEWIS AVE MERIDEN, CT 06450	MEDICAL OFFICE
YNHH DIALYSIS 50 COMMERCE PARK DRIVE MILFORD, CT 06460	MEDICAL OFFICE
YNHH MEDICAL CENTER 51 YORK STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH MEDICAL CENTER 55 CHURCH STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
YNHH BLOOD DRAW 6 WOODLAND MADISON, CT 06443	MEDICAL OFFICE

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

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

Name and address	Type of Facility (describe)
YNHH MEDICAL CENTER 674 WASHINGTON AVENUE WEST HAVEN,CT 06516	MEDICAL OFFICE
CARDIAC DIAGNOSTIC CENTERUROLOGYMEDICA 687 CAMPBELL AVE WEST HAVEN,CT 06516	MEDICAL OFFICE
YNHH MEDICAL CENTER 79 WAWECUS STREET NORWICH,CT 06360	MEDICAL OFFICE
YNHH MEDICAL CENTER 85 WILLOW STREET NEW HAVEN,CT 06511	MEDICAL OFFICE
OLD PEDI DENTAL CLINIC 860 HOWARD AVENUE NEW HAVEN,CT 06511	MEDICAL OFFICE

Schedule I
(Form 990)

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I General Information 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 Domestic Organizations and Domestic Governments. 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 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 18

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Domestic Individuals. 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
(1) NURSING SCHOLARSHIPS	20	40,000		FMV	

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	YALE-NEW HAVEN HOSPITAL ("Y-NHH") 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 SERVES 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 Y-NHH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO Y-NHH ASSISTANCE DONATED BY Y-NHH 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 Y-NHH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

Software ID:
Software Version:
EIN: 06-0646652
Name: YALE-NEW HAVEN HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LIVER FOUNDATION39 BROADWAY SUITE 2700 NEW YORK,NY 10006	36-2883000	501 (C)(3)	20,000				SUPPORT MISSION
CAMP RISING SUN CHARITABLE779 ROUTE 82 OAKDALE,CT 06370	20-4853548	501 (C)(3)	5,100				SUPPORT MISSION
CENTER FOR CHILDREN ADVOCACY65 ELIZABETH STREET HARTFORD,CT 06105	06-1489575	501 (C)(3)	180,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HAVEN165 CHURCH STREET NEW HAVEN, CT 06511	22-2511873	GOVERNMENT	2,655,642				COMMUNTY BENEFIT DEV
COLUMBUS HOUSE586 ELLA T GRASSO BOULEVARD NEW HAVEN, CT 06519		501 (C)(3)	10,600				SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS (CONNCAT)70 AUDUBON STREET NEW HAVEN, CT 06521	45-1257955	501 (C)(3)	100,000				SUPPORT MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT SPORTS FOUNDATION455 BOSTON POST ROAD NO 203B OLD SAYBROOK,CT 06475	06-1240574	501 (C)(3)	100,000				SUPPORT MISSION
DONATE LIFE CONNECTICUTPO BOX 278 DURHAM,CT 06422	06-1346099	501 (C)(3)	10,000				SUPPORT MISSION
FAIR HAVEN COMMUNITY HEALTH CENTER374 GRAND AVE NEW HAVEN,CT 06513	06-0883545	501 (C)(3)	12,000				SUPPORT MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW ENGLAND MINIORITY333 STATE STREET BRIDGEPORT,CT 06604	06-1025890	501 (C)(3)	8,500				SUPPORT MISSION
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN,CT 06511	06-1178712	501 (C)(3)	10,000				SUPPORT MISSION
HAVEN835 WEST QUEEN STREET 2ND FL SOUTHINGTON,CT 06489	51-0642913	501 (C)(3)	10,000				SUPPORT MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROJECT ACCESS OF NEW HAVEN INCPO BOX 9293 NEW HAVEN,CT 06533	26-4379967	501 (C)(3)	30,000				SUPPORT MISSION
THE BIG APPLE CIRCUS ONE METROTECH CENTER BROOKLYN,NY 12101	13-2906037	501 (C)(3)	78,500				SUPPORT MISSION
THE NORMA F PFRIEM BREAST CARE267 GRANT STREET BRIDGEPORT,CT 06610	22-2908698	501 (C)(3)	5,750				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOMMY FUND FOR CHILDHOOD CANCER20 YORK STREET NEW HAVEN, CT 06510	06-2356787	501 (C)(3)	10,000				SUPPORT MISSION
YALE UNIVERSITYPO BOX 6028 NEW HAVEN, CT 06510	06-0646973	501 (C)(3)	63,440				SUPPORT MISSION
BRIDGEPORT HOSPITAL FOUNDATION267 GRANT STREET BRIDGEPORT, CT 06610	22-2908698	501 (C)(3)	10,098				SUPPORT MISSION

