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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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) 789 HOWARD AVENUE | Room/suite

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

D Employer identification number
22-2529464

E Telephone number
(203) 688-6088

G Gross receipts $ 564,732,855

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW YNHHS ORG

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

L Year of formation 1983

M State of legal domicile CT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,675
6	Total number of volunteers (estimate if necessary)	**6**	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,259,969
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,276,701

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	503,368,906	550,654,643
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	618,521	-360,423
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,059,363	5,994,328
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	515,046,790	556,288,548
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	496,122	434,015
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)	254,461,742	293,292,890
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)	238,664,336	258,416,710
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	493,622,200	552,143,615
19	Revenue less expenses Subtract line 18 from line 12	21,424,590	4,144,933

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,600,675,101	1,519,773,517
21	Total liabilities (Part X, line 26)	1,146,369,896	1,060,994,713
22	Net assets or fund balances Subtract line 21 from line 20	454,305,205	458,778,804

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-08-13

VINCENT TAMMARO EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO 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 $ 430,546,315 including grants of $ 434,015) (Revenue $ 553,389,137)

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** ▶ 430,546,315

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "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 . .	**1a**	492		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			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	**2a**	2,675		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ 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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	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	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								14,679,429	24,782,320	6,233,064

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 ▶ 624

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	CONSULTING	12,274,257
ALLEGIS GROUP HOLDINGS INC PO BOX 198568 30384-8568 ATLANTA, GA 303848568	CONSULTING	2,471,758
CENTURY FINANCIAL SERVICES 860 N MAIN STREET EXT WALLINGFORD, CT 06492	COLLECTIONS	2,334,303
TOWERS WATSON DELAWARE INC 901 NORTH GLEBE ROAD SUITE 600 ARLINGTON, VA 22203	CONSULTING	2,303,917
TOBIN CARBERRY O'MALLEY 43 BROAD STREET NEW LONDON, CT 06320	CONSULTING	2,222,638

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 ▶ 150

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶				

Program Service Revenue	Business Code				
2a MANAGEMENT SERVICES	900099	407,081,212	407,081,212		
b SYSTEM SUPPORT SERVICES	900099	52,024,326	52,024,326		
c INSURANCE PREMIUMS	900099	44,362,124	44,362,124		
d MANAGEMENT SERVICES-EPIC	621990	29,166,316	29,166,316		
e EMERGENCY PREPAREDNESS PROGRAM	900099	18,020,665	18,020,665		
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		550,654,643			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		68,027		135	67,892
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	8,015,857				
b Less cost or other basis and sales expenses	8,444,307				
c Gain or (loss)	-428,450				
d Net gain or (loss) . . . . . ▶		-428,450			-428,450
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a CORPORATE CONTRACTING	621990	3,259,834		3,259,834	
b OTHER ANCILLARY INCOME	900099	2,734,494	2,734,494		
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		5,994,328			
12 **Total revenue.** See Instructions . . . . . ▶		556,288,548	553,389,137	3,259,969	-360,558

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	434,015	434,015		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,761,722	976,172	8,785,550	
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	219,411,952	177,493,107	41,918,845	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,638,828	8,239,684	2,399,144	
9 Other employee benefits	38,334,342	29,689,629	8,644,713	
10 Payroll taxes	15,146,046	11,730,487	3,415,559	
11 Fees for services (non-employees)				
a Management				
b Legal	7,094,069		7,094,069	
c Accounting	2,330,821		2,330,821	
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)	69,256,479	53,638,568	15,617,911	
12 Advertising and promotion				
13 Office expenses	1,765,928	1,367,696	398,232	
14 Information technology				
15 Royalties . .				
16 Occupancy	71,688,187	55,521,905	16,166,282	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,593,927	2,008,975	584,952	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	54,219,687	41,992,697	12,226,990	
23 Insurance . . .	40,535,644	40,535,644		
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	7,259,035	5,622,062	1,636,973	
b DUES, FEES & MEMBERSHIP	1,648,411	1,276,681	371,730	
c BOOKS & SUBSCRIPTIONS	24,522	18,993	5,529	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	552,143,615	430,546,315	121,597,300	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	47,364,273	2	57,260,232
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	945,789,133	4	892,875,321
	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	28,877,477	9	27,330,809
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 392,641,236			
	b	Less accumulated depreciation — 10b: 286,558,673	110,655,373	10c	106,082,563
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	48,866,348	12	8,443,072
	13	Investments—program-related See Part IV, line 11	367,072,392	13	375,731,415
	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)	1,600,675,101	16	1,519,773,517
Liabilities	17	Accounts payable and accrued expenses	103,938,861	17	92,166,113
	18	Grants payable		18	
	19	Deferred revenue	102,374,499	19	74,831,478
	20	Tax-exempt bond liabilities	810,532,314	20	798,002,585
	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	129,524,222	25	95,994,537
	26	**Total liabilities.** Add lines 17 through 25	1,146,369,896	26	1,060,994,713
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	454,305,205	27	458,778,804
	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	454,305,205	33	458,778,804
	34	Total liabilities and net assets/fund balances	1,600,675,101	34	1,519,773,517

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	556,288,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,143,615
3	Revenue less expenses Subtract line 2 from line 1	3	4,144,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	454,305,205
5	Net unrealized gains (losses) on investments	5	328,666
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	458,778,804

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 22-2529464

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

Form 990 (2016)

Form 990, Part III, Line 4a:

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 CEO/TRUSTEE	16 00 24 00	X		X				1,086,325	1,629,487	942,078
VINCENT CALARCO CHAIRMAN/TRUSTEE	1 00 1 00	X		X				0	0	0
JOSEPH CRESPO SECRETARY/TRUSTEE	1 00 1 00	X		X				0	0	0
JOHN FALCONI - EFF 10116 TRUSTEE	1 00 1 00	X						0	0	0
MARY FARRELL TRUSTEE	1 00 1 00	X						0	0	0
CARLTON HIGHSMITH TRUSTEE	1 00 0 00	X						0	0	0
R ALAN HUNTER TRUSTEE	1 00 6 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

