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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	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization YALE NEW HAVEN HEALTH SERVICES CORPORATION Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 789 HOWARD AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06519		D Employer identification number 22-2529464	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ WWW.YNHHS.ORG		F Name and address of principal officer MARNA BORGSTROM 789 HOWARD AVE NEW HAVEN, CT 06519		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1983		M State of legal domicile CT		G Gross receipts \$ 565,851,056 H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	2,398	
	6	Total number of volunteers (estimate if necessary)	17	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,711,626	
	7b	Net unrelated business taxable income from Form 990-T, line 34	268,200	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	432,503,091	503,368,906
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,199	618,521
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,317,278	11,059,363
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	449,852,568	515,046,790
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	308,500	496,122
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	238,244,115	254,461,742
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	191,700,930	238,664,336
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	430,253,545	493,622,200
	19	Revenue less expenses Subtract line 18 from line 12	19,599,023	21,424,590
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	1,306,178,203	1,600,675,101
21		Total liabilities (Part X, line 26)	1,150,284,622	1,146,369,896
22		Net assets or fund balances Subtract line 21 from line 20	155,893,581	454,305,205

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			2017-08-14	
	Date				
	VINCENT TAMMARO EXECUTIVE VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PHILLIP E GROFF		Preparer's signature PHILLIP E GROFF		Date
	Check ☐ if self-employed		PTIN P01247783		
	Firm's name ► KPMG LLP			Firm's EIN ► 13-5565207	
	Firm's address ► 1601 MARKET STREET PHILADELPHIA, PA 19103			Phone no (267) 256-1756	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO FURTHER INNOVATION AND EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND SERVICE TO ITS COMMUNITIES
AND SUPPORT ITS MEMBER HEALTHCARE ORGANIZATIONS

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 \$	386,546,152	including grants of \$	496,122) (Revenue \$	512,150,678)
	See Additional Data					

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 ▶	386,546,152
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f 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	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	1a	18	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16	
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records DENIS DONEGAN 789 HOWARD AVE NEW HAVEN, CT 06519 (203) 688-6088	

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

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

[illegible]

[illegible]

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 ▶ 548			
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

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.

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 ▶ 134	
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Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	MANAGEMENT SERVICES	Business Code 900099	369,966,063	369,596,338	369,725	
	b	SYSTEM SUPPORT SERVICES	900099	45,252,540	45,188,230	64,310	
	c	INSURANCE PREMIUMS	900099	41,810,272	41,810,272		
	d	MANAGEMENT SERVICES-EPIC	621990	29,940,224	29,940,224		
	e	EMERGENCY PREPAREDNESS PROGRAM	900099	16,242,425	16,242,425		
	f	All other program service revenue		157,382	157,382		
	g	Total. Add lines 2a-2f		503,368,906			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		50,700		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
b		Rental income or (loss)					
c		Net rental income or (loss)					
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
b		Gain or (loss)					
c		Net gain or (loss)		567,821			567,821
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b		Less direct expenses					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	OTHER ANCILLARY INCOME	900099	8,781,772	8,781,772			
b	CORPORATE CONTRACTING	621990	2,277,591		2,277,591		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		11,059,363				
12	Total revenue. See Instructions		515,046,790	511,716,643	2,711,626	618,521	

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.	496,122	496,122		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	13,942,826		13,942,826	
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.	188,507,715	158,336,568	30,171,147	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,390,008	7,343,925	2,046,083	
9	Other employee benefits.	29,215,137	22,849,159	6,365,978	
10	Payroll taxes.	13,406,056	10,484,876	2,921,180	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	5,525,492		5,525,492	
c	Accounting.	2,269,601		2,269,601	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	65,748,341	51,421,778	14,326,563	
12	Advertising and promotion.				
13	Office expenses.	3,091,943	2,418,209	673,734	
14	Information technology.				
15	Royalties.				
16	Occupancy.	71,974,323	56,291,118	15,683,205	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,041,608	1,596,742	444,866	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	50,198,394	39,260,164	10,938,230	
23	Insurance.	29,701,962	29,701,962		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	TELEPHONE & DATA COMMUN.	6,465,938	5,057,010	1,408,928	
b	DUES, FEES & MEMBERSHIP	1,225,636	958,570	267,066	
c	CLINICAL PROGRAM & MISC	334,922	262,551	72,371	
d	BOOKS & SUBSCRIPTIONS	86,176	67,398	18,778	
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	493,622,200	386,546,152	107,076,048	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		25,319,141	2	47,364,273
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		948,323,682	4	945,789,133
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,266,846	9	28,877,477
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	344,222,010		
	b	Less: accumulated depreciation	10b	233,566,637	135,345,655	10c 110,655,373
	11	Investments—publicly traded securities		9,740,825	11	0
	12	Investments—other securities. See Part IV, line 11		98,131,949	12	48,866,348
	13	Investments—program-related. See Part IV, line 11		0	13	367,072,392
	14	Intangible assets		52,050,105	14	52,050,105
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,306,178,203	16	1,600,675,101	
Liabilities	17	Accounts payable and accrued expenses		77,717,706	17	103,938,861
	18	Grants payable			18	
	19	Deferred revenue		129,406,928	19	102,374,499
	20	Tax-exempt bond liabilities		832,360,451	20	810,532,314
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		110,799,537	25	129,524,222
	26	Total liabilities. Add lines 17 through 25		1,150,284,622	26	1,146,369,896
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		155,893,581	27	454,305,205
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		155,893,581	33	454,305,205
	34	Total liabilities and net assets/fund balances		1,306,178,203	34	1,600,675,101

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	515,046,790
2	Total expenses (must equal Part IX, column (A), line 25)	2	493,622,200
3	Revenue less expenses Subtract line 2 from line 1	3	21,424,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,893,581
5	Net unrealized gains (losses) on investments	5	240,785,944
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,201,090
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	454,305,205