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate 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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1b	
<div><div>2</div><div>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?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued 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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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 in column(B) 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 \$0; \$469,952; RICHARD D'AQUILA - 286,713; JAMES M. STATEN - 241,123; DANIEL BARCHI - 146,210; WILLIAM J. ASELTINE - 139,643; KEVIN A. MYATT - 136,706; THOMAS J. BALCEZAK - 119,985; ABE LOPMAN - 119,334; MICHAEL HOLMES - 113,229; VINCENT PETRINI - 101,963; PAUL N. PATTON - 91,767; KEVIN F. WALSH - 86,857; THOMAS D. LEARY - 83,018; STEPHEN M. MERZ - 67,661. INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2014 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2014 CALENDAR YEAR FORM W-2S: PETER HERBERT \$186,155; PATRICIA FITZSIMONS \$141,012. THE FORMER OFFICER LISTED BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM THE NONQUALIFIED PLAN. THESE AMOUNTS ARE INCLUDED IN SECTION II, COLUMN B (III). THE TOTAL OF THESE PAYMENTS LISTED BELOW WAS MADE DIRECTLY TO HIM FROM THE RABBI TRUST. PATRICK LUDDY \$42,792.
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: 06-0646652
Name: YALE-NEW HAVEN HOSPITAL

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARNA BORGSTROM, CEO	(i)	1,153,625	494,496	32,898	457,705	8,900	2,147,624
	(ii)	769,083	329,664	21,932	305,136	5,933	1,431,748
RICHARD D'AQUILA, PRESIDENT	(i)	993,627	342,138	136,335	363,770	17,759	1,853,629
	(ii)	248,407	85,534	34,084	90,943	4,440	463,408
WILLIAM ASELTYN, SR VP	(i)	368,517	87,115	51,754	140,672	12,450	660,508
	(ii)	289,196	68,365	40,615	110,393	9,771	518,340
DANIEL BARCHI, SR VP	(i)	419,553	107,283	62,900	148,820	12,914	751,470
	(ii)	279,702	71,522	41,934	99,213	8,609	500,980
THOMAS BALCEZAK, SR VP	(i)	524,714	137,205	78,175	206,085	22,050	968,229
	(ii)	0	0	0	0	0	0
PATRICIA SUE FITZSIMONS, SR VP	(i)	410,770	121,554	206,631	23,100	14,823	776,878
	(ii)	0	0	0	0	0	0
MICHEAL HOLMES, SR VP	(i)	428,704	130,032	54,394	180,853	27,564	821,547
	(ii)	0	0	0	0	0	0
THOMAS LEARY, VP	(i)	340,378	81,629	40,956	154,738	18,559	636,260
	(ii)	17,915	4,296	2,156	8,144	977	33,488
ABE LOPMAN, SR VP	(i)	467,863	136,530	91,318	202,540	18,211	916,462
	(ii)	0	0	0	0	0	0
STEPHEN MERZ, VP	(i)	295,343	61,036	47,987	117,751	33,257	555,374
	(ii)	0	0	0	0	0	0
KEVIN MYATT, SR VP	(i)	350,269	100,490	57,333	152,824	10,325	671,241
	(ii)	233,512	66,994	38,222	101,882	6,884	447,494
PAUL PATTON, VP	(i)	380,940	87,579	71,002	159,767	20,502	719,790
	(ii)	0	0	0	0	0	0
VINCENT PETRINI, SR VP	(i)	434,497	117,804	73,157	192,513	21,152	839,123
	(ii)	0	0	0	0	0	0
CYNTHIA SPARER, SR VP	(i)	492,168	158,272	122,008	98,000	20,371	890,819
	(ii)	0	0	0	0	0	0
JAMES STATEN, SR VP	(i)	579,621	215,154	61,396	239,204	11,823	1,107,198
	(ii)	386,414	143,436	40,931	159,469	7,882	738,132
KEVIN WALSH, VP	(i)	364,375	104,128	74,335	148,857	21,100	712,795
	(ii)	0	0	0	0	0	0
RICHARD LISITANO, VP	(i)	314,703	76,777	60,391	69,200	20,856	541,927
	(ii)	0	0	0	0	0	0
PETER HERBERT, SR VP	(i)	968,454	231,174	266,786	18,000	12,616	1,497,030
	(ii)	0	0	0	0	0	0
VICTOR MORRIS, VP	(i)	375,314	90,046	62,170	73,911	21,272	622,713
	(ii)	0	0	0	0	0	0
THOMAS SWEENEY, DIRECTOR	(i)	563,509	51,023	45,915	13,899	9,588	683,934
	(ii)	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS DONOHUE, VP	(i) (ii)	502,801 0	10,414 0	26,719 0	15,450 0	18,042 0	573,426 0
PATRICK LUDDY - RET 111111, FORMER	(i) (ii)	0 0	0 0	42,792 0	0 0	0 0	42,792 0