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			
NEWMAN MARSILIUS III TRUSTEE	1 00 2 00	X						0	0	0
JULIA MCNAMARA VICE CHAIR/TRUSTEE	1 00 1 00	X		X				0	0	0
BARBARA MILLER TRUSTEE	1 00 1 00	X						0	0	0
STEPHEN MURPHY - EFF 10116 TRUSTEE	1 00 1 00	X						0	0	0
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 TORGERSON TRUSTEE	1 00 1 00	X						0	0	0
JOHN TOWNSEND III TRUSTEE	1 00 3 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			
STEPHEN ALLEGRETTO VP	1 00 39 00			X				16,865	545,305	197,150
WILLIAM ASELTYNE SR VP	8 00 32 00			X				192,936	822,516	314,827
THOMAS BALCEZAK - EFF 10116 SR VP	1 00 39 00			X				0	909,366	299,263
GAYLE CAPOZZALO EXECUTIVE VP	37 00 3 00			X				1,276,780	0	115,932
EUGENE COLUCCI VP (CURRENT YEAR COMP)	4 00 36 00			X				62,417	561,751	102,391
EUGENE COLUCCI VP (VESTED DEFERRED COMP)	4 00 36 00			X				243,528	2,191,748	0
BRUCE CUMMINGS - END 52717 EXECUTIVE VP	1 00 39 00			X				0	1,752,901	48,773
RICHARD D'AQUILA PRESIDENT (CURRENT YEAR COMP)	8 00 32 00			X				413,482	1,653,929	209,613
RICHARD D'AQUILA PRESIDENT (VESTED DEFERRED COMP)	8 00 32 00			X				1,001,003	4,004,014	0
MICHAEL DIMENSTEIN VP	2 00 38 00			X				28,605	600,077	85,981

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			
PATRICK GREEN - EFF 6517 EXECUTIVE VP	1 00 39 00			X				0	0	0
WILLIAM JENNINGS EXECUTIVE VP	8 00 32 00			X				231,187	924,749	356,718
NANCY LEVITT-ROSENTHAL VP (CURRENT YEAR COMP)-END 12/31/16	8 00 32 00			X				92,790	371,160	78,007
NANCY LEVITT-ROSENTHAL VP(VESTED DEFERRED COMP)END 12/31/16	8 00 32 00			X				372,997	1,491,988	0
PATRICK MCCABE SR VP	28 00 12 00			X				503,192	215,653	256,481
JAMES MORRIS VP	2 00 38 00			X				15,137	393,950	152,062
KEVIN MYATT SR VP	16 00 24 00			X				335,724	503,587	278,672
CHRISTOPHER O'CONNOR EXECUTIVE VP/COO	34 00 6 00			X				1,244,457	0	435,873
VINCENT PETRINI SR VP	1 00 39 00			X				0	649,977	216,662
NORMAN ROTH EXECUTIVE VP	8 00 32 00			X				301,620	1,206,479	159,782

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			
CAROLYN SALSGIVER VP	1 00 39 00			X				0	439,458	159,683
PAMELA SCAGLIARINI SR VP	1 00 39 00			X				0	632,697	238,652
JOHN SKELLY VP	4 00 36 00			X				62,220	559,981	215,984
LISA STUMP - EFF 10116 SR VP	8 00 32 00			X				115,219	460,878	101,994
VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	16 00 24 00			X				401,160	601,741	305,189
MELISSA TURNER VP	1 00 39 00			X				0	428,518	152,294
PRATHIBHA VARKEY SR VP	8 00 32 00			X				103,311	413,244	129,108
DAVID WURCEL VP	1 00 39 00			X				0	599,521	110,060
JOSEPH BISSON VP	40 00 0 00					X		514,023	0	88,521
STEPHEN CARBERY VP	40 00 0 00					X		422,097	0	87,453

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			
MATTHEW COMERFORD VP	40 00 0 00					X		556,602	0	100,970
ALAN KLIGER SR VP	40 00 0 00					X		850,386	0	104,319
MICHAEL LOFTUS VP	40 00 0 00					X		535,440	0	94,991
DANIEL BARCHI FORMER OFFICER	0 00 0 00						X	289,941	0	0
FRANK CORVINO FORMER OFFICER	0 00 0 00						X	1,016,250	139,574	0
WILLIAM GEDGE FORMER OFFICER	0 00 0 00						X	1,024,329	0	90,761
PETER HERBERT FORMER OFFICER	0 00 0 00						X	247,850	78,071	0
ROBERT NORDGREN FORMER OFFICER	0 00 0 00						X	216,732	0	0
JAMES STATEN FORMER OFFICER	0 00 0 00						X	904,824	0	2,820

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 5					64,354,491	0

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a	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?	5b	Yes	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		No
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		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))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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? *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*	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)? *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)*	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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 IT 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 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 PROVI DERS (REFERRED TO AS DELIVERY NETWORKS) THE ORGANIZATION CREATES VALUE FOR THE DELIVERY N ETWORKS AND SUPPORTS THEIR OPERATIONS BY CENTRALIZING CERTAIN ADMINISTRATIVE SERVICES WITH IN THE ORGANIZATION AND SPREADING THE COSTS OF THESE SERVICES ACROSS ALL OF THE DELIVERY N ETWORKS 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 P ART, POPULATION HEALTH TECHNOLOGY, BILLING, INFORMATION TECHNOLOGY INFRASTRUCTURE, COMPLIA NCE AND LEGAL AND RISK MANAGEMENT SUPPORTING THESE "BACK OFFICE" SERVICES AND OTHER VALUE -CREATING 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 P ATIENT 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 RESPONSIB ILITIES 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 TH EM IN THE CONTEXT OF THE OVERALL SYSTEM BUDGET, OVERSEEING PUBLIC RELATIONS, COMMUNITY ENG AGEMENT, AND LOCAL GOVERNMENT RELATIONS AND APPROVING THE LOCAL COMMUNITY HEALTH NEEDS ASS ESSMENT 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 12g - 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		
(A) YALE NEW HAVEN HOSPITALINC	060646652	3	Yes		0	0
(A) YALE NEW HAVEN HOSPITALINC	060646652	3	Yes		0	0
(A) BRIDGEPORT HOSPITAL	060646554	3	Yes		0	0
(A) BRIDGEPORT HOSPITAL	060646554	3	Yes		0	0
(B) GREENWICH HOSPITAL	060646659	3	Yes		0	0
(B) GREENWICH HOSPITAL	060646659	3	Yes		0	0
(C) NORTHEAST MEDICAL GROUP INC	061330992	10	Yes		64,354,491	0
(C) NORTHEAST MEDICAL GROUP INC	061330992	10	Yes		64,354,491	0
(D) LAWRENCE MEMORIAL HOSPITAL INC	060646704	3	Yes		0	0
(D) LAWRENCE MEMORIAL HOSPITAL INC	060646704	3	Yes		0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

