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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

YALE NEW HAVEN HOSPITAL

Doing business as

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

20 YORK STREET

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

NEW HAVEN, CT 06504

F Name and address of principal officer

RICHARD D'AQUILA

20 YORK STREET

NEW HAVEN, CT 06504

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.YNHH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1826

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HEALTH CARE SERVICES

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶8,181,051

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2019-08-13

Date

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

Phone no (267) 256-1756

PHILADELPHIA, PA 19103

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

YNHH'S MISSION IS TO PROVIDE INNOVATIVE AND EXCELLENT PATIENT CARE, TEACHING, RESEARCH, AND SERVICE TO THE COMMUNITIES IT SERVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 2,361,135,760	including grants of \$ 5,727,426)	(Revenue \$ 2,824,070,197)
See Additional Data				





















4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	2,361,135,760
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

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	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a		No
	28b		No
	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1,195
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14,497
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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 27		
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 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

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

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

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

Form **990** (2017)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	19,026,114	7,689,952	3,864,955

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 ▶ 2,409

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NURSEFINDERSINC 524 EAST LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	EMPLOYMENT SERVICES	20,959,619
SHEPLEY BULFINCH RICHARDSON 2 SEAPORT LANE BOSTON, MA 02210	ARCHITECTURAL SERVICES	9,599,389
UNITEX TEXTILE RENTAL 161 SOUTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	LAUNDERING SERVICE	6,646,530
RTD LOGISTICS LLC 119 BRAINTREE STREET SUITE 101 ALLSTON, MA 02134	COURIER SERVICES	3,538,563
ABM HEALTHCARE SUPPORT 14141 SOUTHWEST FREEWAY SUITE 400 SUGAR LAND, TX 77478	HEALTHCARE SUPPORT SERVICES	3,097,648

<p>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 ► 181</p>	
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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c	2,985,182		
d	Related organizations	1d	61,133		
e	Government grants (contributions)	1e	9,023,908		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	78,281,290		
g	Noncash contributions included in lines 1a-1f \$		1,062,735		
h	Total. Add lines 1a-1f		90,351,513		

Program Service Revenue

	Business Code				
2a	INPATIENT SERVICES	621110	1,561,166,895	1,561,166,895	
b	OUTPATIENT SERVICES	621400	1,173,154,653	1,173,154,653	
c	SPECIALTY PHARMACY REVENUE	621990	77,153,536	77,153,536	
d	LABORATORY SERVICES	621500	5,294,559		5,294,559
e	MANAGEMENT SERVICES	621500	814,082		814,082
f	All other program service revenue				
g	Total. Add lines 2a-2f		2,817,583,725		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		7,212,157		-10,268	7,222,425
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real	(ii) Personal			
		2,419,779				
b	Less rental expenses	3,428,656				
c	Rental income or (loss)	-1,008,877				
d	Net rental income or (loss)		-1,008,877			-1,008,877
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		575,039,284				
b	Less cost or other basis and sales expenses	387,273,078				
c	Gain or (loss)	187,766,206				
d	Net gain or (loss)		187,766,206			187,766,206
8a	Gross income from fundraising events (not including \$ 2,985,182 of contributions reported on line 1c) See Part IV, line 18	a	340,708			
b	Less direct expenses	b	974,315			
c	Net income or (loss) from fundraising events		-633,607			-633,607
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	PARKING	900099	8,409,109			8,409,109
b	OTHER ANCILIARY SERVICES	900099	6,486,472	6,486,472		
c	CAFETERIA/VENDING	900099	3,827,959			3,827,959
d	All other revenue					
e	Total. Add lines 11a-11d		18,723,540			
12	Total revenue. See Instructions		3,119,994,657	2,817,961,556	6,098,373	205,583,215

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,450,728	4,450,728		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,276,698	1,276,698		
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.	19,489,633	1,948,963	17,540,670	
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.	885,868,092	725,876,964	158,087,912	1,903,216
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	69,308,316	55,882,535	13,286,413	139,368
9 Other employee benefits.	30,087,348	26,288,490	3,732,102	66,756
10 Payroll taxes.	66,809,401	53,867,687	12,807,371	134,343
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,284,417	1,846,493	437,924	
c Accounting.	12,094		12,094	
d Lobbying.	494,151	494,151		
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).	824,535,470	678,588,740	145,393,539	553,191
12 Advertising and promotion.	32,837	26,542	6,295	
13 Office expenses.	5,181,211	3,846,793	993,239	341,179
14 Information technology.				
15 Royalties.				
16 Occupancy.	82,719,946	66,205,248	16,514,698	
17 Travel.	3,661,876	2,916,743	701,982	43,151
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	24,995,295	24,995,295		
21 Payments to affiliates.	11,762,763	11,762,763		
22 Depreciation, depletion, and amortization.	111,215,865	89,895,769	21,320,096	
23 Insurance.	32,536,869	32,169,162	367,707	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL & PHARMACY SUPP	549,465,182	549,465,182		
b DIETARY SERVICES	10,806,393	8,733,114	2,071,587	1,692
c COMMUNITY ACTIVITIES	8,652,716	3,098,309	728,606	4,825,801
d LINEN & LAUDERING SERVI	6,853,162	5,539,410	1,313,752	
e All other expenses	15,093,665	11,959,981	2,961,330	172,354
25 Total functional expenses. Add lines 1 through 24e.	2,767,594,128	2,361,135,760	398,277,317	8,181,051
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	846,944	1	860,852
	2	Savings and temporary cash investments	182,880,577	2	440,646,525
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	344,759,295	4	399,733,779
	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	36,252,531	8	41,280,000
	9	Prepaid expenses and deferred charges	57,824,380	9	55,704,006
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,127,782,334		
	b	Less: accumulated depreciation	1,061,864,699		
			1,009,946,765	10c	1,065,917,635
	11	Investments—publicly traded securities	807,357,950	11	837,850,214
	12	Investments—other securities. See Part IV, line 11	889,888,919	12	786,925,444
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	44,774,265	14	44,774,265
15	Other assets. See Part IV, line 11	187,922,385	15	196,270,046	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,562,454,011	16	3,869,962,766	
Liabilities	17	Accounts payable and accrued expenses	399,937,709	17	407,700,845
	18	Grants payable		18	
	19	Deferred revenue	40,243,522	19	39,005,260
	20	Tax-exempt bond liabilities	93,642,761	20	93,678,200
	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	180,304,180	23	180,396,983
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,183,283,197	25	1,163,894,183
	26	Total liabilities. Add lines 17 through 25	1,897,411,369	26	1,884,675,471
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,556,314,720	27	1,869,724,324
	28	Temporarily restricted net assets	60,352,766	28	66,637,129
	29	Permanently restricted net assets	48,375,156	29	48,925,842
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,665,042,642	33	1,985,287,295	
34	Total liabilities and net assets/fund balances	3,562,454,011	34	3,869,962,766	

Part XI Reconciliation of Net AssetsCheck 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	3,119,994,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,767,594,128
3	Revenue less expenses Subtract line 2 from line 1	3	352,400,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,665,042,642
5	Net unrealized gains (losses) on investments	5	-57,774,248
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	25,618,372
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,985,287,295

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646652

Name: YALE NEW HAVEN HOSPITAL

Form 990 (2017)