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☐ Separate basis ☒ Consolidated basis ☐ 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: 22-2529464
Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	386,546,152	including grants of \$	496,122) (Revenue \$	512,150,678)
	SEE SCHEDULE O					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARNA BORGSTROM PRESIDENT & CEO	16 00 24 00	X		X				1,186,658	1,779,987	892,153
VINCENT CALARCO SECRETARY & TRUSTEE	1 00 1 00	X		X				0	0	0
JOSEPH CRESPO CHAIRMAN & TRUSTEE	1 00 1 00	X		X				0	0	0
MARY FARRELL TRUSTEE	1 00 1 00	X						0	0	0
THOMAS KETCHUM TRUSTEE	1 00 1 00	X						0	0	0
JOHN LAHEY TRUSTEE	1 00 1 00	X						0	0	0
MARVIN LENDER TRUSTEE	1 00 1 00	X						0	0	0
JULIA MCNAMARA VICE CHAIR & TRUSTEE	1 00 1 00	X		X				0	0	0
NEWMAN MARSILIUS III TRUSTEE	1 00 2 00	X						0	0	0
BARBARA MILLER TRUSTEE	1 00 2 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			
BENJAMIN POLAK TRUSTEE	1 00 0 00	X						0	0	0
MEREDITH REUBEN TRUSTEE	1 00 1 00	X						0	0	0
PETER SALOVEY TRUSTEE	1 00 1 00	X						0	0	0
ELLIOT SUSSMAN TRUSTEE	1 00 0 00	X						0	0	0
JAMES TORGERSO TRUSTEE	1 00 1 00	X						0	0	0
JOHN TOWNSEND III TRUSTEE	1 00 4 00	X						0	0	0
CARLTON HIGHSMITH TRUSTEE	1 00 0 00	X						0	0	0
R ALAN HUNTER - EFF 9816 TRUSTEE	1 00 6 00	X						0	0	0
STEPHEN ALLEGRETTO VP	1 00 39 00			X				15,132	531,120	203,129
WILLIAM ASELTYN SR VP	8 00 32 00			X				169,824	746,163	274,107

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			
DANIEL BARCHI - END 113015 SR VP	8 00 32 00			X				180,868	723,473	268,462
GAYLE CAPOZZALO EXECUTIVE VP	40 00 0 00			X				1,462,558	0	38,285
EUGENE COLUCCI VP	4 00 36 00			X				61,119	550,067	208,734
RICHARD D'AQUILA EXECUTIVE VP	8 00 32 00			X				373,369	1,493,476	474,585
MICHAEL DIMENSTEIN VP (CURRENT YEAR COMP)	2 00 38 00			X				18,836	452,101	82,711
MICHAEL DIMENSTEIN VP (VESTED DEFERRED COMP)	2 00 38 00			X				46,576	1,117,798	0
WILLIAM GEDGE - RET 93016 SR VP (CURRENT YEAR COMP)	40 00 0 00			X				794,459	0	156,451
WILLIAM GEDGE - RET 93016 SR VP (VESTED DEFERRED COMP)	40 00 0 00			X				3,498,400	0	0
WILLIAM JENNINGS EXECUTIVE VP	8 00 32 00			X				227,181	908,724	317,179
ALAN KLIGER SR VP	1 00 39 00			X				0	788,285	125,640

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			
NANCY LEVITT-ROSENTHAL VP	8 00 32 00			X				88,273	353,088	154,114
PATRICK MCCABE SR VP	14 00 26 00			X				251,241	466,589	249,847
KEVIN MYATT SR VP	16 00 24 00			X				324,823	487,235	266,850
JAMES MORRIS VP	2 00 38 00			X				15,034	391,302	147,137
CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	33 00 7 00			X				1,210,574	0	388,215
VINCENT PETRINI SR VP	1 00 39 00			X				0	611,342	220,757
CAROLYN SALSGIVER VP	8 00 32 00			X				79,095	316,380	156,693
JOHN SKELLY VP	1 00 39 00			X				58,943	530,492	200,850
JAMES STATEN - END 1216 EXECUTIVE VP, CFO & TREASURER	16 00 24 00			X				552,439	828,658	429,112
VINCENT TAMMARO EXECUTIVE VP, CFO & TREASURER	16 00 24 00			X				268,535	402,804	235,088

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			
MELISSA TURNER VP	1 00 39 00			X				0	410,888	147,594
DAVID WURCEL VP	1 00 39 00			X				0	568,234	109,551
NORMAN ROTH EXECUTIVE VP	8 00 32 00			X				215,411	861,647	113,148
PAMELA SCAGLIARINI SR VP	1 00 39 00			X				0	505,853	108,905
PRATHIBHA VARKEY MD-EFF 5216 SR VP	1 00 39 00			X				0	0	0
JOSEPH BISSON VP	40 00 0 00					X		494,210	0	88,448
STEPHEN CARBERY VP	40 00 0 00					X		409,820	0	71,499
LISA STUMP VP	40 00 0 00					X		420,495	0	73,290
RICHARD STAHL PHYSICIAN	40 00 0 00					X		628,275	0	30,528
MICHAEL ANGELINI VP	40 00 0 00					X		382,676	0	86,156

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			
FRANK CORVINO - RET 123114 FORMER OFFICER	0 00 0 00						X	915,327	0	3,640
ROBERT NORDGRENMD-RET 32715 FORMER OFFICER	0 00 0 00						X	0	383,437	134,377

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

2015

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

5

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 (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		
See Additional Data Table						
Total	5				43,288,000	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	Yes	
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?	Yes	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

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? <i>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.</i>		
1		No
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? <i>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.</i>		
2		No

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)? <i>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).</i>		
1		