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

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 N	06-0806186	2077NYNE3	02-14-2013	44,815,000	ACQUISITION OF ASSETS-HSR		X		X		X
B CHEFA-SERIES O	06-0806186	20774YNE3	02-14-2013	50,000,000	ACQUISITION OF ASSETS-HSR		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	49,999,105		50,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	640,219		640,218					
8	Credit enhancement from proceeds	14,606		14,607					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	49,344,280		49,345,175					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2013					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?		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	0 060 %		0 060 %					
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	0 060 %		0 060 %					
7	Does the bond issue meet the private security or payment test?		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				
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				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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				
7	Has the organization established written procedures to monitor the requirements of section 148?	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?		X		X				

Part VI

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

Return Reference	Explanation
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
ON JUNE 24, 2014, THE SOLE MEMBER OF YALE-NEW HAVEN HOSPITAL,	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

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 & PART V	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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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.

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

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) SUBST CONTR #8	VENDOR	743,814	WASTE MANAGEMENT AND RECYCLING SERVICES		No
(2) SUBST CONTR #12	VENDOR	2,752,656	MEDICAL TRANSPORTATION SERVICES		No
(3) SUBST CONTR #73	VENDOR	898,891	CONSTRUCTION SERVICES		No
(4) SUBST CONTR #133	VENDOR	529,694	ADVERTISING SERVICES		No
(5) SUBST CONTR #149	VENDOR	13,226,102	FOOD SERVICE		No
(6) SUBST CONTR #152	VENDOR	468,232	MEDICAL PRODUCTS SUPPLIER		No
(7) SUBST CONTR #165	VENDOR	256,429	CONSTRUCTION SERVICES		No
(8) SUBST CONTR #169	VENDOR	471,511	MANAGEMENT SERVICES		No
(9) SUBST CONTR #190	VENDOR	2,492,239	ARCHITECTURAL SERVICES		No
(10) SUBST CONTR #232	VENDOR	37,134,036	CONSTRUCTION SERVICES		No
(11) SUBST CONTR #238	VENDOR	6,713,256	MEDICAL LINEN AND UNIFORM RENTAL SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,950	COMPARABLE MARKET
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,945	COMPARABLE MARKET
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	3	683	COMPARABLE MARKET
19 Food inventory	X	48	91,519	COMPARABLE MARKET
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VACCINES & WIC VOUCHERS)	X	4	4,673,191	COMPARABLE MARKET
26 Other ▶ (GIFTS / TOYS / OTHER)	X	39	67,096	COMPARABLE MARKET
27 Other ▶ (TRAVEL)	X	5	15,074	COMPARABLE MARKET
28 Other ▶ (EVENT TICKETS/GOLF/FISHING)	X	29	14,149	COMPARABLE MARKET
Other ▶ (GIFT CERTIFICATES)	X	30	10,050	COMPARABLE MARKET
Other ▶ (JEWELRY/HANDBAGS)	X	16	3,805	COMPARABLE MARKET
Other ▶ (ATHLETIC INSTRUCTION & PHOTOGRAPHY)	X	7	3,180	COMPARABLE MARKET