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			
BRUCE ALEXANDER TRUSTEE	1 00 0 00	X						0	0	0
ROBERT ALPERN TRUSTEE	1 00 0 00	X						0	0	0
THOMAS BALCEZAK SR VP & CMO/TRUSTEE	25 00 15 00	X		X				672,555	401,813	287,017
MARNA BORGSTROM CEO/TRUSTEE	24 00 16 00	X		X				2,397,870	1,598,581	752,997
BISHOP THEODORE BROOKS TRUSTEE	1 00 0 00	X						0	0	0
VINCENT CALARCO TRUSTEE	1 00 1 00	X						0	0	0
JOSEPH CRESPO SECRETARY/TRUSTEE	1 00 1 00	X		X				0	0	0
MARY FARRELL CHAIRMAN/TRUSTEE	1 00 1 00	X		X				0	0	0
MICHAEL FLYNN TRUSTEE	1 00 0 00	X						0	0	0
WILLIAM GINSBERG TRUSTEE	1 00 0 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			
THOMAS HANSON TRUSTEE	1 00 0 00	X						0	0	0
AARON HOLLANDER TRUSTEE	1 00 0 00	X						0	0	0
THOMAS B 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
LINDA KOCH LORIMER TRUSTEE	1 00 0 00	X						0	0	0
LINDA MASCI TRUSTEE	1 00 0 00	X						0	0	0
JULIA MCNAMARA VICE CHAIR/TRUSTEE	1 00 1 00	X		X				0	0	0
THANASIS MOLOKOTOS TRUSTEE	1 00 0 00	X						0	0	0
SISTER ROSEMARY MOYNIHAN TRUSTEE	1 00 0 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 MURPHY TRUSTEE	1 00	X						0	0	0
PETER SALOVEY TRUSTEE	1 00	X						0	0	0
PETER SCHULAM TRUSTEE	1 00	X						0	0	0
MICHAEL SPROULE TRUSTEE	1 00	X						0	0	0
JAMES TORGERSON TRUSTEE	1 00	X						0	0	0
JONI HANSSON - EFF 10117 TRUSTEE	1 00	X						0	0	0
RICHARD D'AQUILA PRESIDENT/TRUSTEE (CURRENT YEAR COMP)	32 00 8 00	X		X				1,910,463	477,616	310,089
RICHARD D'AQUILA PRESIDENT/TRUSTEE (VESTED DEFERRED)	32 00 8 00	X		X				1,007,922	251,980	0
WILLIAM ASELTYN SR VP	22 00 18 00			X				594,007	486,006	268,033
KEITH CHURCHWELL SR VP	40 00 0 00			X				799,855	0	229,330

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			
MICHEAL HOLMES SR VP	40 00 0 00			X				714,900	0	217,807
ABE LOPMAN SR VP	40 00 0 00			X				923,135	0	188,378
VINCENT PETRINI SR VP	30 00 10 00			X				514,371	171,458	199,121
CYNTHIA SPARER SR VP	38 00 2 00			X				929,957	0	124,691
LISA STUMP SR VP	20 00 20 00			X				384,457	384,457	238,724
VINCENT TAMMARO SR VP & CFO	20 00 20 00			X				631,124	631,124	301,094
KEVIN WALSH VP	40 00 0 00			X				553,059	0	157,887
ENA WILLIAMS EFF 452018 SR VP	40 00 0 00			X				456,432	0	97,694
KEVIN A MYATT SR VP (CURRENT YEAR COMP)	20 00 20 00			X				454,417	454,417	150,954
KEVIN A MYATT SR VP (VESTED DEFERRED	20 00 20 00			X				1,035,950	1,035,950	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			
THOMAS DONOHUE VP	40 00 0 00					X		635,007	0	36,129
RICHARD LISITANO VP	40 00 0 00					X		468,796	0	92,918
SUSAN MAXWELL VP	40 00 0 00					X		472,958	0	59,254
MARJORIE GUGLIN VP	40 00 0 00					X		448,963	0	82,607
MARK RUSSI MEDICAL DIRECTOR	40 00 0 00					X		411,388	0	61,626
PETER HERBERT FORMER OFFICER	0 00 0 00						X	133,027	78,071	0
THOMAS LEARY FORMER OFFICER	0 00 0 00						X	754,535	40,644	0
STEPHEN MERZ FORMER OFFICER	0 00 0 00						X	649,751	0	0
PAUL PATTON FORMER OFFICER	0 00 0 00						X	435,291	0	0
JAMES STATEN FORMER OFFICER	0 00 0 00						X	0	1,677,835	0

SCHEDULE A
(Form 990 or 990-EZ)

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
2017
Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

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 _____
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2016. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$ _____
3	Volunteer hours for political campaign activities (see instructions)	_____

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		280,250
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		213,401
j	Total. Add lines 1c through 1i			494,151
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2018. ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS. YALE NEW HAVEN HOSPITAL IS PART OF AN AFFILIATED GROUP WITH THE FOLLOWING LOBBYING EXPENSES: BRIDGEPORT HOSPITAL EIN 06-0646554 \$ 110,224; GREENWICH HOSPITAL EIN 06-0646659 \$ 83,870; LAWRENCE + MEMORIAL HOSPITAL EIN 06-0646704 \$ 82,331; NORTHEAST MEDICAL GROUP EIN 06-1330992 \$ 42,848; LMW HEALTHCARE, INC. EIN 46-0543230 \$ 12,797.

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As Filed Data -

DLN: 93493225004179

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

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

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

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	91,698,000	87,639,000	85,431,600	72,145,000	63,261,000
b Contributions	1,000	33,000	128,000	18,630,331	3,493,000
c Net investment earnings, gains, and losses	6,722,000	8,242,000	6,591,400	1,271,318	11,289,000
d Grants or scholarships					
e Other expenditures for facilities and programs	4,233,000	4,216,000	4,512,000	6,615,049	5,898,000
f Administrative expenses					
g End of year balance	94,188,000	91,698,000	87,639,000	85,431,600	72,145,000

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 51 940 %

c

Temporarily restricted endowment ▶ 48 060 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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		52,205,635		52,205,635
b Buildings		274,162,476	105,244,150	168,918,326
c Leasehold improvements		1,147,261,322	463,149,308	684,112,014
d Equipment		569,640,380	493,471,241	76,169,139
e Other		84,512,521		84,512,521
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,065,917,635

Schedule D (Form 990) 2017

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) YALE U ENDOWMENT FUND	786,925,444	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	786,925,444	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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) INVESTMENT IN RELATED ORGS / OTHER	56,809,383
(2) PROFESSIONAL LIABILITIES INS RECOVERIES	64,162,922
(3) DEFERRED EMPLOYEE BENEFITS	75,297,741
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	196,270,046

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	
ACCRUED POST RETIREMENT BENEFITS	169,355,270
INSURANCE LIABILITY / OTHER	464,060,536
CAPITAL LEASES	42,466,767
DUE TO PARENT - T/E BOND LIABILITY	488,011,610
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,163,894,183

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: 06-0646652
Name: YALE NEW HAVEN HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY, INCLUDING TO PROVIDE FREE CARE, ALL IN ACCORDANCE WITH DONORS WISHES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>YALE NEW HAVEN HOSPITAL IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS. FOLLOWING IS THE FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS: MOST ENTITIES WITHIN THE SYSTEM ARE NOT FOR PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM. U.S. GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THIS EVALUATION HAD NO IMPACT ON THE OPERATIONS OF THE SYSTEM AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2018 AND 2017.</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CTF BIKE RIDE (event type)	FRIENDS BALL (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,848,567	227,339	249,984	3,325,890
	2 Less Contributions	2,658,715	146,099	180,368	2,985,182
	3 Gross income (line 1 minus line 2)	189,852	81,240	69,616	340,708
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	35,759		2,000	37,759
	7 Food and beverages	32,321		64,026	96,347
	8 Entertainment	5,890			5,890
	9 Other direct expenses	766,214	3,233	64,872	834,319
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				974,315
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-633,607

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c If "Yes," enter name and address of the third party							
Name ►							
Address ►							
16 Gaming manager information							
Name ►							
Gaming manager compensation ► \$							
Description of services provided ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

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

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

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047 <h1 style="margin:0;">2017</h1> <p>Open to Public Inspection</p>
Name of the organization YALE NEW HAVEN HOSPITAL		Employer identification number 06-0646652