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?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. 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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	IN ADDITION TO THE ORGANIZATIONS EXPRESSLY NAMED IN ITS CERTIFICATE OF INCORPORATION, THE ORGANIZATION'S CERTIFICATE OF INCORPORATION PROVIDES THAT IS SHALL SUPPORT SUCH OTHER ORGA NIZATIONS AS MAY FROM TIME TO TIME BECOME AFFILIATED WITH THE ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 5	EFFECTIVE SEPTEMBER 8, 2016, LAWRENCE + MEMORIAL CORPORATION ("LMC") AND ITS RELATED ORGANIZATIONS, INCLUDING LAWRENCE + MEMORIAL HOSPITAL AND WESTERLY HOSPITAL BECAME AFFILIATED WITH THE YALE NEW HAVEN HEALTH SYSTEM AS A RESULT OF THE CLOSING OF THE AFFILIATION TRANSACTION, THE ORGANIZATION BECAME THE SOLE MEMBER OF LMC THE GOVERNING DOCUMENTS OF THE ORGANIZATION WERE AMENDED TO EXPAND ITS SUPPORTED ORGANIZATIONS TO INCLUDE THE LMC DELIVERY NETWORK, AND THE GOVERNING DOCUMENTS OF THE LMC DELIVERY NETWORK ENTITIES WERE AMENDED TO REFLECT THE CHANGE IN MEMBER PURSUANT TO THE AFFILIATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION B, LINE 1	AS THE PARENT ORGANIZATION OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, THE ORGANIZATION IS RESPONSIVE TO THE NEEDS AND DEMANDS OF ITS MEMBER HOSPITALS AND OTHER HEALTH CARE PROVIDERS (REFERRED TO AS DELIVERY NETWORKS) THE ORGANIZATION CREATES VALUE FOR THE DELIVERY NETWORKS AND SUPPORTS THEIR OPERATIONS BY CENTRALIZING CERTAIN ADMINISTRATIVE SERVICES WITHIN THE ORGANIZATION AND SPREADING THE COSTS OF THESE SERVICES ACROSS ALL OF THE DELIVERY NETWORKS IN THIS WAY, THE DELIVERY NETWORKS OBTAIN THE SERVICES, EXPERTISE, INFRASTRUCTURE AND ECONOMIES OF SCALE OF A MUCH LARGER HEALTH SYSTEM SYSTEM-WIDE SERVICES INCLUDE, IN PART, POPULATION HEALTH TECHNOLOGY, BILLING, INFORMATION TECHNOLOGY INFRASTRUCTURE, COMPLIANCE AND LEGAL AND RISK MANAGEMENT SUPPORTING THESE "BACK OFFICE" SERVICES AND OTHER VALUE-ADDING ATTRIBUTES ALLOW THE DELIVERY NETWORKS TO FREE UP MEASURABLE RESOURCES, GENERATE NEW REVENUE FOR INVESTMENT IN THEIR RESPECTIVE LOCAL AND REGIONAL MISSIONS AND FOCUS ON PATIENT OUTCOMES AND THE HEALTH OF THE COMMUNITIES THEY SERVE THE CHAIRS OF YALE NEW HAVEN HOSPITAL, BRIDGEPORT HOSPITAL, GREENWICH HOSPITAL AND LAWRENCE + MEMORIAL HOSPITAL SERVE, EX-OFFICIO, AS VOTING MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES FURTHER, A NUMBER OF THE ORGANIZATION'S SENIOR EXECUTIVES HAVE DELIVERY NETWORK SPECIFIC ROLES AND RESPONSIBILITIES AND REPRESENT THE INTERESTS OF THOSE DELIVERY NETWORKS THE DELIVERY NETWORKS HAVE APPROVAL RIGHTS WITH RESPECT TO, IN PART, ARTICULATING THE LOCAL DIMENSIONS OF THE SYSTEM MISSION, VISION AND VALUES AND STRATEGY, OVERSEEING AND ASSURING PERFORMANCE IN CLINICAL QUALITY AND PATIENT SAFETY, DEVELOPING THE OPERATING AND CAPITAL BUDGETS AND OVERSEEING THEM IN THE CONTEXT OF THE OVERALL SYSTEM BUDGET, OVERSEEING PUBLIC RELATIONS, COMMUNITY ENGAGEMENT, AND LOCAL GOVERNMENT RELATIONS AND APPROVING THE LOCAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) YALE NEW HAVEN HOSPITALINC	060646652		Yes		0	0
(A) BRIDGEPORT HOSPITAL	060646554		Yes		0	0
(B) GREENWICH HOSPITAL	060646659		Yes		0	0
(C) NORTHEAST MEDICAL GROUP INC	061330992		Yes		43,288,000	0
(D) LAWRENCE MEMORIAL HOSPITAL INC	060646704		Yes		0	0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION	Employer identification number 22-2529464
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure
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
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, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on 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

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		2,116,244	1,172,300	943,944
d Equipment		339,088,025	232,394,337	106,693,688
e Other		3,017,741		3,017,741
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				110,655,373

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MOST ENTITIES WITHIN THE SYSTEM ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM U S GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED THIS EVALUATION HAD NO IMPACT ON THE OPERATIONS OF THE SYSTEM AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2016 AND 2015

**Open to Public
Inspection**

22-2529464

Schedule I (Form 990) 2015

Part III

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

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

Part IV

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

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

Additional Data

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

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN,CT 06511	65-1203744	501(C)(3)	10,800				SUPPORT MISSION
ANTI DEFAMATION LEAGUE WHITNEY AVE NEW HAVEN,CT 06511	13-1818723	501(C)(3)	9,000				SPONSORSHIP
BEULAH HEIGHTS CHURCH 782 ORCHARD STREET NEW HAVEN,CT 06511	06-1290930	501(C)(3)	6,000				SPONSORSHIP