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

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

The percentages 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		7,980,000		7,980,000
b Buildings				
c Leasehold improvements		5,129,769	1,172,301	3,957,468
d Equipment		365,552,364	285,386,372	80,165,992
e Other		13,979,103		13,979,103
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				106,082,563

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	375,731,415	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PROFESSIONAL LIABILITY INSURANCE	11,775,175
ACCRUED SUPPLEMENTAL RETIREMENT	25,229,951
RETRO INSURANCE CREDIT	17,269,316
INTEREST RATE SWAP	41,720,095
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	95,994,537

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

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

Complete if the organization answered 'Yes' 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

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)INVEST IN L+M CORP	277,307,150	C
(2)INVEST IN NEPC/VHA	212,272	C
(3)INVEST IN TOTAL HEALTH	765,186	C
(4)INVEST IN PATIENT WISDOM	324,000	C
(5)INVEST IN MCIC VERMONT	1,000,000	C
(6)INVEST IN N SHORE LIJ	542,111	C
(7)MCIC EQUITY	81,519,114	C
(8)MCIC INVESTMENT	10,811,582	C
(9)INVEST IN PHYSICIAN ONE URGENT CARE	3,000,000	C
(10)INVEST IN SILVER HILL URGENT CARE	250,000	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	YALE NEW HAVEN HEALTH SERVICES CORPORATION IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS FOLLOWING IS THE FOOTNOTE FRO M THE CONSOLIDATED FINANCIAL STATEMENTS MOST ENTITIES WITHIN THE SYSTEM ARE NOT FOR PROFI T CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FRO M 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 C OURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MO RE LIKELY THAN NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECH NICAL MERITS OF THE POSITION THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF TH EY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED THIS EVALUATION HAD NO IMPACT ON THE OPERA TIONS OF THE SYSTEM AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2017 AND 2016