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>55000 0000000000 %</u>	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		38,934	311,759,252	117,563,269	194,195,983	7 020 %
b Medicaid (from Worksheet 3, column a)		388,428	589,052,100	374,392,204	214,659,896	7 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0		
d Total Financial Assistance and Means-Tested Government Programs		427,362	900,811,352	491,955,473	408,855,879	14 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	48,291	9,987,222	2,723,873	7,263,349	0 260 %
f Health professions education (from Worksheet 5)	5	2,325	96,660,316	27,500	96,632,816	3 490 %
g Subsidized health services (from Worksheet 6)	1	23,336	11,002,225	3,698,148	7,304,077	0 260 %
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	42	1,409,991	0	1,409,991	0 050 %
j Total. Other Benefits	35	73,994	119,059,754	6,449,521	112,610,233	4 060 %
k Total. Add lines 7d and 7j	35	501,356	1,019,871,106	498,404,994	521,466,112	18 840 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	140,000	0	140,000	0 010 %
2 Economic development	1	0	657,403	0	657,403	0 020 %
3 Community support	2	0	122,526	0	122,526	0 %
4 Environmental improvements	0	0	0	0		
5 Leadership development and training for community members	1	1	0	0		
6 Coalition building	1	0	25,000	0	25,000	0 %
7 Community health improvement advocacy	0	0	0	0		
8 Workforce development	3	56	471,894	0	471,894	0 020 %
9 Other	1	0	2,711,860	0	2,711,860	0 100 %
10 Total	10	57	4,128,683		4,128,683	0 150 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	78,367,765	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	875,573,891
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	1,024,886,175
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-149,312,284
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
YALE NEW HAVEN HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

YALE NEW HAVEN HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>550 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

YALE NEW HAVEN HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input checked="" type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

YALE NEW HAVEN HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 60

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
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Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>YALE NEW HAVEN HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 30 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS. THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, YALE NEW HAVEN HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2018, YALE NEW HAVEN HOSPITAL PROVIDED \$4.1 MILLION FOR DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND WORKFORCE DEVELOPMENT INITIATIVES REVITALIZING OUR NEIGHBORHOODS. OVER THE PAST SEVERAL YEARS, YALE NEW HAVEN HOSPITAL HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 28 PERCENT OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 67 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE. TO REVERSE THIS TREND, YALE NEW HAVEN HOSPITAL HAS FOCUSED ON SUPPORT EFFORTS TO INCREASE PERMANENT HOME OWNERSHIP. THE HOME OWNERSHIP MADE EASIER (HOME) PROGRAM AT YALE NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. SINCE THE PROGRAM'S INCEPTION IN 2006, NEARLY 200 HOMES HAVE BEEN PURCHASED BY YALE NEW HAVEN HOSPITAL EMPLOYEES. OVER THE PAST SEVERAL YEARS, YALE NEW HAVEN HOSPITAL HAS BEEN A PROUD SUPPORTER OF THE CITY SEED, INC. THE HOSPITAL CURRENTLY SUPPORTS A PROGRAM THAT DOUBLES SNAP DOLLARS AT NEW HAVEN AREA FARMER'S MARKETS. IN ADDITION, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY, YALE NEW HAVEN HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATED IT TO THE COMMUNITY SOUP KITCHEN AT CHRIST CHURCH AND ST. LUKE'S EPISCOPAL CHURCH IN NEW HAVEN AS WELL AS ST. ANN'S SOUP KITCHEN IN HAMDEN. REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHER MEETINGS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS UTILIZING LOCAL RESOURCES. THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, SUCH AS THE HOSPITAL, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT. CREATING EDUCATIONAL OPPORTUNITIES -HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. IN RESPONSE, YALE NEW HAVEN HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2018 REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TO SUPPORT NEW HAVEN PROMISE. NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS. YALE NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVE'S PARTNERSHIP COMPONENT. ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR M</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ORE NEW HAVEN STUDENTS THE PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, HUNDREDS OF NEW HAVEN STUDENTS APPLY FOR AND ARE ACCEPTED EACH YEAR IN 2018, OVER 350 STUDENTS QUALIFIED FOR THE NEW HAVEN PROMISE PROGRAM THE YALE NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YALE NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM OVER 50 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2018 IN ADDITION TO THE SCHOOL-TO-CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS TO PROVIDE INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT THE JOHN C DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSES THEM TO CAREERS IN HEALTH CARE STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YALE NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE IN 2018, YALE NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST MARTIN DE PORRES ACADEMY AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS YALE NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY WORKFORCE DEVELOPMENT INITIATIVES -LIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 6.6% COMPARED TO 5.1% STATE-WIDE AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS ARE ASSOCIATED WITH BETTER HEALTH AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW SINCE 1996, THE HOSPITAL'S AWARD-WINNING HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) TRAINING AND SKILLS DEVELOPMENT PROGRAM HAS HELPED MORE THAN 400 ADULTS TRANSITION FROM INCOME SUPPORT SITUATIONS INTO EMPLOYMENT INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>YNHH'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES, AND/OR WHO ARE UNINSURED OR UNDERINSURED YNHH PROVIDES FREE CARE PROGRAMS FOR QUALIFYING PATIENTS IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF YNHH, DURING THE REGISTRATION, BILLING, AND COLLECTION PROCESS, A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED FOR PATIENTS WHO WERE DETERMINED BY YNHH TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE THE PROVISION FOR BAD DEBTS FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM, AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY YNHH, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE TOGETHER, CHARITY CARE AND PROVISION FOR BAD DEBTS REPRESENT UNCOMPENSATED CARE THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$151.2 MILLION AND \$154.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$86.8 MILLION AND \$94.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY YNHH FOR EACH ACCOUNT ANALYZED FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, PROVISION FOR BAD DEBTS, AT CHARGES, WAS \$127.2 MILLION AND \$112.4 MILLION, RESPECTIVELY FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, PROVISION FOR BAD DEBT AT COST WAS APPROXIMATELY \$64.5 MILLION AND \$60.7 MILLION, RESPECTIVELY THE PROVISION FOR BAD DEBTS IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE DURING THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, YNHH RECEIVED \$202.8 MILLION AND \$25.1 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$126.2 MILLION AND \$14.3 MILLION WAS RELATED TO CHARITY CARE YNHH MADE PAYMENTS INTO THE CDSHP OF \$367.0 MILLION AND \$200.3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY, FOR THE ASSESSMENT THESE ARE RECORDED IN NET PATIENT SERVICE REVENUE ADDITIONALLY, YNHH PROVIDES BENEFITS FOR THE BROADER COMMUNITY, WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS YNHH VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, YNHH PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES YNHH'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES YNHH ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>YALE NEW HAVEN HOSPITAL'S DEFINED COMMUNITY FOR COMMUNITY HEALTH NEEDS ASSESSMENT PURPOSES IS GREATER NEW HAVEN, WHICH USES A GEOGRAPHIC APPROACH FOCUSING ON 13 CONTIGUOUS TOWNS WITHIN NEW HAVEN COUNTY, CT NEW HAVEN, EAST HAVEN, HAMDEN, WEST HAVEN, BETHANY, BRANFORD, GUILFORD, MADISON, MILFORD, NORTH BRANFORD, NORTH HAVEN, ORANGE, AND WOODBRIDGE. NUMEROUS FACTORS ARE ASSOCIATED WITH THE HEALTH OF A COMMUNITY INCLUDING WHAT RESOURCES AND SERVICES ARE AVAILABLE AS WELL AS WHO LIVES IN THE COMMUNITY. WHILE INDIVIDUAL CHARACTERISTICS SUCH AS AGE, GENDER, RACE, AND ETHNICITY HAVE AN IMPACT ON PEOPLE'S HEALTH, THE DISTRIBUTION OF THESE CHARACTERISTICS ACROSS A COMMUNITY IS ALSO CRITICALLY IMPORTANT AND CAN AFFECT THE NUMBER AND TYPE OF SERVICES AND RESOURCES AVAILABLE. THE GREATER NEW HAVEN AREA HAS A TOTAL POPULATION OF 465,227 WITH AN AVERAGE AGE OF 39.2. ACCORDING TO ANALYSIS OF THE 2010-2014 AMERICAN COMMUNITY SURVEY, THE RACIAL AND ETHNIC MAKEUP OF THE GREATER NEW HAVEN AREA IS 65% WHITE (NON-HISPANIC), 15% BLACK (NON-HISPANIC), 13% HISPANIC AND 7% OTHER (NON-HISPANIC). THE CITY OF NEW HAVEN, WHICH COMPRISES OVER A 1/4 OF THE GREATER NEW HAVEN POPULATION, HAS AN AVERAGE AGE OF NEARLY 10 YEARS LESS AND A DEMOGRAPHIC MAKEUP THAT IS MORE ETHNICALLY AND RACIALLY DIVERSE. INCOME AND POVERTY ARE CLOSELY CONNECTED TO HEALTH OUTCOMES. A HIGHER INCOME MAKES IT EASIER TO LIVE IN A SAFE NEIGHBORHOOD WITH GOOD SCHOOLS AND MANY RECREATIONAL OPPORTUNITIES. HIGHER WAGE EARNERS ARE BETTER ABLE TO BUY MEDICAL INSURANCE AND MEDICAL CARE, PURCHASE NUTRITIOUS FOODS, AND OBTAIN QUALITY CHILD CARE THAN THOSE EARNING LOWER WAGES. COMMUNITIES WHERE RESIDENTS HAVE LOWER INCOME LEVELS HAVE BEEN SHOWN TO HAVE HIGHER RATES OF ASTHMA, DIABETES, AND HEART DISEASE, AND LOWER LIFE EXPECTANCIES. NEARLY 40% OF INDIVIDUALS LIVING IN GREATER NEW HAVEN HAVE A BACHELOR'S DEGREE OR HIGHER WITH A MEDIAN HOUSEHOLD INCOME OF \$65,764 COMPARED TO \$37,508 IN THE CITY OF NEW HAVEN. TO DEFINE COMMUNITY FOR CHNA PURPOSES, THIS GREATER NEW HAVEN COMMUNITY HEALTH NEEDS ASSESSMENT USES A GEOGRAPHIC APPROACH FOCUSING ON 13 CONTIGUOUS TOWNS WITHIN NEW HAVEN COUNTY, CT NEW HAVEN, EAST HAVEN, HAMDEN, WEST HAVEN, BETHANY, BRANFORD, GUILFORD, MADISON, MILFORD, NORTH BRANFORD, NORTH HAVEN, ORANGE, AND WOODBRIDGE (FIGURE 2). THESE COMMUNITIES ARE SERVED BY ONE OR BOTH YALE NEW HAVEN HOSPITAL AND MILFORD HOSPITAL AND DO NOT OVERLAP WITH CHNA AREAS IDENTIFIED BY OTHER ACUTE CARE HOSPITALS AND/OR COLLABORATIONS. UPON DEFINING THE GEOGRAPHIC AREA AND POPULATION SERVED IN GREATER NEW HAVEN, THE PARTNERSHIP WAS DILIGENT TO ENSURE THAT NO GROUPS, ESPECIALLY MINORITY, LOW-INCOME OR MEDICALLY UNDER-SERVED, WERE EXCLUDED.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>EVERY YEAR, YALE NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES DURING FISCAL YEAR 2018, YALE NEW HAVEN HOSPITAL MANAGED \$521.5 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE, PROMOTING HEALTH AND WELLNESS, ADVANCING CAREERS IN HEALTH CARE, RESEARCH, AND CREATING HEALTHIER COMMUNITIES. YALE NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS 3,898 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS. YALE NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE NEW HAVEN IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE NEW HAVEN HOSPITAL DISCHARGED 74,307 INPATIENTS AND PROVIDED 1.43 MILLION OUTPATIENT ENCOUNTERS. YALE NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 13,477 EMPLOYEES IN 2018.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Schedule H (Form 990) 2017