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Return Reference	Explanation
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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 990-EZ 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

2014

**Open to Public
Inspection**

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>YALE-NEW HAVEN HOSPITAL REMAINED FOCUSED ON PROVIDING THE HIGHEST LEVEL OF CLINICAL QUALITY CARE AND PATIENT EXPERIENCE WHILE ALSO MAINTAINING A SAFE ENVIRONMENT THROUGHOUT 2015. ACCOMPLISHMENTS INCLUDED MEETING AND EXCEEDING MANY SAFETY AND QUALITY GOALS SUCH AS REDUCING CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES AND EMERGENCY DEPARTMENT TREAT-AND-RELEASE MEDIAN TIME. THE HOSPITAL REDUCED SERIOUS SAFETY EVENTS RATES WHILE INCREASING EVENT RATE REPORTING. IN 2015, THE HOSPITAL CONTINUED ITS HIGH RELIABILITY ORGANIZATION JOURNEY COMMITTING TO LEVEL 3 PARTICIPATION IN THE STATE HIGH RELIABILITY WORK WITH HEALTHCARE PERFORMANCE IMPROVEMENT. IN ORDER TO OPTIMIZE THE USE OF RESOURCES AND REDUCE HOSPITAL-ACQUIRED CONDITIONS AND READMISSIONS, THE HOSPITAL LAUNCHED SIX INNOVATION UNITS DESIGNED TO ALSO HELP ELIMINATE UNNECESSARY LENGTHS OF STAY. ONGOING-EFFORTS TO PREVENT HOSPITAL-ACQUIRED INFECTIONS SUCH AS SURGICAL SITE INFECTIONS (SSI), INCLUDED IMPLEMENTING SSI BUNDLES OR SETS OF PROTOCOLS AND PROCEDURES FOR CARE BEFORE, DURING AND AFTER SURGERY. AS PART OF ONGOING EFFORTS TO IMPROVE OPERATIONS, THE HOSPITAL PARTICIPATED IN CLINICAL REDESIGN INITIATIVES RELATED TO CRITICAL CARE, BLOOD UTILIZATION MANAGEMENT, ABDOMINAL SURGERY, SICKLE CELL SERVICE REDESIGN, HIP FRACTURE, SURGICAL TRAYS AND LAB REDESIGN. THESE HIGHLY TARGETED EFFORTS IMPROVED QUALITY OUTCOMES WITHIN THE HOSPITAL AND THROUGHOUT THE SYSTEM WHILE REDUCING EXPENSES AS PART OF PHYSICIAN-LED CLINICAL REDESIGN INITIATIVES. THE HOSPITAL RECEIVED NATIONAL RECOGNITION FOR CLINICAL PROGRAMS AND SERVICES RANKING AMONG THE COUNTRY'S TOP HOSPITALS IN 8 ADULT SPECIALTIES AND 6 PEDIATRIC SPECIALTIES IN U.S. NEWS & WORLD REPORT. THE HOSPITAL WAS CERTIFIED BY THE JOINT COMMISSION TOTAL JOINT REPLACEMENT FOR THE MUSCULOSKELETAL CENTER AND RECOGNIZED AS AN ELITE TARGET STROKE HOSPITAL BY THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION. THE HOSPITAL CONTINUED TO DEVELOP AND ENHANCE CLINICAL PROGRAMS AND INVEST IN FACILITIES DURING 2015. THE HOSPITAL OPENED THE OLD SAYBROOK AMBULATORY CARE CENTER, RELOCATED THE INPATIENT REHABILITATION UNIT FROM THE SAINT RAPHAEL CAMPUS (SRC) TO MILFORD HOSPITAL, PARTNERED WITH LAWRENCE + MEMORIAL HOSPITAL FOR NEONATOLOGY AND PEDIATRIC HOSPITALIST SERVICES, AND ESTABLISHED A SMILOW PARTNERSHIP WITH SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOR ONCOLOGY. AFTER A SUCCESSFUL PILOT, YALE-NEW HAVEN EXPANDED THE TELE-ICU PROGRAM TO AN