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 22

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 495 BLAKE STREET NEW HAVEN, CT 06515	65-1203744	501(C)(3)	10,800				SUPPORT MISSION
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	9,000				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
BEULAH HEIGHTS CHURCH 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	8,000				SPONSORSHIP
BRISTOL HOSPITAL DEVELOPMENT FOUNDATION BREWSTER ROAD BRISTOL, CT 06011	22-2577740	501(C)(3)	12,600				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
CHAPEL WEST SPECIAL SERVICES 1205 CHAPEL STREET NEW HAVEN, CT 06511	06-1205893	GOVERNMENT	9,000				SUPPORT MISSION
EASTERN CONNECTICUT SYMPHONY 289 STATE STREET NEW LONDON, CT 06320	06-6068892	501(C)(3)	9,300				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
FIRST CALVARY BAPTISIT CHURCH 605 DIXWELL AVENUE NEW HAVEN, CT 06511	06-1173497	501(C)(3)	20,000				SUPPORT MISSION
GATEWAY COMMUNITY COLLEGE FOUNDATION 20 CHURCH STREET NEW HAVEN, CT 06510	22-3135128	501(C)(3)	5,450				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 CLERGY ASSOC 280 STARR STREET NEW HAVEN, CT 06511	06-1450663	501(C)(3)	5,340				SUPPORT MISSION
GREATER NEW HAVEN NAACP 545 WHALLEY AVENUE NEW HAVEN, CT 06511	06-6099313	501(C)(3)	25,000				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
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	06-0646059	501(C)(3)	19,700				SPONSORSHIP
JUVENILE DIABETES RESEARCH (JDRF INTERNATIONAL) 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
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS & IDEAS 195 CHRCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-1444222	501(C)(3)	26,350				SPONSORSHIP
LAWRENCE MEMORIAL HOSPITAL 365 MONTAUK AVENUE NEW LONDON, CT 06320	06-0646704	501(C)(3)	7,500				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
NEW HAVEN SYMPHONY ORCHESTRA 4 HAMILTON STREET NEW HAVEN, CT 06511	06-6000592	501(C)(3)	7,000				SPONSORSHIP
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0263565	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
SICKLE CELL DISEASE ASSOCIATION 545 WHALLEY AVENUE NEW HAVEN, CT 06511	22-2699876	501(C)(3)	15,000				SUPPORT MISSION
SPECIAL OLYMPICS CONNECTICUT 2666 STATE STREET 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	10,000				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
THE TENNIS FOUNDATION 900 CHAPEL ST STE 622 NEW HAVEN, CT 06510	06-1287098	501(C)(3)	140,600				SPONSORSHIP
VISITING NURSE ASSOCIATION OF SOUTH CENTRAL CONNECTICUT 1 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	11,500				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
VIZIENT FOUNDATION 290 E JOHN CARPENTER FWY IRVING, TX 75062	22-2710552	501(C)(3)	50,000				SUPPORT MISSION
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	06-0646652	501(C)(3)	11,875				SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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 appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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**	Yes	
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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, LINES 4A-B	LINE 4A, SEVERANCE THE INDIVIDUAL LISTED BELOW RECEIVED SEVERANCE PAYMENTS VALUED AT THE AMOUNT SUBSEQUENTLY SHOWN DURING THE REPORTING YEAR THE SEVERANCE PAYMENTS ARE INCLUDED IN THE FIGURE REPORTED IN PART II, COLUMN B(III) SEVERANCE NONQUALIFIED EQUITY-BASED WILLIAM GEDGE $68,077 - - LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS 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 REPRESENT 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 - $494,269 - CHRISTOPHER O'CONNOR - 219,224 - WILLIAM A JENNINGS - 200,988 - WILLIAM J ASELTYNE - 158,178 - THOMAS BALCEZAK - 148,932 - KEVIN A MYATT - 144,789 - PATRICK MCCABE - 132,298 - VINCENT TAMMARO - 116,990 - VINCENT PETRINI - 106,846 - JOHN SKELLY - 104,152 - STEPHEN ALLEGRETTO - 102,928 - PAMELA SCAGLIARINI - 98,478 - MELISSA TURNER - 75,619 - CAROLYN SALSGIVER - 73,476 - JAMES B MORRIS - 69,190 - PRATHIBHA VARKEY - 41,453 - LISA STUMP - 21,431 - THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2016 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2016 CALENDAR YEAR FORM W-2 SEVERANCE NONQUALIFIED EQUITY-BASED RICHARD D'AQUILA - $5,005,017 - EUGENE COLUCCI - 2,435,276 - NANCY LEVITT-ROSENTHAL - 1,864,985 - NORMAN ROTH - 454,012 - GAYLE CAPOZZALO - 245,603 - WILLIAM GEDGE - 180,480 - MICHAEL DIMENSTEIN - 141,097 - THE FORMER OFFICERS BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM THE NONQUALIFIED PLAN THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST FRANK CORVINO $139,574 PETER HERBERT 78,071 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) SEPARATELY, LAWRENCE & MEMORIAL HOSPITAL (A RELATED ORGANIZATION) ESTABLISHED A SECTION 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE HOSPITAL'S SENIOR MANAGEMENT AMOUNT FOR BRUCE CUMMINGS IS CREDITED TO THE RETIREMENT ACCOUNTIN MONTHLY INSTALLMENTS THROUGHOUT EACH PLAN YEAR PLAN AMOUNTS WILL BE PAID ONLY IF CERTAIN CONDITIONS ARE MET, INCLUDING REMAINING EMPLOYED BY THE HOSPITAL THROUGH AGE 65, AS OUTLINED IN THE PLAN AGREEMENT SECTION 457(F) CONTRIBUTIONS ARE PAID OUT AND REPORTED ON HIS W-2 DURING 2016, THE REQUIRED SECTION 457(F) CONDITIONS WERE MET AND THE FOLLOWING INDIVIDUAL RECEIVED THEIR PAYOUT AS FOLLOWS BRUCE CUMMINGS $913,658
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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 MARNA BORGSTROM CEO/TRUSTEE	(I)	738,807	319,260	28,258	371,436	5,395	1,463,156	0
	(II)	1,108,211	478,890	42,386	557,154	- 8,093	- 2,194,734	0
1 STEPHEN ALLEGRETTOVP	(I)	12,690	3,045	1,130	5,491	424	22,780	956
	(II)	410,314	98,453	36,538	177,532	- 13,703	- 736,540	30,911
2 WILLIAM ASELTYNESR VP	(I)	128,331	38,130	26,475	56,129	3,688	252,753	0
	(II)	547,095	162,554	112,867	239,288	- 15,722	- 1,077,526	0
THOMAS BALCEZAK - EFF 3 10116 SR VP	(I)	0	0	0	0	0	0	0
	(II)	639,992	154,755	114,619	278,082	- 21,181	- 1,208,629	23,172
4 GAYLE CAPOZZALO EXECUTIVE VP	(I)	709,171	252,160	315,449	101,053	14,879	1,392,712	0
	(II)	0	0	0	0	- 0	- 0	0
5 EUGENE COLUCCI VP (CURRENT YEAR COMP)	(I)	44,258	10,921	7,238	8,875	1,364	72,656	0
	(II)	398,324	98,285	65,142	79,878	- 12,274	- 653,903	0
6 EUGENE COLUCCI VP (VESTED DEFERRED COMP)	(I)	0	0	243,528	0	0	243,528	104,184
	(II)	0	0	2,191,748	0	- 0	- 2,191,748	937,652
BRUCE CUMMINGS - END 7 52717 EXECUTIVE VP	(I)	0	0	0	0	0	0	0
	(II)	631,803	183,387	937,711	30,351	- 18,422	- 1,801,674	826,713
8 RICHARD D'AQUILA PRESIDENT (CURRENT YEAR COMP)	(I)	286,600	76,032	50,850	38,240	3,683	455,405	2,718
	(II)	1,146,400	304,128	203,401	152,960	- 14,730	- 1,821,619	10,873
9 RICHARD D'AQUILA PRESIDENT (VESTED DEFERRED COMP)	(I)	0	0	1,001,003	0	0	1,001,003	423,108
	(II)	0	0	4,004,014	0	- 0	- 4,004,014	1,692,433
10 MICHAEL DIMENSTEINVP	(I)	15,687	3,645	9,273	3,253	659	32,517	0
	(II)	329,085	76,467	194,525	68,240	- 13,829	- 682,146	0
11 WILLIAM JENNINGS EXECUTIVE VP	(I)	153,250	51,585	26,352	66,904	4,440	302,531	0
	(II)	612,999	206,340	105,410	267,615	- 17,759	- 1,210,123	0
12 NANCY LEVITT-ROSENTHAL VP (CURRENT YEAR COMP)- END 12/31/16	(I)	66,283	16,554	9,953	15,121	480	108,391	0
	(II)	265,131	66,217	39,812	60,485	- 1,921	- 433,566	0
13 NANCY LEVITT-ROSENTHAL VP(VESTED DEFERRED COMP)END 12/31/16	(I)	0	0	372,997	0	0	372,997	151,841
	(II)	0	0	1,491,988	0	- 0	- 1,491,988	607,362
14 PATRICK MCCABESR VP	(I)	374,008	108,197	20,987	169,990	9,547	682,729	2,912
	(II)	160,289	46,370	8,994	72,853	- 4,091	- 292,597	1,248
15 JAMES MORRISVP	(I)	10,495	2,305	2,337	4,940	686	20,763	0
	(II)	273,141	59,995	60,814	128,585	- 17,851	- 540,386	0
16 KEVIN MYATTSR VP	(I)	234,485	66,518	34,721	105,248	6,221	447,193	2,743
	(II)	351,727	99,778	52,082	157,872	- 9,331	- 670,790	4,115
17 CHRISTOPHER O'CONNOR EXECUTIVE VP/COO	(I)	873,909	274,428	96,120	416,036	19,837	1,680,330	0
	(II)	0	0	0	0	- 0	- 0	0
18 VINCENT PETRINISR VP	(I)	0	0	0	0	0	0	0
	(II)	425,566	142,208	82,203	198,046	- 18,616	- 866,639	1,676
19 NORMAN ROTH EXECUTIVE VP	(I)	140,169	51,825	109,626	29,230	2,726	333,576	1,509
	(II)	560,677	207,300	438,502	116,920	- 10,906	- 1,334,305	6,037