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504 WWW.YNHH.ORG 0044	X	X	X	X		X	X			

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

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

Form and Line Reference	Explanation
PART V, SECTION A	THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER THE SAME STATE HOSPITAL LICENSE
YALE NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS

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

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

Form and Line Reference	Explanation
YALE NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 6A MILFORD HOSPITAL
YALE NEW HAVEN HOSPITAL	<p>PART V, SECTION B, LINE 6B UNDERSTANDING THE CURRENT HEALTH STATUS OF THE COMMUNITY IS IMPORTANT IN ORDER TO IDENTIFY PRIORITIES FOR FUTURE PLANNING AND FUNDING, THE EXISTING STRENGTHS AND ASSETS ON WHICH TO BUILD UPON, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION ACROSS ORGANIZATIONS, INSTITUTIONS, AND COMMUNITY GROUPS TO THIS END, YALE NEW HAVEN HOSPITAL, AS PART OF THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP - A COALITION INCLUDING BUT NOT LIMITED TO YALE NEW HAVEN HOSPITAL, MILFORD HOSPITAL, NEW HAVEN HEALTH DEPARTMENT, EAST SHORE DISTRICT HEALTH DEPARTMENT, QUINNIPIAK VALLEY HEALTH DISTRICT, MILFORD HEALTH DEPARTMENT, MADISON HEALTH DEPARTMENT, FAIR HAVEN COMMUNITY HEALTH CENTER, CORNELL SCOTT-HILL HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH / SOUTHERN CONNECTICUT STATE UNIVERSITY'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT - IS LEADING A COMPREHENSIVE EFFORT TO ADDRESS HEALTH DISPARITIES IN GREATER NEW HAVEN THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP MEMBERS BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT MEMBERS OF THE PARTNERSHIP INCLUDE RESPECTED PUBLIC HEALTH EXPERTS FROM AREA HEALTH DEPARTMENTS / DISTRICTS AND YALE SCHOOL OF PUBLIC HEALTH AS WELL AS THOSE WITH SPECIFIC KNOWLEDGE AND EXPERTISE SERVING UNDERSERVED AND MINORITY POPULATIONS PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE HTTPS //WWW YNHH ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT ASPX PART V, SECTION B, LINE 7B - OTHER WEBSITES HTTPS //PORTAL CT GOV/-/MEDIA/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016YALENEWHAVENHOSPITALPDF.PDF?LA=EN HTTPS //DOCUMENTS CTHOSP ORG/9/COMMUNICATIONS/YALE%20NEW%20HAVEN%20HOSPITAL%202016%20CHNA.PDF PART V, SECTION B, LINE 10A HTTPS //WWW YNHH ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT ASPX</p>