INTENSIVE CARE UNIT AT SRC, AT GREENWICH HOSPITAL AND THE TWO NEW HAVEN EMERGENCY DEPARTMENTS. THIS ALLOWS A HIGHLY TRAINED INTENSIVE CARE TEAM TO REMOTELY MONITOR AND ADVISE ON CRITICALLY ILL PATIENTS' VITAL SIGNS, TEST RESULTS AND CONDITIONS 24/7. IN ADDITION TO RENOVATING THE SPECIALTY SURGICAL UNIT AND PSYCHIATRY OBSERVATION UNIT, THE HOSPITAL ALSO OPENED NEW MUSCULOSKELETAL-FOCUSED OPERATING ROOMS ON THE SAINT RAPHAEL CAMPUS, UPDATED THE CARDIAC CATHETERIZATION LAB, OPENED THE SPECIALLY DESIGNED RESTORATIVE CARE UNIT FOR OLDER ADULTS, AND CREATED THE PEDIATRIC MRI SUITE. THROUGHOUT 2015, THE HOSPITAL CONTINUED ITS ONGOING COMMITMENT TO BEING AN EMPLOYER OF CHOICE, INCLUDING EMPLOYEE WELLNESS. THE HOSPITAL CREATED THE CRITICAL INCIDENT STRESS MANAGEMENT TEAM, OFFERING SUPPORT TO EMPLOYEES DEALING WITH STRESSFUL WORK-RELATED EVENTS. THE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY AS A PUBLIC HEALTH ADVOCATE AND PROVIDING SUPPORT AND SERVICES WHICH RESPOND TO THE AREA'S HEALTH-CARE NEEDS THROUGH HEALTH EDUCATION, HEALTH PROMOTION AND ACCESS TO CARE. THE HOSPITAL GOES BEYOND THE TRADITIONAL ROLE OF A HEALTH CARE PROVIDER AND REACHES INTO THE COMMUNITY TO CREATE AND SUPPORT INITIATIVES THAT ENHANCE OUR NEIGHBORHOODS AND THE QUALITY OF LIFE OF OUR NEIGHBORS. THE HOSPITAL CONTINUED TO SUPPORT NUMEROUS PROGRAMS THAT PROMOTE EDUCATION INCLUDING PROJECT SEARCH, A PROGRAM WHICH HELPS ADULTS WITH DISABILITIES PREPARE FOR COMPETITIVE EMPLOYMENT, AS WELL AS THE HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) VOLUNTEER MENTORING PROGRAM WHICH MATCHES ADULTS WITH HOSPITAL MENTORS AND PROVIDES CLASSES TO HELP PARTICIPANTS DEVELOP IMPORTANT SKILLS FOR ENTRY TO THE WORKFORCE. THE HOSPITAL ALSO CONTINUED ITS LEGACY OF SERVING THE COMMUNITY'S MOST AT-RISK MEMBERS THROUGHOUT THE YEAR WITH INITIATIVES SUCH AS THE COLLABORATION WITH THE NEW HAVEN COLUMBUS HOUSE HOMELESS SHELTER'S MEDICAL RESPITE CARE PROGRAM, PROVIDING SERVICES TO MEDICALLY FRAGILE PATIENTS AND THE TRANSITIONS CLINIC - A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, PROVIDING A MEDICAL HOME FOR PEOPLE RECENTLY RELEASED FROM PRISON AND WITH CHRONIC DISEASES. THE HOSPITAL CONTINUED TO OFFER AND SUPPORT PROGRAMS THAT HELP CHILDREN AND FAMILIES INCLUDING THE NURTURING FAMILIES NETWORK WHICH PROVIDES HOME VISITS FOR AT-RISK, FIRST-TIME PARENTS AND THE CHILDREN'S ADVOCACY CENTER WHICH OFFERS ACCESSIBLE LEGAL SERVICES TO CHILDREN AND FAMILIES. AS PART OF THE HOSPITAL'S ONGOING EFFORT TO PROMOTE PREVENTATIVE CARE TO MEMBERS</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	OF THE COMMUNITY , THE HOSPITAL PERFORMED MORE THAN 900 SCREENING MAMMOGRAPHY EXAMS IN PART NERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER AND PROVIDED FREE HEALTH SCREENINGS FOR HEAD AND NECK CANCERS AND PROSTATE CANCER