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 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
BRISTOL HOSPITAL BREWSTER ROAD BRISTOL, CT 06011	06-0646559	501(C)(3)	11,100				SUPPORT MISSION
CONNECTICUT PLAYERS FOUNDATION INC 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501(C)(3)	12,500				SUPPORT MISSION
FIRST CALVERY BAPTIST CHURCH 609 DIXWELL AVE NEW HAVEN, CT 06511	06-1173497	501(C)(3)	21,891				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW HAVEN NAACP 545 WHALLEY AVE NEW HAVEN, CT 06511	06-6099313	501(C)(4)	19,500				SPONSORSHIP
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	06-0646059	501(C)(3)	9,000				SUPPORT MISSION
JUVENILE DIABETES RESEARCH 26 BROADWAY 15TH FLOOR NEW YORK, NY 10004	23-1907729	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 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
LAWRENCE MEMROIAL HOSPITAL INC 365 MONTAUK AVENUE NEW LONDON, CT 06320	06-0646704	501(C)(3)	11,500				SUPPORT MISSION
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS 195 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-1444222	501(C)(3)	26,500				SPONSORSHIP
NEW HAVEN SYMPHONY ORCHESTRA INC 545 LONG WHARF NEW HAVEN, CT 06511	06-6000592	501(C)(3)	9,000				SPONSORSHIP

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 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
PLANNED PARENTHOOD OF SOUTHERN CT 345 WHITNEY AVENUE NEW HAVEN, CT 06512	06-0263565	501(C)(3)	6,000				SUPPORT MISSION
RONALD MCDONALD HOUSE OF CONNECTICUT INC 501 GEORGE STREET NEW HAVEN, CT 06511	06-1063758	501(C)(3)	5,950				SUPPORT MISSION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC 3700 KOPPERS ST NO 570 BALTIMORE, MD 21227	23-7175985	501(C)(3)	15,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EASTERN CONNECTICUT SYMPHONY ORCHESTRA 289 STATE STREET NEW LONDON, CT 06320	06-6068892	501(C)(3)	7,500				SPONSORSHIP
THE TENNIS FOUNDATION 900 CHAPEL STREET SUITE 622 NEW HAVEN, CT 06510	06-1287098	501(C)(3)	6,280				SPONSORSHIP
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET STE 403 NEW HAVEN, CT 06519	06-0646761	501(C)(3)	6,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	11,500				SUPPORT MISSION
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504	06-0646652	501(C)(3)	5,500				SUPPORT MISSIONSUPPORT 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" on 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

2015

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported on 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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on 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 on 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 - \$443,905 - RICHARD D'AQUILA - 285,367 - JAMES M. STATEN - 240,352 - CHRISTOPHER O'CONNOR - 198,811 - WILLIAM A. JENNINGS - 180,742 - DANIEL BARCHI - 144,215 - WILLIAM J. ASELTYNE - 141,464 - KEVIN A. MYATT - 132,391 - PATRICK MCCABE - 121,484 - ROBERT NORDGREN - 119,513 - VINCENT TAMMARO - 103,962 - EUGENE J. COLUCCI - 99,337 - VINCENT PETRINI - 98,479 - JOHN SKELLY - 96,527 - STEPHEN ALLEGRETTO - 96,059 - NANCY LEVITT-ROSENTHAL - 74,576 - MELISSA TURNER - 69,659 - CAROLYN SALSGIVER - 65,210 - JAMES B. MORRIS - 63,981 - PAMELA SCAGLIARINI - 22,537. THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2015 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2015 CALENDAR YEAR FORM W-2 SEVERANCE NONQUALIFIED EQUITY-BASED. WILLIAM GEDGE - \$3,498,400 - MICHAEL DIMENSTEIN - 1,164,373 - GAYLE CAPOZZALO - 380,628 - NORMAN ROTH - 178,599. FIVE FORMER OFFICERS, QUINTON FRIESEN, FRANK CORVINO, PETER HERBERT, PATRICK LUDDY, AND JOSEPH JANELL RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN. THESE AMOUNTS ARE INCLUDED IN SECTION II, COLUMN B (III). THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE TRUST: QUINTON FRIESEN \$127,684; FRANK CORVINO 63,698; PETER HERBERT 49,611; PATRICK LUDDY 42,792; JOSEPH JANELL 33,365. THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).
PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARNA BORGSTROM PRESIDENT & CEO	(i)	687,406	476,932	22,320	295,843	61,018	1,543,519	0
	(ii)	1,031,109	715,398	33,480	443,764	-	-	0
						91,528	2,315,279	
1STEPHEN ALLEGRETTOVP	(i)	10,235	2,958	1,939	4,870	757	20,759	0
	(ii)	359,260	103,816	68,044	170,939	-	-	0
						26,563	728,622	
2WILLIAM ASELTYNESR VP	(i)	118,241	33,532	18,051	46,975	3,844	220,643	218
	(ii)	519,522	147,329	79,312	206,398	-	-	960
						16,890	969,451	
DANIEL BARCHI - END 3113015 SR VP	(i)	127,020	36,285	17,563	49,633	4,060	234,561	9,559
	(ii)	508,082	145,139	70,252	198,530	-	-	38,234
						16,239	938,242	
4GAYLE CAPOZZALO EXECUTIVE VP	(i)	713,269	274,705	474,584	23,550	14,735	1,500,843	12,135
	(ii)	0	0	0	0	-	-	0
						0	0	
5EUGENE COLUCCIVP	(i)	42,682	11,109	7,328	18,509	2,365	81,993	0
	(ii)	384,135	99,981	65,951	166,578	-	-	0
						21,282	737,927	
6RICHARD D'AQUILA EXECUTIVE VP	(i)	253,226	83,006	37,137	90,743	4,174	468,286	6,087
	(ii)	1,012,903	332,024	148,549	362,974	-	-	24,349
						16,694	1,873,144	
7MICHAEL DIMENSTEIN VP (CURRENT YEAR COMP)	(i)	12,756	3,347	2,733	2,494	814	22,144	677
	(ii)	306,154	80,317	65,630	59,856	-	-	16,251
						19,547	531,504	
8MICHAEL DIMENSTEIN VP (VESTED DEFERRED COMP)	(i)	0	0	46,576	0	0	46,576	7,960
	(ii)	0	0	1,117,798	0	-	-	191,048
						0	1,117,798	
9WILLIAM GEDGE - RET 93016 SR VP (CURRENT YEAR COMP)	(i)	527,632	183,925	82,902	119,550	36,901	950,910	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10WILLIAM GEDGE - RET 93016 SR VP (VESTED DEFERRED COMP)	(i)	0	0	3,498,400	0	0	3,498,400	1,321,023
	(ii)	0	0	0	0	-	-	0
						0	0	
11WILLIAM JENNINGS EXECUTIVE VP	(i)	156,592	48,832	21,757	59,818	3,617	290,616	3,762
	(ii)	626,366	195,328	87,030	239,274	-	-	15,048
						14,470	1,162,468	
12ALAN KLIGERSR VP	(i)	0	0	0	0	0	0	0
	(ii)	557,873	119,580	110,832	90,750	-	-	0
						34,890	913,925	
13NANCY LEVITT-ROSENTHALVP	(i)	63,317	16,647	8,309	28,665	2,158	119,096	0
	(ii)	253,266	66,587	33,235	114,661	-	-	0
						8,630	476,379	
14PATRICK MCCABESR VP	(i)	169,957	56,838	24,446	79,952	7,495	338,688	0
	(ii)	315,634	105,556	45,399	148,482	-	-	0
						13,918	628,989	
15KEVIN MYATTSR VP	(i)	212,651	70,470	41,702	100,296	6,444	431,563	9,520
	(ii)	318,977	105,705	62,553	150,445	-	-	14,279
						9,665	647,345	
16JAMES MORRISVP	(i)	10,454	2,663	1,917	4,489	955	20,478	0
	(ii)	272,097	69,315	49,890	116,842	-	-	0
						24,851	532,995	
17CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	(i)	822,935	283,340	104,299	358,561	29,654	1,598,789	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18VINCENT PETRINISR VP	(i)	0	0	0	0	0	0	0
	(ii)	402,486	133,640	75,216	189,429	-	-	0
						31,328	832,099	
19CAROLYN SALSGIVERVP	(i)	54,344	14,535	10,216	26,331	5,008	110,434	0
	(ii)	217,376	58,138	40,866	105,323	-	-	0
						20,031	441,734	