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21CAROLYN SALSGIVERVP	(i)	0	0	0	0	0	0	0
	(ii)	307,697	77,703	54,058	140,626	-19,057	599,141	1,822
1PAMELA SCAGLIARINISR VP	(i)	0	0	0	0	0	0	0
	(ii)	432,971	125,412	74,314	219,448	-19,204	871,349	0
2JOHN SKELLYVP	(i)	42,853	9,913	9,454	19,705	1,894	83,819	1,762
	(ii)	385,681	89,215	85,085	177,342	-17,043	754,366	15,859
3LISA STUMP - EFF 10116 SR VP	(i)	91,340	14,663	9,216	16,493	3,906	135,618	9,636
	(ii)	365,362	58,652	36,864	65,973	-15,622	542,473	0
4VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	(i)	283,651	65,631	51,878	113,995	8,080	523,235	0
	(ii)	425,477	98,447	77,817	170,993	-12,121	784,855	0
5MELISSA TURNERVP	(i)	0	0	0	0	0	0	0
	(ii)	311,908	75,000	41,610	133,517	-18,777	580,812	0
6PRATHIBHA VARKEYSR VP	(i)	85,143	16,277	1,891	23,992	1,829	129,132	0
	(ii)	340,574	65,107	7,563	95,969	-7,318	516,531	0
7DAVID WURCELVP	(i)	0	0	0	0	0	0	0
	(ii)	442,973	103,095	53,453	96,428	-13,632	709,581	0
8JOSEPH BISSONVP	(i)	370,374	89,233	54,416	66,900	21,621	602,544	7,234
	(ii)	0	0	0	0	-0	0	0
9STEPHEN CARBERYVP	(i)	305,164	73,950	42,983	72,683	14,770	509,550	0
	(ii)	0	0	0	0	-0	0	0
10MATTHEW COMERFORDVP	(i)	403,932	112,600	40,070	82,933	18,037	657,572	0
	(ii)	0	0	0	0	-0	0	0
11ALAN KLIGERSR VP	(i)	576,836	159,274	114,276	95,171	9,148	954,705	0
	(ii)	0	0	0	0	-0	0	0
12MICHAEL LOFTUSVP	(i)	408,545	86,474	40,421	76,058	18,933	630,431	781
	(ii)	0	0	0	0	-0	0	0
13DANIEL BARCHI FORMER OFFICER	(i)	0	183,375	106,566	0	0	289,941	81,034
	(ii)	0	0	0	0	-0	0	0
14FRANK CORVINO FORMER OFFICER	(i)	0	0	1,016,250	0	0	1,016,250	385,500
	(ii)	0	0	139,574	0	-0	139,574	0
15WILLIAM GEDGE FORMER OFFICER	(i)	442,895	172,155	409,279	77,810	12,951	1,115,090	99,765
	(ii)	0	0	0	0	-0	0	0
16PETER HERBERT FORMER OFFICER	(i)	0	0	247,850	0	0	247,850	104,100
	(ii)	0	0	78,071	0	-0	78,071	0
17ROBERT NORDGREN FORMER OFFICER	(i)	0	0	216,732	0	0	216,732	216,493
	(ii)	0	0	0	0	-0	0	0
18JAMES STATEN FORMER OFFICER	(i)	19,970	309,915	574,939	2,820	0	907,644	334,935
	(ii)	0	0	0	0	-0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

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			13,445,000	
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 030 %		0 %		0 230 %		0 030 %
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 %		0 230 %		0 030 %
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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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▶ Attach to Form 990.
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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

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	2,692,000			
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			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		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).