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 ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT TWENTY-FOUR (24) VOTING MEMBERS ARE INDEPENDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SY STEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SY STEM HAS AN OWNERSHIP INTEREST THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SY STEM

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YALE NEW HAVEN HEALTH SERVICES CORP, WHICH IS THE PARENT OF THE HOSPITAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE Y ALE NEW HAVEN HEALTH SERVICES CORPORATION SHALL HAVE THE RIGHT TO ELECT THE ORGANIZATION'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE BY LAWS

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

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 KPMG, 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 KPMG, LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MAKES 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	<p>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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF FORM 990, FORM 1023 (IF AVAILABLE) AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. 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	PROFESSIONAL & CONSULTING FEES PROGRAM SERVICE EXPENSES 6,867,750 MANAGEMENT AND GENERAL EXPENSES 1,271,320 FUNDRAISING EXPENSES 13,950 TOTAL EXPENSES 8,153,020 OHCA ASSESSMENT PROGRAM SERVICE EXPENSES 680,377 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 680,377 SYSTEM SUPPORT FEES PROGRAM SERVICE EXPENSES 25,593,980 MANAGEMENT AND GENERAL EXPENSES 4,166,462 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 29,760,442 OUTSIDE CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 92,988,351 MANAGEMENT AND GENERAL EXPENSES 21,928,697 FUNDRAISING EXPENSES 1,002,725 TOTAL EXPENSES 115,919,773 YNHSC SHARED PROJECT FEES PROGRAM SERVICE EXPENSES 171,492,303 MANAGEMENT AND GENERAL EXPENSES 40,017,691 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 211,509,994 EMPLOYEE RECRUITMENT FEES PROGRAM SERVICE EXPENSES 384,333 MANAGEMENT AND GENERAL EXPENSES 89,684 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 474,017 AMBULANCE SERVICES PROGRAM SERVICE EXPENSES 2,552,743 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,552,743 YALE U PERSONNEL & SUPPORT FEE PROGRAM SERVICE EXPENSES 179,563,927 MANAGEMENT AND GENERAL EXPENSES 41,901,202 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 221,465,129 DOCUMENT CENTER SERVICES PROGRAM SERVICE EXPENSES 167,103 MANAGEMENT AND GENERAL EXPENSES 38,994 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 206,097 TEMPORARY STAFFING PROGRAM SERVICE EXPENSES 6,723,379 MANAGEMENT AND GENERAL EXPENSES 1,571,550 FUNDRAISING EXPENSES 11,360 TOTAL EXPENSES 8,306,289

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AUXILIARY SERVICES/MISC 641,648 PENSION & POST RETIREMENT ADJUSTMENTS -12,372,000 CHANGE IN INTEREST IN PERPETUAL TRUST -1,282,000 TRANSFER TO YNH NETWORK CORP -12,516,000 NET ASSETS RELEASE FOR OPERATIONS -10,231,000 RELEASE FOR WINCHESTER/MCFADDEN 9,547,253 INCOME FROM NONCONTROLLING -1,674,000 FUNDING FOR CLINICAL PROGRAMS -881,070

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

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
(1) YALE NEW HAVEN HOSPITAL RABBI TRUST PO BOX 535007 PITTSBURGH, PA 152535007 30-6206686	GRANTORS TRUST- RETIREMENT PLAN	PA	13,844,181	54,778,200	YALE NEW HAVEN HOSPITAL

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 No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHORELINE SURGERY CENTER LLC 60 TEMPLE STREET NEW HAVEN, CT 06510 90-0110459	HEALTHCARE SERVICES	CT	N/A									
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTERLLC 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3411797	HEALTHCARE SERVICES	CT	N/A									
(4) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	N/A									

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	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.