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JOHN SKELLYVP	(i)	41,604	10,176	7,163	17,847	2,238	79,028	0
	(ii)	374,440	91,583	64,469	160,625	-	-	0
					20,140	711,257		
1JAMES STATEN - END 1216 EXECUTIVE VP, CFO & TREASURER	(i)	369,091	140,962	42,386	159,321	12,324	724,084	0
	(ii)	553,636	211,444	63,578	238,981	-	-	0
					18,486	1,086,125		
2VINCENT TAMMARO EXECUTIVE VP, CFO & TREASURER	(i)	184,489	55,574	28,472	79,165	14,870	362,570	0
	(ii)	276,734	83,362	42,708	118,747	-	-	0
					22,306	543,857		
3MELISSA TURNERVVP	(i)	0	0	0	0	0	0	0
	(ii)	278,098	76,072	56,718	123,009	-	-	0
					24,585	558,482		
4DAVID WURCELVVP	(i)	0	0	0	0	0	0	0
	(ii)	386,721	107,252	74,261	84,750	-	-	0
					24,801	677,785		
5NORMAN ROTH EXECUTIVE VP	(i)	126,011	37,704	51,696	16,150	6,480	238,041	0
	(ii)	504,044	150,818	206,785	64,600	-	-	0
					25,918	952,165		
6PAMELA SCAGLIARINISR VP	(i)	0	0	0	0	0	0	0
	(ii)	375,952	73,408	56,493	88,210	-	-	519
					20,695	614,758		
7JOSEPH BISSONVP	(i)	363,443	86,835	43,932	66,750	21,698	582,658	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
8STEPHEN CARBERYVP	(i)	287,234	60,912	61,674	51,506	19,993	481,319	9,234
	(ii)	0	0	0	0	-	-	0
					0	0	0	
9LISA STUMPVVP	(i)	298,688	73,927	47,880	57,550	15,740	493,785	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
10RICHARD STAHL PHYSICIAN	(i)	431,260	111,491	85,524	27,592	2,936	658,803	1,584
	(ii)	0	0	0	0	-	-	0
					0	0	0	
11MICHAEL ANGELINIVP	(i)	298,227	58,630	25,819	43,670	42,486	468,832	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
FRANK CORVINO - RET 12123114 FORMER OFFICER	(i)	214,763	287,758	412,806	3,640	0	918,967	404,000
	(ii)	0	0	0	0	-	-	0
					0	0	0	
13ROBERT NORDGRENMD-RET 32715 FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	147,176	157,967	78,294	129,375	-	-	7,354
					5,002	517,814		

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORPORATION

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

2015

Open to Public Inspection

Employer identification number

22-2529464

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES A	06-0806186	20774YQY6	06-23-2014	102,300,000	REFUND - J-1		X		X	X	
B CHEFA - SERIES B	06-0806186	20774YQP5	06-23-2014	168,275,000	REFUND - M		X		X	X	
C CHEFA - SERIES C	06-0806186	20774YQM2	06-23-2014	83,625,000	REFUND - K-1,K-2		X		X	X	
D CHEFA - SERIES D	06-0806186	20774YQN0	06-23-2014	108,275,000	REFUND - L-1,L-2		X		X	X	

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired					6,610,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	122,999,458		176,852,421		90,442,157		109,094,865	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,465,826		1,474,421		680,898		771,839	
8	Credit enhancement from proceeds					36,261		43,739	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	121,533,632		175,378,000		89,725,000		108,279,287	
12	Other unspent proceeds								
13	Year of substantial completion	2014		2014		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 030 %		0 030 %		0 020 %		0 640 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 030 %		0 030 %		0 020 %		0 640 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X	X		X	
c	No rebate due?	X		X			X		X
	If "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		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
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		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA - SERIES A DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015 ISSUER NAME CHEFA - SERIES B DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015 ISSUER NAME CHEFA - SERIES E DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2015

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
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 K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