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

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 SERVICES CORPORATION, THE PARENT OF THE INTEGRATED HEALTHCARE DELIVE RY SYSTEM KNOWN AS YALE NEW HAVEN HEALTH SYSTEM (YNHHS OR THE SYSTEM), CONSISTS OF FIVE DE LIVERY NETWORKS, BRIDGEPORT, GREENWICH, NEW LONDON/WESTERLY, NEW HAVEN AND NORTHEAST MEDIC AL GROUP THE SYSTEM CONTINUED TO EXPAND ACCESS TO HEALTHCARE SERVICES ACROSS A BROAD GEOG RAPHIC REGION WHILE IMPROVING THE VALUE OF CARE THROUGH SAFETY, QUALITY AND OPERATIONAL IN ITIATIVES THE INTEGRATION OF L+M HEALTHCARE AND L+M MEDICAL GROUP INTO THE SYSTEM BROUGHT INVESTMENTS IN CLINICAL SERVICES, INFRASTRUCTURE IMPROVEMENTS AND OPERATIONAL IMPROVEMENT S TO THE RESIDENTS OF SOUTHEASTERN CONNECTICUT AND SOUTHWESTERN RHODE ISLAND RESULTING IN GREATER ACCESS TO HEALTHCARE SERVICES AND PROVIDERS THROUGH A COMMUNITY PARTNERSHIP WITH DAY KIMBALL HOSPITAL, PATIENTS IN THE PUTNAM-BASED HOSPITAL'S REGION RECEIVED INCREASED AC CESS TO SPECIALTY CARE, SUCH AS CARDIOLOGY, AND INTRODUCED YNHHS' TELE-ICU SERVICE AT THE 165-BED COMMUNITY HOSPITAL SO THAT ACUTELY ILL PATIENTS CAN BE REMOTELY MONITORED BY YNHHS INTENSIVISTS THE PARTNERSHIP HELPED THE ORGANIZATION SAVE $300,000 IN PURCHASING COSTS YNHHS BEGAN A PARTNERSHIP WITH PHYSICIANONE URGENT CARE, A PROVIDER OF URGENT CARE SERVICE S IN THE REGION, TO OFFER BROADER ACCESS THROUGHOUT THE STATE THE CENTERS ALSO HELP MITIG ATE SOME OF THE WAIT TIMES AT THE HEALTH SYSTEM'S WALK-IN CENTERS AND EMERGENCY DEPARTMENT S TO BETTER ENSURE THAT PATIENTS RECEIVE THE RIGHT CARE, AT THE RIGHT TIME, AT THE RIGHT L EVEL OF CARE THE Y ACCESS TRANSFER SERVICE COORDINATED 7,387 PATIENT TRANSFERS FROM OTHER HEALTHCARE FACILITIES - AN 8 PERCENT INCREASE SKYHEALTH, THE SYSTEM'S CRITICAL CARE AIR TRANSPORT SERVICE, EXPERIENCED A 14 PERCENT INCREASE WITH 190 RECORDED FLIGHTS ADDITIONAL LY, YNHHS LAUNCHED A LIVER CANCER PROGRAM THROUGH SMILOW CANCER HOSPITAL AND YALE CANCER C ENTER, DEVELOPED A PRECISION MEDICINE INITIATIVE BETWEEN YALE NEW HAVEN HEALTH AND THE YAL E CENTER FOR GENOME ANALYSIS, INTRODUCED A VIRTUAL EXERCISE REHABILITATION PROGRAM TO HELP PATIENTS RECOVER AT HOME FROM JOINT REPLACEMENT OR SPINE SURGERY, EXPANDED PEDIATRIC EMER GENCY MEDICINE TO GREENWICH HOSPITAL, ESTABLISHED A NEW CENTER FOR LIVING ORGAN DONORS AT YALE NEW HAVEN TRANSPLANTATION CENTER, AND EXPANDED OUTPATIENT SPECIALTY PHARMACY SERVICES FOR ONCOLOGY, HEPATITIS C, HIV, CYSTIC FIBROSIS, MULTIPLE SCLEROSIS, RHEUMATOLOGY AND TRA NSPLANT PATIENTS IN GREATER NEW HAVEN, NEW LONDON, WESTERLY, RI, AND NEW YORK AS A HIGH R ELIABILITY ORGANIZATION, THE HEALTH SYSTEM CONTINUED TO ADDRESS THE QUALITY AND SAFETY OF HEALTH CARE THE SERIOUS SAFETY EVENT RATE WAS REDUCED AT EACH SYSTEM HOSPITAL BRIDGEPORT HOSPITAL BY 72 PERCENT, GREENWICH HOSPITAL BY 82 PERCENT, AND YALE NEW HAVEN HOSPITAL BY 64 PERCENT ALTHOUGH LAWRENCE + MEMORIAL HOSPITAL AND WESTERLY HOSPITALS USED DIFFERENT ME ASUREMENT TOOLS, THE INSTITUTIONS REPORTED THREE AND ONE SERIOUS SAFETY EVENTS, RESPECTIVE LY, WHICH WERE ALL-TIME LOWS F