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

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

Form and Line Reference	Explanation
YALE NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 11 IN JANUARY AND AGAIN IN MARCH 2016, HEALTHIER GREATER NEW HAVEN PARTNERSHIP MEMBERS AND THEIR COMMUNITY PARTNERS (INCLUDING THOSE WITH PUBLIC HEALTH DEPARTMENTS AND / OR KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY OR MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS) REVIEWED THE PRIMARY AND SECONDARY CHNA DATA AND DETERMINED, BY GROUP CONSENSUS, THAT THE 2013 PRIORITIES WOULD BE MAINTAINED MOVING FORWARD FOR THE 2016 CHNA PARTICIPANTS INVOLVED IN THIS COMPREHENSIVE REVIEW ALSO IDENTIFIED MENTAL HEALTH AND SUBSTANCE ABUSE AS A THIRD PRIORITY FOR THE REGION AS PART OF THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN THE PARTNERSHIP, HEALTH DEPARTMENTS, AND HOSPITALS CONFIRMED THAT THERE WAS A NEED TO CONTINUE WORKING IN THE 2013 FOCUS AREAS AS THESE WERE STILL THE TOP HEALTH PRIORITY AREAS ALL PRIMARY AND SECONDARY DATA THAT WAS COLLECTED, ANALYZED AND REVIEWED SUPPORTED THE CONTINUATION OF THE 2013 PRIORITY AREAS (ACCESS TO CARE AND HEALTHY LIFESTYLES) WITH THE EXPANSION TO INCLUDE THE AREA OF MENTAL HEALTH AND SUBSTANCE ABUSE TO LEARN MORE ABOUT HOW YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS ARE MEETING THESE NEEDS PLEASE REVIEW THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP'S 2016 GREATER NEW HAVEN REGION YALE NEW HAVEN HOSPITAL AND MILFORD HOSPITAL COLLABORATIVE COMMUNITY HEALTH ASSESSMENT AND IMPLEMENTATION STRATEGIES YALE NEW HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE DEVELOPMENT OF A COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL THREE AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT DURING FISCAL YEAR 2018 THROUGH THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP, YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS CONTINUED TO FOCUS ON THE PRIORITY AREAS OF ACCESS TO CARE, HEALTHY LIFESTYLES AND MENTAL HEALTH AND SUBSTANCE ABUSE
YALE NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 13H THESE PROGRAMS COVER EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ONLY PART V, SECTION B, LINE 16A, 16B AND 16C HTTPS //WWW YNHH ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE ASPX

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

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

Form and Line Reference	Explanation
YALE NEW HAVEN HOSPITAL	PART V, SECTION B, LINE 18E PROPERTY LIENS
PART V, SECTION D	THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT YALE NEW HAVEN HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	IN JANUARY AND AGAIN IN MARCH 2016, HEALTHIER GREATER NEW HAVEN PARTNERSHIP MEMBERS AND THEIR COMMUNITY PARTNERS (INCLUDING THOSE WITH PUBLIC HEALTH DEPARTMENTS AND / OR KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY OR MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS) REVIEWED THE PRIMARY AND SECONDARY CHNA DATA AND DETERMINED, BY GROUP CONSENSUS, THAT THE 2013 PRIORITIES WOULD BE MAINTAINED MOVING FORWARD FOR THE 2016 CHNA PARTICIPANTS INVOLVED IN THIS COMPREHENSIVE REVIEW ALSO IDENTIFIED MENTAL HEALTH AND SUBSTANCE ABUSE AS A THIRD PRIORITY FOR THE REGION AS PART OF THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN (FIGURE 22) THE PARTNERSHIP, HEALTH DEPARTMENTS, AND HOSPITALS CONFIRMED THAT THERE WAS A NEED TO CONTINUE WORKING IN THE 2013 FOCUS AREAS AS THESE WERE STILL THE TOP HEALTH PRIORITY AREAS ALL PRIMARY AND SECONDARY DATA THAT WAS COLLECTED, ANALYZED AND REVIEWED SUPPORTED THE CONTINUATION OF THE 2013 PRIORITY AREAS (ACCESS TO CARE AND HEALTHY LIFESTYLES) WITH THE EXPANSION TO INCLUDE THE AREA OF MENTAL HEALTH AND SUBSTANCE ABUSE SINCE 2013, THE PARTNERSHIP HAD BEEN COLLABORATING IN THIS IMPORTANT AREA THROUGH EFFORTS UNDERTAKEN BY CLIFFORD BEERS CLINIC AND THE SOUTH CENTRAL CT CONSORTIUM FOR INTEGRATED HEALTHCARE IN THE CITY OF NEW HAVEN THIS EFFORT BUILDS UPON THE NEW HAVEN PROMISE ZONE / CITY TRANSFORMATION PLAN WORK, WHICH INCLUDED EXTENSIVE COMMUNITY PRIORITIZATION IN JULY 2015 THE THREE HEALTH AREAS OF FOCUS WITHIN THE CITY TRANSFORMATION PLAN UNDER "IMPROVE COMMUNITY HEALTH AND WELL-BEING" ARE REFLECTED WITHIN THE PARTNERSHIP'S 2016 COMMUNITY HEALTH IMPROVEMENT PLAN THE CITY TRANSFORMATION PLAN IS LED BY CO-CHAIRS REPRESENTING THE CITY OF NEW HAVEN HEALTH DEPARTMENT, CLIFFORD BEERS CLINIC AND YALE NEW HAVEN HOSPITAL

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

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

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

Name and address	Type of Facility (describe)
1 1 - YALE NEW HAVEN HOSPITAL 14 BRUSHY PLAIN ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTHCARE
1 2 - YALE NEW HAVEN HOSPITAL 185 DAMASUS ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTHCARE
2 3 - YALE NEW HAVEN HOSPITAL 185 MAIN STREET BRANFORD, CT 06405	SCHOOL BASED HEALTHCARE
3 4 - YALE NEW HAVEN HOSPITAL 21 BUSINESS PARK ROAD BRANFORD, CT 06405	PSYCHIATRY
4 5 - YALE NEW HAVEN HOSPITAL 84 NORTH MAIN STREET BRANFORD, CT 06405	DRAW STATION, CARDIAC REHABILITATION, CARDIOVASCULAR DISEASE, PULMONARY REHA
5 6 - YALE NEW HAVEN HOSPITAL 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	PEDIATRICS
6 7 - YALE NEW HAVEN HOSPITAL 267 GRANT STREET BRIDGEPORT, CT 06610	SLEEP MEDICINE, PEDIATRIC MEDICAL SERVICES
7 8 - YALE NEW HAVEN HOSPITAL 252 MAIN STREET CLINTON, CT 06413	DRAW STATION
8 9 - YALE NEW HAVEN HOSPITAL 350 SEYMOUR AVENUE DERBY, CT 06418	DRAW STATION, MEDICAL ONCOLOGY
9 10 - YALE NEW HAVEN HOSPITAL 556 MAIN STREET EAST HAVEN, CT 06512	DRAW STATION, DIAGNOSTIC RADIOLOGY
10 11 - YALE NEW HAVEN HOSPITAL 111 BEACH ROAD FAIRFIELD, CT 06824	DRAW STATION, MEDICAL ONCOLOGY
11 12 - YALE NEW HAVEN HOSPITAL 111 GOOSE LANE GUILFORD, CT 06437	DRAW STATION, CARDIOVASCULAR DISEASE, GENERAL ONCOLOGY, DIAGNOSTIC
12 13 - YALE NEW HAVEN HOSPITAL 1445 BOSTON POST ROAD GUILFORD, CT 06737	DIAGNOSTIC RADIOLOGY, REHABILITATION
13 14 - YALE NEW HAVEN HOSPITAL 800 BOSTON POST ROAD GUILFORD, CT 06437	ENDOSCOPY
14 15 - YALE NEW HAVEN HOSPITAL 2080 WHITNEY AVE HAMDEN, CT 06518	DRAW STATION, GERIATRICS, PSYCHIATRY, RADIATION ONCOLOGY, REHABILITATION