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

2015

Open to Public Inspection

Employer identification number
22-2529464

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES E	06-0806186	20774YRV1	06-23-2014	80,935,000	CONSTRUCTION/EQUIP		X		X	X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,320,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	92,315,918							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,157,121							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	91,158,797							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 580 %							
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	0 580 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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.**2015****Open to Public
Inspection**Name of the organization
YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number

22-2529464

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	YALE NEW HAVEN HEALTH (YNHHS), WHICH MARKED ITS 20TH ANNIVERSARY AS A HEALTH SYSTEM IN 2016, ADDED LAWRENCE + MEMORIAL AND WESTERLY HOSPITALS TO THE SYSTEM IN SEPTEMBER, ALONG WITH THE L+M MEDICAL GROUP AND THE VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT. THE SYSTEM CONTINUED ITS COMMITMENT TO PATIENT SAFETY AND QUALITY OF CARE BY IMPLEMENTING SEVERAL PROCESSES - ONGOING TRAINING, ROUNDING TO INFLUENCE STAFF, SHARING SAFETY STORIES, TRAINING SAFETY COACHES, STUDYING METRICS AND OUTCOMES AND HOLDING STAFF ACCOUNTABLE. AS A RESULT, EACH SYSTEM HOSPITAL REDUCED THE NUMBER OF SERIOUS SAFETY EVENTS. THE SYSTEM CONTINUED TO FIND WAYS TO WORK MORE ECONOMICALLY. ONGOING COST AND VALUE POSITIONING EFFORTS INCREASED EFFICIENCY, REDUCED WASTE AND CREATED MORE COST-EFFECTIVE AND BENEFICIAL PATIENT CARE PROCESSES. BY STREAMLINING AND STANDARDIZING CARE, THESE INITIATIVES SAVED NEARLY \$78 MILLION, AND REDUCED THE LENGTH OF STAY AND COMPLICATIONS FOR TARGETED GROUPS OF PATIENTS AT THE VARIOUS HOSPITALS. AS A RESULT OF THE EFFECTIVE USE OF TECHNOLOGY, YNHHS WAS RECOGNIZED AS A MOST WIRED HEALTH SYSTEM BY HOSPITALS AND HEALTH NETWORKS MAGAZINE. SAFETY THROUGH TECHNOLOGY WAS A TOP PRIORITY. IN JULY, YNHHS LAUNCHED THE EPIC BEAKER LABORATORY INFORMATION SYSTEM AT BRIDGEPORT, GREENWICH AND YALE NEW HAVEN HOSPITALS. BEAKER STREAMLINED ORDERING PROCESS, PROVIDED NOTIFICATIONS TO AVOID DUPLICATE TESTS, IMPROVED SPECIMEN TRACKING AND STREAMLINED RESULTS-REPORTING. THE USE OF TELEMEDICINE EXPANDED THIS YEAR, AS YNHHS BECAME THE FIRST TRANSPLANTATION CENTER IN NEW ENGLAND TO OFFER TELEMEDICINE VIDEO VISITS TO POST-TRANSPLANT PATIENTS FOR ROUTINE FOLLOW-UP. TELEMEDICINE TECHNOLOGY WAS ALSO USED FOR TELE-PSYCHIATRY AND FOR MORE TELE-INTENSIVE CARE UNIT SERVICES ACROSS THE SYSTEM'S HOSPITALS. YNHHS INCREASED THE USE OF EMMI PATIENT ENGAGEMENT SOFTWARE HELPED PATIENTS MANAGE THEIR OWN HEALTH. EMMI'S INTERACTIVE VOICE RESPONSE CALLS REMINDED AND SCHEDULED PATIENTS WHO WERE OVERDUE FOR SCREENINGS, CHECKUPS OR FLU SHOTS. YNHHS BEGAN TO OFFER PATIENTS SOME OF EMMI'S EDUCATIONAL PROGRAMS TO HELP REINFORCE KEY MESSAGES THAT THEY RECEIVED DURING PHYSICIAN OFFICE VISITS OR HOSPITAL STAYS. CLINICAL HIGHLIGHTS OF THE YEAR INCLUDED OPENING THE PARK AVENUE MEDICAL CENTER IN TRUMBULL AND THE LONG RIDGE MEDICAL CENTER IN STAMFORD, CREATING A SYSTEM-WIDE BEHAVIORAL HEALTH SERVICE LINE, TRANSFERRING BRIDGEPORT HOSPITAL'S INPATIENT REHABILITATION UNIT TO THE YALE NEW HAVEN REHABILITATION AND WELLNESS CENTER AT MILFORD HOSPITAL, AND EXPANDING THE YNHHS OUTPATIENT SPECIALTY PHARMACY SERVICES WITH A NEW SITE IN HAMDEN. THE SYSTEM CONTINUED INVESTING IN THE FORMER HOSPITAL OF SAINT RAPHAEL BY OPENING A 15-BED INPATIENT UNIT FOR BARIATRIC AND GASTROINTESTINAL SURGERY AND CENTER FOR MUSCULOSKELETAL CARE INPATIENT UNITS. ALSO NEW THIS YEAR IN NEW HAVEN WERE A SMILOW CANCER HOSPITAL PHASE 1 CLINICAL TRIALS UNIT ON PARK STREET AND A CENTER FOR LIVING DONORS AT THE YALE NEW HAVEN HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	RANSPLANTATION CENTER. THROUGHOUT THE YEAR, YNHHS COLLABORATED WITH LOCAL PARTNERS TO ADDRESS COMMUNITY HEALTH NEEDS. EACH HOSPITAL WORKED WITH ITS LOCAL COMMUNITY ON HEALTH INITIATIVES AND ACCESS TO HEALTHCARE SERVICES, SUCH AS HEALTH SCREENINGS, SUPPORT GROUPS, COMMUNITY EDUCATION SESSIONS, COMMUNITY LEADERSHIP ACTIVITIES AND FINANCIAL GRANTS AND ASSISTANCE, BENEFITING OVER 157,000 PEOPLE. IN ADDITION, THIS YEAR YNHHS PROVIDED APPROXIMATELY \$17.81 MILLION IN UNCOMPENSATED CARE, REPRESENTING A 15 PERCENT INCREASE FROM LAST YEAR. WITH COMMUNITY PARTNERS, YNHHS HOSPITALS COMPLETED THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR THE GREATER BRIDGEPORT, GREENWICH, NEW HAVEN, NEW LONDON AND WESTERLY COMMUNITIES. THE TOP HEALTH CONCERNS IN FOUR OF THE FIVE COMMUNITIES WERE HEALTHY LIFESTYLES, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS TO CARE. TO ADDRESS THESE ISSUES, EACH HOSPITAL DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN TO GUIDE EFFORTS OVER THE NEXT THREE YEARS IN CONJUNCTION WITH LOCAL HEALTH AND NONPROFIT ORGANIZATIONS. WESTERLY HOSPITAL WORKED WITH THE HOSPITAL ASSOCIATION OF RHODE ISLAND AND SELECTED BEHAVIORAL HEALTH AS THE SOLE PRIORITY AREA. YNHHS CONTINUED ITS FOCUS ON RECRUITING AND RETAINING AN EDUCATED, ENGAGED AND HIGH-PERFORMING WORKFORCE. THE SYSTEM DEVELOPED A SINGLE SET OF PROFESSIONAL BEHAVIORAL STANDARDS TO ENSURE THAT EMPLOYEES AND MEDICAL STAFF THROUGHOUT THE SYSTEM FOLLOW HIGH-LEVEL STANDARDS OF PROFESSION BEHAVIOR AT ALL TIMES. UNDERSTANDING THAT DIVERSITY FOSTERS A MORE CREATIVE, INNOVATIVE WORKFORCE, YNHHS HIRED ITS FIRST CHIEF DIVERSITY OFFICER TO LEAD INITIATIVES AND SHAPE DIVERSITY AND INCLUSION EFFORTS RELATED TO COMMUNICATION, ITS WORKFORCE, THE PATIENT EXPERIENCE AND SUPPLIER DIVERSITY. THE SYSTEM WAS NAMED AS ONE OF "AMERICA'S BEST EMPLOYERS" OF 2016 BY FORBES MAGAZINE.