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OR BOTH A SAFETY CULTURE SURVEY WAS CONDUCTED AT ALL DELIVERY NETWORKS THE RESULTS VALID ATED HIGH RELIABILITY PROGRESS IN NON-PUNITIVE RESPONSE TO ERROR, COMMUNICATION OPENNESS, FEEDBACK AND COMMUNICATION ABOUT ERROR AND FREQUENCY OF EVENTS REPORTS IMPROVEMENT WAS NO TED IN ALL 12 DOMAINS REPORTED OVERALL PARTICIPATION IN THE SURVEY WAS 55 PERCENT MORE T HAN 150 EFFICIENCY PROJECTS CREATED THROUGH THE CLINICAL REDESIGN PROCESS RESULTED IN IMPR OVED QUALITY OUTCOMES AS WELL AS COST SAVINGS OF $9 MILLION PROJECTS INCLUDED STANDARDIZI NG RESPIRATORY CARE FOR PEDIATRIC INTENSIVE CARE PATIENTS, CREATING VIRTUAL HOSPICE BEDS T O REDUCE THE NUMBER OF COMFORT MEASURE-ONLY DEATHS BY HALF, DECREASING DUPLICATE LABS, USE OF CT SCAN AND HOSPITAL LENGTH OF STAY TO PROVIDE BETTER, SAFER, MORE EFFICIENT CARE FOR PATIENTS TO BETTER MANAGE THE COST OF CARING FOR CERTAIN POPULATIONS WHILE ALSO IMPROVING THEIR OUTCOMES THROUGH ENHANCED SERVICE AND QUALITY, YNHHS INTRODUCED A TOTAL COST OF CAR E INITIATIVE WHICH FOCUSED ON CARE MANAGEMENT AND READMISSIONS, BUNDLES AND SPECIALTY CARE AND MEDICAID THE SYSTEM ALSO ENABLED NON-LABOR COMMITTEES AND TASK FORCES TO COLLABORATE TO REDUCE VARIATION AND COST PER UNIT OF SERVICE WHILE ASSURING THAT DECISION-MAKING REMA IN VALUE BASED AND SUSTAINABLE BY FOCUSING ON PATIENT EXPERIENCE, SAFETY, CLINICAL QUALITY , OPERATIONAL EFFICIENCY AND COST YNHHS REALIZED $38 MILLION IN NON-LABOR SAVINGS AN ADD ITIONAL $8 7 MILLION WAS ACHIEVED IN OPERATIONAL AND CAPITAL COST AVOIDANCE TO HELP HEALT HCARE PROVIDERS SPEND MORE TIME IN DIRECT PATIENT CARE, YNHHS INTRODUCED MOBILE HEARTBEAT, A MOBILE COMMUNICATION TOOL THAT ALLOWS THEM TO TEXT AND SEND PHOTOS RELATED TO PATIENT C ARE, M-MODAL DIRECT, WHICH CAPTURES DICTATED WORDS FASTER, AND A PILOT FOR VIRTUAL SCRIBES TO FREE PHYSICIANS FROM TRADITIONAL DATA ENTRY DUTIES TO ENHANCE THE PATIENT EXPERIENCE, YNHHS STARTED USING OPENNOTES, WHICH PROVIDES PATIENTS WITH ACCESS TO THEIR CARE PROVIDER S NOTES IN THEIR ELECTRONIC HEALTH RECORD THROUGH ENHANCEMENTS TO THE ELECTRONIC PATIENT PORTAL, MYCHART, PATIENTS COULD SCHEDULE APPOINTMENTS DIRECTLY, PAY THEIR BILLS AND CHECK IN FOR APPOINTMENTS ENSURING THAT PERTINENT PATIENT INFORMATION IS AVAILABLE TO PATIENTS AND THEIR HEALTHCARE PROVIDERS, YNHHS CONTINUES TO PARTICIPATE IN THE LARGEST NATIONAL HEA LTH DATA EXCHANGE IN THE COUNTRY YNHHS EXCHANGED 1 2 MILLION PATIENT RECORDS ACROSS MORE THAN 1,200 U S HOSPITALS AND 32,000 CLINICS CONTINUING GAINS MADE IN BRIDGING TRANSITION S OF CARE, CLINICAL INTEGRATION WORKGROUPS SHARED CLINICAL PRACTICE GUIDELINES IN DIABETES , HEART DISEASE AND PULMONARY DISEASE FOR IMPLANTATION AMONG COMMUNITY MEDICAL PRACTICE GR OUPS YNHHS DEPLOYED EMMIENGAGE, AN INTERACTIVE, MULTI-MEDIA PATIENT EDUCATION PROGRAM THA T SENDS TARGETED PATIENTS HEALTH REMINDERS RELATED TO FLU VACCINES, ANNUAL WELLNESS VISITS AND EYE EXAMS SEVENTY-FIVE PERCENT OF PATIENTS REPORTED THAT THE EMMI PROGRAMS MADE THEM MORE AWARE OF HOW THEIR LIFES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TYLE IMPACTS THEIR HEALTH THE YNHHS OFFICE OF DIVERSITY AND INCLUSION LAUNCHED A CULTURAL COMPETENCY CLASS TO HELP EMPLOYEES RESPOND TO RACIAL, ETHNIC AND SOCIO-CULTURAL DIVERSITY OF PATIENTS, COLLEAGUES AND STAFF YNHHS WAS AGAIN RECOGNIZED AS A "LEADER IN LGBTQ HEALT HCARE EQUALITY" BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION, EARNING TOP RATINGS IN ITS COMMIT MENT TO EQUITABLE, INCLUSIVE CARE FOR LGBTQ PATIENTS AND THEIR FAMILIES

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 EIGHTEEN (18) 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 OFFICERS GAYLE L CAPOZZALO AND DAVID WURCEL ARE DIRECTORS AND/OR OFFICERS OF THE SAME BUSINESS ENTITY OFFICERS EUGENE J COLUCCI, PATRICK MCCABE, JOHN SKELLY AND DAVID WURCEL ARE DIRECTORS AND/OR OFFICERS OF THE SAME BUSINESS ENTITY TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM 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 SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 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 YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD

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 3,734,534 MANAGEMENT AND GENERAL EXPENSES 1,087,382 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,821,916 PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL PROGRAM SERVICE EXPENSES 47,890,313 MANAGEMENT AND GENERAL EXPENSES 13,944,195 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 61,834,508 TEMPORARY HELP/TRAINING/DEVELOPMENT PROGRAM SERVICE EXPENSES 2,013,721 MANAGEMENT AND GENERAL EXPENSES 586,334 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,600,055

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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.

See Additional Data Table

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

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SHORELINE SURGERY CENTER LLC 111 GOOSE LANE GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,972,347	1,273,939		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	2,862,629	1,494,616		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SURGERY CENTER LLC	RELATED		2,533		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 TRUST 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED		3,761,890		No			No	21 390 %
(6) YNHHSCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	51 000 %

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

See Additional Data Table

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN F - DIRECT CONTROLLING ENTITY OF TAX EXEMPTS ORGANIZATIONS	PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS NAME OF RELATED ORGANIZATION MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC DIRECT CONTROLLING ENTITY YORK ENTERPRISES, INC THROUGH 10/1/2016 AFTER YALE NEW HAVEN HOSPITAL

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
(1) 365 MONTAUK AVENUE NEW LONDON, CT 06320 20-8006123	HEALTHCARE SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL HOSPITAL INC	Yes	
(1) 267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(2) 267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	BRIDGEPORT HOSPITAL	Yes	
(3) 267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
(4) 120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	YALE NEW HAVEN HOSPITAL	Yes	
(5) 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
(6) 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(7) 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553026	FUNDRAISING SERVICES	CT	501C3	PF	LAWRENCE MEMORIAL CORPORATION	Yes	
(8) 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
(9) 365 MONTAUK AVENUE NEW HAVEN, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
(10) 99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(11) 99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	NY	501C3	LINE 12A, I	NORTHEAST MEDICAL GROUP INC	Yes	
(12) 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12B, II	GREENWICH HOSPTIAL	Yes	
(13) 267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
(14) 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12B, II	GREENWICH HOSPTIAL	Yes	
(15) 25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
(16) 403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	LAWRENCE MEMORIAL CORPORATION	Yes	
(17) 25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 12C, III-FI	LMW HEALTHCARE INC	Yes	
(18) 20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
(19) 789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	