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

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

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

Name and address	Type of Facility (describe)
16 16 - YALE NEW HAVEN HOSPITAL 2200 WHITNEY AVENUE HAMDEN, CT 06518	UROLOGY
1 17 - YALE NEW HAVEN HOSPITAL 2560 DIXWELL AVENUE HAMDEN, CT 06518	DRAW STATION, DIAGNOSTIC RADIOLOGY
2 18 - YALE NEW HAVEN HOSPITAL 1291 BOSTON POST ROAD MADISON, CT 06443	SLEEP MEDICINE, UROLOGY
3 19 - YALE NEW HAVEN HOSPITAL 300 SEASIDE AVENUE MILFORD, CT 06460	REHABILITATION
4 20 - YALE NEW HAVEN HOSPITAL 48 WELLINGTON ROAD MILFORD, CT 06460	DIAGNOSTIC RADIOLOGY, REHABILITATION
5 21 - YALE NEW HAVEN HOSPITAL 1 LONG WHARF DRIVE NEW HAVEN, CT 06511	DRAW STATION, BARIATRIC MEDICINE, CARDIOVASCULAR DISEASE, DIAGNOSTIC RADIOLO
6 22 - YALE NEW HAVEN HOSPITAL 1 PARK STREET NEW HAVEN, CT 06519	PEDIATRIC SUBSPECIALTIES, GENETICS, PEDIATRIC DIAGNOSTIC RADIOLOGY
7 23 - YALE NEW HAVEN HOSPITAL 1294 CHAPEL STREET NEW HAVEN, CT 06511	PSYCHIATRY
8 24 - YALE NEW HAVEN HOSPITAL 140 LEGION AVENUE NEW HAVEN, CT 06519	SCHOOL BASED HEALTHCARE
9 25 - YALE NEW HAVEN HOSPITAL 1475 WHALLEY AVE NEW HAVEN, CT 06515	DRAW STATION
10 26 - YALE NEW HAVEN HOSPITAL 150 SARGENT DRIVE NEW HAVEN, CT 06511	DRAW STATION, ANESTHESIOLOGY, DIAGNOSTIC RADIOLOGY, NUTRITION
11 27 - YALE NEW HAVEN HOSPITAL 170 DERBY AVENUE NEW HAVEN, CT 06519	SCHOOL BASED HEALTH CARE
12 28 - YALE NEW HAVEN HOSPITAL 175 SHERMAN AVENUE NEW HAVEN, CT 06511	REHABILITATION, CARDIAC REHABILITATION, PULMONARY DISEASE
13 29 - YALE NEW HAVEN HOSPITAL 184 LIBERTY STREET NEW HAVEN, CT 06510	PSYCHIATRY
14 30 - YALE NEW HAVEN HOSPITAL 191 FOUNTAIN STREET NEW HAVEN, CT 06515	SCHOOL BASED HEALTH CARE

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

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

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

Name and address	Type of Facility (describe)
31 31 - YALE NEW HAVEN HOSPITAL 259 EDGEWOOD AVENUE NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CARE
1 32 - YALE NEW HAVEN HOSPITAL 330 ORCHARD STREET NEW HAVEN, CT 06511	DRAW STATION, DIAGNOSTIC RADIOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, NUTRI
2 33 - YALE NEW HAVEN HOSPITAL 35 PARK STREET NEW HAVEN, CT 06511	DRAW STATION, SURGICAL ONCOLOGY, DIAGNOSTIC RADIOLOGY, INFUSION THERAPY, MED
3 34 - YALE NEW HAVEN HOSPITAL 40 TEMPLE STREET NEW HAVEN, CT 06511	DRAW STATION, ENDOSCOPY, GASTROENTEROLOGY, PERIOPERATIVE, DIAGNOSTIC RADIOLO
4 35 - YALE NEW HAVEN HOSPITAL 425 GEORGE STREET NEW HAVEN, CT 06511	PSYCHIATRY
5 36 - YALE NEW HAVEN HOSPITAL 46 PRINCE STREET NEW HAVEN, CT 06519	DRAW STATION, DERMATOLOGY
6 37 - YALE NEW HAVEN HOSPITAL 480 SHERMAN PARKWAY NEW HAVEN, CT 06511	SCHOOL BASED HEALTHCARE
7 38 - YALE NEW HAVEN HOSPITAL 55 PARK STREET NEW HAVEN, CT 06511	LAB, INFUSION, MEDICAL ONCOLOGY
8 39 - YALE NEW HAVEN HOSPITAL 60 TEMPLE STREET NEW HAVEN, CT 06511	DIAGNOSTIC RADIOLOGY
9 40 - YALE NEW HAVEN HOSPITAL 646 GEORGE STREET NEW HAVEN, CT 06511	PSYCHIATRY
10 41 - YALE NEW HAVEN HOSPITAL 659 GEORGE STREE NEW HAVEN, CT 06511	DIAGNOSTIC RADIOLOGY
11 42 - YALE NEW HAVEN HOSPITAL 789 HOWARD AVENUE NEW HAVEN, CT 06519	ADOLESCENT MEDICINE, CARDIOVASCULAR DISEASE, DEMATOLOGY, ENOCRINE MEDICINE,
12 43 - YALE NEW HAVEN HOSPITAL 800 HOWARD AVENUE NEW HAVEN, CT 06519	DRAW STATION, CARDIOTHORACIC SURGERY, CARDIOVASCULAR DISEASE, DIAGNOSTIC RAD
13 44 - YALE NEW HAVEN HOSPITAL 801 HOWARD AVENUE NEW HAVEN, CT 06519	DIAGNOSTIC RADIOLOGY
14 45 - YALE NEW HAVEN HOSPITAL 874 HOWARD AVENUE NEW HAVEN, CT 06519	GERIATRICS

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

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

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

Name and address	Type of Facility (describe)
46 46 - YALE NEW HAVEN HOSPITAL 2 DEVINE STREET NORTH HAVEN, CT 06473	DRAW STATION, CARDIOVASCULAR DISEASE
1 47 - YALE NEW HAVEN HOSPITAL 6 DEVINE STREET NORTH HAVEN, CT 06473	DRAW STATION, ALLERGY AND IMMUNOLOGY, DIAGNOSTIC RADIOLOGY, ENDOCRINE MEDICI
2 48 - YALE NEW HAVEN HOSPITAL 8 DEVINE STREET NORTH HAVEN, CT 06473	SLEEP MEDICINE
3 49 - YALE NEW HAVEN HOSPITAL 747 BELDEN AVENUE NORWALK, CT 06850	DRAW STATION, OBSTETRICS AND GYNECOLOGY, PEDIATRIC SUBSPECIALTIES, DIAGNOSTI
4 50 - YALE NEW HAVEN HOSPITAL 633 MIDDLESEX AVENUE OLD SAYBROOK, CT 06475	CARDIOVASCULAR DISEASE, DIAGNOSTIC RADIOLOGY, INFUSION THERAPY, DRAW STATION
5 51 - YALE NEW HAVEN HOSPITAL 236 BOSTON POST ROAD ORANGE, CT 06477	DRAW STATION
6 52 - YALE NEW HAVEN HOSPITAL 240 INDIAN RIVER ROAD ORANGE, CT 06477	DRAW STATION, MEDICAL ONCOLOGY, UROLOGY
7 53 - YALE NEW HAVEN HOSPITAL 325 BOSTON POST ROAD ORANGE, CT 06477	CARDIOVASCULAR DISEASE
8 54 - YALE NEW HAVEN HOSPITAL 200 KENNEDY DRIVE TORRINGTON, CT 06790	DRAW STATION, MEDICAL ONCOLOGY
9 55 - YALE NEW HAVEN HOSPITAL 5520 PARK AVENUE TRUMBULL, CT 06611	PEDIATRIC SUBSPECIALTIES, DRAW STATION, MEDICAL ONCOLOGY, PEDIATRICS
10 56 - YALE NEW HAVEN HOSPITAL 665 NORTH COLONY ROAD WALLINGFORD, CT 06492	DRAW STATION
11 57 - YALE NEW HAVEN HOSPITAL 1075 CHASE PARKWAY WATERBURY, CT 06708	DRAW STATION, MEDICAL ONCOLOGY
12 58 - YALE NEW HAVEN HOSPITAL 500 ELM STREET WEST HAVEN, CT 06516	DRAW STATION, DIAGNOSTIC RADIOLOGY
13 59 - YALE NEW HAVEN HOSPITAL 674 WASHINGTON AVENUE WEST HAVEN, CT 06516	OBSTETRICS AND GYNECOLOGY
14 60 - YALE NEW HAVEN HOSPITAL 5 PEQUOT PARK ROAD WESTBROOK, CT 06498	CARDIOVASCULAR DISEASE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HOSPITAL

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

2017

Open to Public Inspection

Employer identification number
06-0646652

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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