990 Schedule O, Supplemental Information

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 SIXTEEN (16) VOTING MEMBERS ARE INDEPENDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PART VI, LINE 2 - BUSINESS RELATIONSHIPS BETWEEN OFFICERS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY OFFICERS PATRICK MCCABE, JOHN SKELLY, AND DAVID WURCEL 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE SEPTEMBER 8, 2016, LAWRENCE + MEMORIAL CORPORATION ("LMC") AND ITS RELATED ORGANIZATIONS BECAME AFFILIATED WITH THE YALE NEW HAVEN HEALTH SYSTEM PURSUANT TO THE TERMS OF AN AFFILIATION AGREEMENT BETWEEN LMC AND YALE NEW HAVEN HEALTH SERVICES CORPORATION ("YNHHSC") AS A RESULT OF THE CLOSING OF THE AFFILIATION TRANSACTION, YNHHSC BECAME THE SOLE MEMBER OF LMC. ADDITIONALLY, THE CERTIFICATE OF INCORPORATION OF YNHHSC WAS AMENDED TO EXPAND ITS SUPPORTED ORGANIZATIONS TO INCLUDE THE LMC DELIVERY NETWORK.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE Y NHHS 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 Y NHHS 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 Y NHHS 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 4,214,941 MANAGEMENT AND GENERAL EXPENSES 1,174,320 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,389,261 PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL PROGRAM SERVICE EXPENSES 45,936,991 MANAGEMENT AND GENERAL EXPENSES 12,798,453 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 58,735,444 TEMPORARY HELP/TRAINING/DEVELOPMENT PROGRAM SERVICE EXPENSES 1,269,846 MANAGEMENT AND GENERAL EXPENSES 353,790 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,623,636

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTION RECEIVED IN AFFILIATION WITH LMC 36,201,090

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

▶ 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.

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number

22-2529464

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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) 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	
(1) SHORELINE SURGERY CENTER LLC 111 GOOSE LANE GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,781,631	1,255,757		No			No	51 000 %
(2) SSC II LLC 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	2,931,492	1,397,576		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER LLC 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	801,312	92,592		No			No	35 000 %
(4) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	60 000 %
(5) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED		38,076,739		No			No	2 140 %

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

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

Schedule R (Form 990) 2015

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN F - DIRECT CONTROLLING ENTITY OF TAX EXEMPTS ORGANIZATIONS	PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS NAME OF RELATED ORGANIZATION GREENWICH HOSPITAL DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER YALE NEW HAVEN HEALTH SERVICES CORPORATION NAME OF RELATED ORGANIZATION PERRYRIDGE CORPORATION DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER GREENWICH HOSPTIAL NAME OF RELATED ORGANIZATION THE GREENWICH HOSPITAL ENDOWMENT FUND INC DIRECT CONTROLLING ENTITY GREENWICH HEALTH CARE SERVICES, INC THROUGH 5/12/16, AFTER GREENWICH HOSPTIAL