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 organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

Yes

Yes

Yes

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			

Schedule R (Form 990) 2014

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) Disproportionate 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
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Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE-NEW HAVEN HOSPITAL

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? <div>YesNo</div>	
(1) GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501(C)(3)	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	501(C)(3)	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES INC		No
(2) GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(3) BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	YALE NEW HAVEN HEALTH SERVICES INC	Yes	
(4) SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501(C)(2)		BRIDGEPORT HOSPITAL	Yes	
(5) BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
(6) BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 7	BRIDGEPORT HOSPITAL	Yes	
(7) NORTHEAST MEDICAL GROUP INC 99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 9	YALE NEW HAVEN HEALTH SERVICES INC	Yes	
(8) NORTHEAST MEDICAL GROUP PLLC 99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
(9) YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 11A, I	N/A		No
(10) YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME/HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	YALE-NEW HAVEN HOSPITAL	Yes	
(11) CARITAS INSURANCE - TERMINATED 121514 40 MAIN STREET BURLINGTON, VT 05401 03-0322238	INSURANCE	VT	501(C)(3)	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	Yes	
(12) PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC	Yes	
(13) BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS 120 COLUMBINE DR TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501(C)(3)	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	Yes	
(14) YALE NEW HAVEN MEDICAL CENTER INC 20 YORK STREET NEW HAVEN, CT 06510 23-7440891	REAL ESTATE RENTAL	CT	501(C)(3)	LINE 11C, III-FI	N/A	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			Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	N/A	C			Yes	
MEDICAL CENTER REALTY 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	REAL ESTATE	CT	N/A	C			Yes	
GREENWICH HEALTH SERVICES INC - TERMINATED 63015 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1233643	HEALTHCARE SERVICES	CT	N/A	C			Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	N/A	C			Yes	
YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	N/A	C			Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C			Yes	
MEDICAL CENTER PHARMACY 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C			Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW YORK PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	N/A	C			Yes	
LUKAN INDEMNITY CO LTD - TERMINATED 33115 VALLIS BLDG 58 PAR LA VILLE RD HAMILTON BD 98-1072793	INSURANCE	BD	YALE-NEW HAVEN HOSPITAL	C			100 000 %	No
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	N/A	C			Yes	
PRIMARYNET OF CONNECTICUT 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE SERVICES	CT	N/A	C			Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	N/A	C			Yes	
CENTURY MANAGEMENT SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLE MANAGEMENT	CT	N/A	C			Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
YALE NEW HAVEN HEALTH SERVICES CORP	J	3,214,000	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	P	16,056,003	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	M	200,431,677	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	S	11,482,754	CASH
YALE NEW HAVEN HEALTH SERVICES CORP	R	5,325,341	CASH
NORTHEAST MEDICAL GROUP INC	L	5,375,121	TRANSACTION REVIEW
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	1,478,073	TRANSACTION REVIEW
YALE NEW HAVEN CARE CONTINUUM CORP	L	165,374	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	Q	23,730	TRANSACTION REVIEW
YALE NEW HAVEN MEDICAL CENTER INC	K	292,496	COMPARABLE MARKET VALUE
YALE NEW HAVEN MEDICAL CENTER INC	M	13,790	TRANSACTION REVIEW
CENTURY FINANCIAL SERVICES INC	M	2,414,540	COMPARABLE MARKET VALUE
MEDICAL CENTER REALTY INC	L	221,451	COMPARABLE MARKET VALUE
MEDICAL CENTER PHARMACY INC	M	2,652,175	COMPARABLE MARKET VALUE