21

3

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIPS	26	63,625		FMV	
(2) ENGINEERING SCHOLARSHIPS	2	104,830		FMV	
(3) COMMUNITY SCHOLARSHIPS	9	18,000		FMV	
(4) PATIENT EXPENSE FUNDING	7277	1,031,454		FMV	
(5) PEDIATRIC FAMILY SUPPORT FUND	12	58,789		FMV	
(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	YALE NEW HAVEN HOSPITAL ("YNHH") 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 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 YNHH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS BEEN SUBMITTED TO YNHH ASSISTANCE DONATED BY YNHH 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 YNHH MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	22,500				SUPPORT MISSION
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 100063003	36-2883000	501(C)(3)	46,500				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)	16,000				SUPPORT MISSION
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	59,448				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
CENTER FOR CHILDREN ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501(C)(3)	202,226				SUPPORT MISSION
CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN, CT 06511		GOVERNMENT	2,711,660				COMMUNITY BENEFIT DEV

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
CONNECTICUT CANCER FOUNDATION INC 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475	06-1240574	501(C)(3)	100,000				SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS (CONNCAT) 70 AUDUBON STREET NEW HAVEN, CT 06521	45-1257955	501(C)(3)	162,500				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
ENVIRONMENTAL HEALTH COALITION 2727 HOOVER AVENUE NATIONAL CITY, CA 919506608	95-3798792	501(C)(3)	15,000				SUPPORT MISSION
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511	06-1178712	501(C)(3)	140,000	96,645	BOOK	LAND	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
HAVEN 1210 MILL STREET EAST BERLIN, CT 06023	51-0642913	501(C)(3)	14,320				SUPPORT MISSION
LEA'S FOUNDATION FOR LEUKEMIA 522 COTTAGE GROVE ROAD BUILDING H BLOOMFIELD, CT 06002	06-1520923	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
LOVEMARK FOUNDATION INC C/O MAI 1360 E 9TH STREET SUITE 1100 CLEVELAND, OH 44114	81-5274973	501(C)(3)	10,000				SUPPORT MISSION
MARCH OF DIMES 500 WINDING BROOK DRIVE STE 8 GLASTONBURY, CT 06033	13-1846366	501(C)(3)	15,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARKET NEW HAVEN INC 900 CHAPEL STREET NEW HAVEN, CT 06510	06-1578847	501(C)(6)	275,000				SPONSORSHIP
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)(3)	15,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAVEN WORKS INC 205 WHITNEY AVENUE 106 NEW HAVEN, CT 06511	46-2662124	501(C)(3)	50,000				SUPPORT MISSION
SICKLE CELL DISEASE ASSOCIATION 3700 KOPPERS STREET BALTIMORE, MD 21227	23-7175985	501(C)(3)	15,000				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNIS FOUNDATION OF CONNECTICUT INC 900 CHAPEL STREET SUITE 622 NEW HAVEN, CT 06510	06-1287098	501(C)(3)	392,448				SPONSORSHIP
UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	06-0761704	501(C)(3)	16,981				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
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 065208239	06-0646973	501(C)(3)	42,500				SUPPORT MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

- 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.**

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	<p>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 REPRESENTS BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS. SEVERANCE NONQUALIFIED EQUITY-BASED: MARNA P. BORGSTROM - \$ 359,055 - VINCENT TAMMARO - 133,362 - WILLIAM J. ASELTINE - 114,533 - THOMAS J. BALCEZAK - 113,482 - ABE LOPMAN - 93,449 - KEITH CHURCHWELL - 89,685 - LISA STUMP - 84,562 - MICHAEL HOLMES - 79,772 - VINCENT PETRINI - 74,202 - KEVIN F. WALSH - 60,949. THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2017 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2017 CALENDAR YEAR FORM W-2: KEVIN MYATT \$2,071,899; RICK D'AQUILA \$1,259,902. THE FOLLOWING FORMER OFFICER(S) RECEIVED A PAYMENT FROM A NONQUALIFIED PLAN. THE PAYMENT WAS MADE DIRECTLY TO THE INDIVIDUAL(S) FROM THE RABBI TRUST AND REPORTED IN THE INDIVIDUALS' 2017 FORM W-2 ISSUED BY THE RABBI TRUST: PETER HERBERT \$ 78,071; THOMAS LEARY \$ 40,644.</p>
PART I, LINE 7	<p>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.</p>

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS BALCEZAK SR VP & CMO/TRUSTEE	(i)	450,168	135,451	86,936	168,258	11,415	852,228	32,367
	(ii)	268,950	80,924	51,939	100,524	6,820	509,157	19,337
1MARNABORGSTROM CEO/TRUSTEE	(i)	1,174,247	1,165,843	57,780	444,656	7,142	2,849,668	0
	(ii)	782,832	777,229	38,520	296,437	4,762	1,899,780	0
2RICHARD D'AQUILA PRESIDENT/TRUSTEE (CURRENT YEAR COMP	(i)	1,245,608	428,064	236,791	237,080	10,991	2,158,534	2,396
	(ii)	311,402	107,016	59,198	59,270	2,748	539,634	599
3RICHARD D'AQUILA PRESIDENT/TRUSTEE (VESTED DEFERRED	(i)	0	0	1,007,922	0	0	1,007,922	0
	(ii)	0	0	251,980	0	0	251,980	0
4WILLIAM ASELTYNESR VP	(i)	388,231	120,765	85,011	137,679	9,739	741,425	15,860
	(ii)	317,644	98,807	69,555	112,646	7,969	606,621	12,977
5KEITH CHURCHWELLSR VP	(i)	583,197	158,875	57,783	211,598	17,732	1,029,185	0
	(ii)	0	0	0	0	0	0	0
6MICHEAL HOLMES SR VP	(i)	491,074	170,195	53,631	198,472	19,335	932,707	0
	(ii)	0	0	0	0	0	0	0
7ABELOPMANSR VP	(i)	581,019	195,392	146,724	186,999	1,379	1,111,513	19,201
	(ii)	0	0	0	0	0	0	0
8VINCENT PETRINISR VP	(i)	339,278	114,860	60,233	136,567	12,774	663,712	0
	(ii)	113,093	38,287	20,078	45,522	4,258	221,238	0
9CYNTHIA SPARERSR VP	(i)	634,974	190,253	104,730	111,255	13,436	1,054,648	0
	(ii)	0	0	0	0	0	0	0
10LISASTUMPSR VP	(i)	279,849	60,818	43,790	110,422	8,940	503,819	0
	(ii)	279,849	60,818	43,790	110,422	8,940	503,819	0
11VINCENT TAMMAROSR VP & CFO	(i)	401,374	151,780	77,970	141,681	8,866	781,671	1,568
	(ii)	401,374	151,780	77,970	141,681	8,866	781,671	1,568
12KEVIN WALSHVP	(i)	402,351	95,332	55,376	140,561	17,326	710,946	0
	(ii)	0	0	0	0	0	0	0
13ENAWILLIAMSEFF 452018 SR VP	(i)	326,638	87,770	42,024	80,581	17,113	554,126	0
	(ii)	0	0	0	0	0	0	0
14KEVIN A MYATTSR VP (CURRENT YEAR COMP)	(i)	308,422	101,731	44,264	68,632	6,845	529,894	485,424
	(ii)	308,422	101,731	44,264	68,632	6,845	529,894	485,424
15KEVIN A MYATTSR VP (VESTED DEFERRED	(i)	0	0	1,035,950	0	0	1,035,950	0
	(ii)	0	0	1,035,950	0	0	1,035,950	0
16THOMAS DONOHUEVP	(i)	539,106	49,108	46,793	18,700	17,429	671,136	5,240
	(ii)	0	0	0	0	0	0	0
17RICHARD LISITANOVP	(i)	331,272	89,075	48,449	76,300	16,618	561,714	5,245
	(ii)	0	0	0	0	0	0	0
18SUSAN MAXWELLSR VP	(i)	352,191	82,350	38,417	52,389	6,865	532,212	0
	(ii)	0	0	0	0	0	0	0
19MARJORIE GUGLINVP	(i)	329,588	79,376	39,999	75,658	6,949	531,570	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MARK RUSSI MEDICAL DIRECTOR	(i)	353,630	34,284	23,474	44,265	17,361	473,014	0
	(ii)	0	0	0	0	0	0	0
1PETER HERBERT FORMER OFFICER	(i)	0	0	133,027	0	0	133,027	133,027
	(ii)	0	0	78,071	0	0	78,071	0
2THOMAS LEARY FORMER OFFICER	(i)	0	0	754,535	0	0	754,535	357,842
	(ii)	0	0	40,644	0	0	40,644	0
3STEPHEN MERZ FORMER OFFICER	(i)	0	0	649,751	0	0	649,751	545,036
	(ii)	0	0	0	0	0	0	0
4PAUL PATTON FORMER OFFICER	(i)	0	0	435,291	0	0	435,291	435,291
	(ii)	0	0	0	0	0	0	0
5JAMES STATEN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,677,835	0	0	1,677,835	1,145,028
6SUE FITZSIMONS FORMER OFFICER	(i)	127,003	144,187	364,734	6,156	2,449	644,529	117,694
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HOSPITAL