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	SEE SCHEDULE R PART VII	Yes	
GREENWICH HEALTH CARE SERVICES INC - MERGED WITH GH ON 51216 5 PERRYRIDGE ROAD GREENWICH, CT 06830 22-2593399	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	SEE SCHEDULE R PART VII	Yes	
BRIDGEPORT HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
BRIDGEPORT HOSPITAL AUXILIARY INC 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	Yes	
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
NORTHEAST MEDICAL GROUP INC 99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
NORTHEAST MEDICAL GROUP PLLC 99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP INC	Yes	
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
YALE-NEW HAVEN CARE CONTINUUM CORP 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	
PERRYRIDGE CORPORATION 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11B, II	SEE SCHEDULE R PART VII	Yes	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	Yes	
LAWRENCE MEMORIAL CORPORATION 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
LAWRENCE MEMORIAL HOSPITAL INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
ASSOCIATED SPECIALISTS OF SOUTHEASTERN CT INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 20-8006123	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	LAWRENCE MEMORIAL HOSPITAL INC	Yes	
VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT INC 403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 9	LAWRENCE MEMORIAL CORPORATION	Yes	
L&M PHYSICIAN ASSOCIATION INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 27-1094375	HEALTHCARE SERVICES	CT	501C3	LINE 11A, I	LAWRENCE MEMORIAL CORPORATION	Yes	
LAWRENCE AND MEMORIAL FOUNDATION INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553026	FUNDRAISING SERVICES	CT	501C3	PF	LAWRENCE MEMORIAL CORPORATION	Yes	
LMW HEALTHCARE INC DBA WESTERLY HOSPITAL 365 MONTAUK AVENUE NEW LONDON, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
THE WESTERLY HOSPITAL FOUNDATION 25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 11A, I	LMW HEALTHCARE INC	Yes	
WESTERLY HOSPITAL AUXILIARY INC 25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 11C, III-FI	LMW HEALTHCARE INC	Yes	
L&M HEALTHCARE INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 11A, I		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
(1) YNHHS-MSO INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C		260,120	100 000 %	Yes	
YALE-NEW HAVEN AMBULATORY (1) SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	2,151,858	12,851,998	100 000 %	Yes	
(2) MEDICAL CENTER REALTY INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	REAL ESTATE RENTAL	CT	YORK ENTERPRISES INC	C	433,646	2,803,308	100 000 %	Yes	
GREENWICH FERTILITY & IVF (3) CENTER PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HOSPITAL	C	3,863,828	2,424,217	100 000 %	Yes	
(4) YORK ENTERPRISES INC 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	YALE NEW HAVEN HOSPITAL	C		15,586,397	100 000 %	Yes	
(5) YNH- PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMININISTRATIVE SERVICES	CT	N/A	C		73,592	100 000 %	Yes	
(6) MEDICAL CENTER PHARMACY INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YORK ENTERPRISES INC	C	7,553,348	17,803,580	100 000 %	Yes	
(7) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION	CT	YORK ENTERPRISES INC	C	6,018,705	3,378,759	100 000 %	Yes	
(8) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEWYORK PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C	315,893	299,287	100 000 %	Yes	
GREENWICH OCCUPATIONAL (9) HEALTH SERVICES OF NJ PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE	NJ	GREENWICH HEALTH SERVICES INC	C	207,822	79,164	100 000 %	Yes	
(10) PRIMARYNET OF CONNECTICUT INC - DISSOLVED 93016 789 HOWARD AVE NEW HAVEN, CT 06519 06-1463534	HEALTHCARE	CT	CHC PHYSICIANS INC	C			100 000 %	Yes	
(11) CENTURY MANAGEMENT SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLE MANAGEMENT	CT	YORK ENTERPRISES INC	C			100 000 %	Yes	
(12) L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C	1,153		100 000 %	Yes	
(13) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	LAWRENCE MEMORIAL CORPORATION	C	282,802	120,351	100 000 %	Yes	
(14) LAWRENCE & MEMORIAL INDEMNITY COMPANY LTD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-1021436	INSURANCE	CJ	LAWRENCE MEMORIAL CORPORATION	C		36,274,691	100 000 %	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
(1)	BRIDGEPORT HOSPITAL	L	77,416,962	COMPARABLE MARKET VALUE
(1)	BRIDGEPORT HOSPITAL	M	11,098,363	COMPARABLE MARKET VALUE
(2)	BRIDGEPORT HOSPITAL	P	5,292,353	TRANSACTION REVIEW
(3)	BRIDGEPORT HOSPITAL	Q	79,217,925	TRANSACTION REVIEW
(4)	CENTURY FINANCIAL SERVICES INC	L	96,379	COMPARABLE MARKET VALUE
(5)	GREENWICH HOSPITAL	L	1,368,635	COMPARABLE MARKET VALUE
(6)	GREENWICH HOSPITAL	M	53,468,472	COMPARABLE MARKET VALUE
(7)	GREENWICH HOSPITAL	P	55,595,097	TRANSACTION REVIEW
(8)	GREENWICH HOSPITAL	Q	5,687,868	TRANSACTION REVIEW
(9)	LAWRENCE MEMORIAL HOSPITAL	L	5,853,541	COMPARABLE MARKET VALUE
(10)	LAWRENCE MEMORIAL HOSPITAL	S	36,201,000	CASH
(11)	NORTHEAST MEDICAL GROUP INC	R	42,822,019	CASH
(12)	YALE NEW HAVEN HOSPITAL	L	240,441,569	COMPARABLE MARKET VALUE
(13)	YALE NEW HAVEN HOSPITAL	M	37,915,079	COMPARABLE MARKET VALUE
(14)	YALE NEW HAVEN HOSPITAL	P	28,736,686	TRANSACTION REVIEW
(15)	YALE NEW HAVEN HOSPITAL	R	5,836,451	CASH
(16)	YALE NEW HAVEN HOSPITAL	S	15,696,369	CASH
(17)	YORK ENTERPRISES INC	L	835,364	COMPARABLE MARKET VALUE
(18)	NORTHEAST MEDICAL GROUP INC	L	12,201,705	COMPARABLE MARKET VALUE
(19)	YALE NEW HAVEN HOSPITAL	K	3,278,000	COMPARABLE MARKET VALUE
(20)	YALE NEW HAVEN AMBULATORY SERVICES CORP	L	218,320	COMPARABLE MARKET VALUE
(21)	YALE NEW HAVEN CARE CONTINUUM CORP	L	411,882	COMPARABLE MARKET VALUE
(22)	YALE NEW HAVEN HOSPITAL	Q	230,992,216	TRANSACTION REVIEW
(23)	GREENWICH HEALTH CARE SERVICES INC	S	7,552,821	CASH
(24)	GREENWICH HEALTH CARE SERVICES INC	D	1,852,862	CASH