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						Yes	No
(21) 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL CORPORATION	Yes	
(1) 365 MONTAUK AVENUE NEW LONDON, CT 06320 27-1094375	HEALTHCARE SERVICES	CT	501C3	LINE 11	LAWRENCE MEMORIAL CORPORATION	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) CORPORATE PROFESSIONAL BUSINESS SERVICESINC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORP	C	561,659	552,285	100 000 %	Yes	
(1) YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	1,930,387	13,519,498	100 000 %	Yes	
(2) MEDICAL CENTER REALTY INC - DISSOLVED 10116 50 YORK STREET NEW HAVEN, CT 06511 06-1110858	RENTAL SERVICES	CT	YORK ENTERPRISES INC - DISSOLVED 1012016	C			100 000 %	Yes	
(3) GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	6,761,144	4,040,705	100 000 %	Yes	
(4) YORK ENTERPRISES INC - DISSOLVED 1012016 50 YORK STREET NEW HAVEN, CT 06511 06-1110937	TITLE HOLDING	CT	YALE NEW HAVEN HOSPITAL	C			100 000 %	Yes	
(5) YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C		73,592	100 000 %	Yes	
(6) MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	SEE PART VII	C	11,288,977	14,407,682	100 000 %	Yes	
(7) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	GREENWICH HEALTH SERVICES INC	C	364,097	425,434	100 000 %	Yes	
(8) GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	GREENWICH HOSPITAL	C	178,172	104,931	100 000 %	Yes	
(9) CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	6,483,240	4,067,471	100 000 %	Yes	
(10) CENTURY MANAGEMENT SERVICES INC-MERGED 1012016 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1303173	RECEIVABLE MANAGEMENT SERVICES	CT	YALE NEW HAVEN HOSPITAL	C			100 000 %	Yes	
(11) L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C			100 000 %	Yes	
(12) L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	L & M SYSTEMS INC	C	518,299	3,299,352	100 000 %	Yes	
(13) LAWRENCE & MEMORIAL INDEMNITY COMPANY LTD PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-1021436	INSURANCE	CJ	LAWRENCE MEMORIAL CORPORATION	C	2,430,808		100 000 %	Yes	
(14) SOUND MEDICAL ASSOCIATES 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1383924	MEDICAL SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C	310,496	113,011	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	75,750,040	COMPARABLE MARKET VALUE
(1)	BRIDGEPORT HOSPITAL	M	4,401,839	COMPARABLE MARKET VALUE
(2)	BRIDGEPORT HOSPITAL	P	5,235,015	TRANSACTION REVIEW
(3)	BRIDGEPORT HOSPITAL	Q	81,789,686	TRANSACTION REVIEW
(4)	CENTURY FINANCIAL SERVICES INC	L	102,088	COMPARABLE MARKET VALUE
(5)	GREENWICH HOSPITAL	L	53,079,349	COMPARABLE MARKET VALUE
(6)	GREENWICH HOSPITAL	M	1,150,621	COMPARABLE MARKET VALUE
(7)	GREENWICH HOSPITAL	P	6,142,449	TRANSACTION REVIEW
(8)	GREENWICH HOSPITAL	Q	60,847,995	TRANSACTION REVIEW
(9)	LAWRENCE MEMORIAL HOSPITAL	L	10,892,024	COMPARABLE MARKET VALUE
(10)	LAWRENCE MEMORIAL HOSPITAL	M	6,138,627	COMPARABLE MARKET VALUE
(11)	LMW HEALTHCARE INC	L	321,769	COMPARABLE MARKET VALUE
(12)	MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	1,699,927	COMPARABLE MARKET VALUE
(13)	NORTHEAST MEDICAL GROUP INC	L	11,205,573	COMPARABLE MARKET VALUE
(14)	YALE NEW HAVEN CARE CONTINUUM CORP	L	287,478	COMPARABLE MARKET VALUE
(15)	YALE NEW HAVEN HOSPITAL	K	3,604,003	COMPARABLE MARKET VALUE
(16)	YALE NEW HAVEN HOSPITAL	L	273,364,347	COMPARABLE MARKET VALUE
(17)	YALE NEW HAVEN HOSPITAL	M	32,329,713	COMPARABLE MARKET VALUE
(18)	YALE NEW HAVEN HOSPITAL	P	25,303,646	TRANSACTION REVIEW
(19)	YALE NEW HAVEN HOSPITAL	Q	289,190,229	TRANSACTION REVIEW
(20)	YALE NEW HAVEN HOSPITAL	S	6,236,952	CASH
(21)	YALE NEW HAVEN HOSPITAL	R	17,175,163	CASH
(22)	YALE NEW HAVEN CARE CONTINUUM CORP	O	92,849	COMPARABLE MARKET VALUE
(23)	BRIDGEPORT HOSPITAL	R	1,903,248	CASH
(24)	YALE NEW HAVEN HOSPITAL	O	3,044,252	COMPARABLE MARKET VALUE

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	YORK ENTERPRISES INC	Q	1,097,241	TRANSACTION REVIEW
(1)	LMW HEALTHCARE INC	Q	82,655	TRANSACTION REVIEW
(2)	MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	P	108,665	TRANSACTION REVIEW
(3)	NORTHEAST MEDICAL GROUP INC	Q	8,692,429	TRANSACTION REVIEW
(4)	MEDICAL CENTER REALTY INC	Q	437,221	TRANSACTION REVIEW
(5)	CORPORATE PROFESSSIONAL BUSINESS SERVICES INC	P	1,570,330	TRANSACTION REVIEW
(6)	LAWRENCE MEMORIAL CORPORATION	P	1,601,809	TRANSACTION REVIEW