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

2017

Open to Public Inspection

Employer identification number
06-0646652

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA-SERIES N	06-0806186	20774YNC7	02-14-2013	44,815,000	ACQUISITION OF ASSETS-HSR		X		X		X
B CHEFA-SERIES O	06-0806186	20774YNE3	02-14-2013	50,000,000	ACQUISITION OF ASSETS-HSR		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	49,999,105		50,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	640,219		640,218					
8	Credit enhancement from proceeds	14,606		14,607					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	49,344,280		49,345,175					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2013					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CHEFA-SERIES N DATE THE REBATE COMPUTATION WAS PERFORMED 02/14/2018 ISSUER NAME CHEFA-SERIES O DATE THE REBATE COMPUTATION WAS PERFORMED 02/14/2018

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
<p>ON JUNE 24, 2014, THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL,</p>	<p>YALE NEW HAVEN HEALTH SERVICES CORPORATION ("CORPORATION") ISSUED APPROXIMATELY \$543M OF CHEFA REVENUE BONDS SERIES A, B, C, D & E CONCURRENT WITH THE ISSUANCE OF THE CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY (CHEFA) REVENUE BONDS, YALE NEW HAVEN HEALTH OBLIGATED GROUP ISSUE, SERIES A, B, C, D AND E DATED MAY 20, 2014, SIX MEMBERS OF THE SYSTEM WERE COMBINED TO FORM AN OBLIGATED GROUP THE OBLIGATED GROUP COMPRISED OF THE CORPORATION, YALE NEW HAVEN HOSPITAL, YALE NEW HAVEN CARE CONTINUUM CORPORATION, BRIDGEPORT HOSPITAL, BRIDGEPORT HOSPITAL FOUNDATION, INC , AND NORTHEAST MEDICAL GROUP, INC THE MEMBERS OF THE OBLIGATED GROUP HAVE ADOPTED CERTAIN GOVERNANCE PROVISIONS IN THEIR CERTIFICATES OF INCORPORATION AND BY-LAWS PURSUANT TO WHICH YALE NEW HAVEN HEALTH SERVICES, CORPORATION RETAINS THE AUTHORITY TO DIRECTLY TAKE CERTAIN ACTIONS ON BEHALF OF EACH OBLIGATED GROUP MEMBER WITHOUT THE APPROVAL OF THE BOARD OF TRUSTEES OF THE APPLICABLE OBLIGATED GROUP MEMBER, INCLUDING THE INCURRENCE OF INDEBTEDNESS ON BEHALF OF EACH OBLIGATED GROUP MEMBER, THE MANAGEMENT AND CONTROL OF THE LIQUID ASSETS OF EACH, AND THE APPOINTMENT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF EACH OBLIGATED GROUP MEMBER IN 2018, GREENWICH HOSPITAL, LAWRENCE + MEMORIAL CORPORATION, LAWRENCE + MEMORIAL HOSPITAL AND LMW HEALTHCARE INC JOINED THE YALE NEW HAVEN HEALTH OBLIGATED GROUP</p>

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBST CONTR #7	VENDOR	143,048	APPAREL		No
(1) SUBST CONTR #39	VENDOR	814,328	RENT		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBST CONTR #45	VENDOR	1,325,099	WASTE MANAGEMENT AND RECYCLING SERVICES		No
(1) SUBST CONTR #47	VENDOR	4,433,493	MEDICAL TRANSPORTATION SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBST CONTR #59	VENDOR	523,557	CONSULTING SERVICES		No
(1) SUBST CONTR #166	VENDOR	108,364	ADVERTISING SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBST CONTR #181	VENDOR	9,939,840	FOOD SERVICE		No
(1) SUBST CONTR #183	VENDOR	2,594,410	BONE MARROW PROVIDER		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) SUBST CONTR #190	VENDOR	3,401,458	CONSTRUCTION SERVICES		No
(1) SUBST CONTR #246	VENDOR	73,310,977	CONSTRUCTION SERVICES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) SUBST CONTR #248	VENDOR	7,230,264	MEDICAL LINEN AND UNIFORM RENTAL SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		139,753	COMPARABLE MARKET
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	533,969	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	27	61,145	COMPARABLE MARKET
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

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

No

32a

No

b If "Yes," describe in Part II

33

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

Additional Data

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

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (GIFTS / TOYS)	X	37	134,317	COMPARABLE MARKET
Other ▶ (GIFT CERTIFICATES)	X	39	83,782	COMPARABLE MARKET
Other ▶ (TRAVEL)	X	5	47,714	COMPARABLE MARKET
Other ▶ (MISCELLANEOUS)	X	16	33,141	COMPARABLE MARKET
Other ▶ (EVENT TICKETS/INSTRUCTION)	X	48	20,903	COMPARABLE MARKET
Other ▶ (JEWELRY/HANDBAGS)	X	13	4,861	COMPARABLE MARKET
Other ▶ (PARKING PASSES)	X	7	3,150	COMPARABLE MARKET

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
YALE NEW HAVEN HOSPITAL**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

2017**Open to Public
Inspection****Employer identification number**

06-0646652

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 7B	UNRELATED BUSINESS TAXABLE INCOME FROM FORM 990-T THE AMOUNT REPORTED ON PART I, LINE 7B INCLUDES CERTAIN FRINGE BENEFIT EXPENSES SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME UNDER IRC SECTION 512(A)(7) AMOUNTS THAT ARE NOT CLASSIFIED AS REVENUE AND, THEREFORE, NOT REPORTED AS SUCH ON FORM 990, PART VIII

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>YALE NEW HAVEN HOSPITAL (YNHH), FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL, WHICH ALSO INCLUDES YALE NEW HAVEN CHILDREN'S HOSPITAL, YALE NEW HAVEN PSYCHIATRIC HOSPITAL, SMILOW CANCER HOSPITAL AND GRIMES CENTER WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YNHH IS THE PRIMARY TEACHING HOSPITAL FOR YALE S CHOOOLS OF MEDICINE AND NURSING AND A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS THE HOSPITAL INCLUDES SEVERAL OUTPATIENT CENTERS AND DOZENS OF RADIOLOGY AND BL OOD-DRAWING SERVICES THROUGHOUT THE STATE YALE NEW HAVEN HOSPITAL CONTINUED ITS COMMITMEN T TO DELIVER HIGH-QUALITY, PATIENT-CENTERED CARE BY EXPANDING ACCESS, IMPROVING SAFETY AND INCREASING PATIENT VOLUME IN KEY SERVICES THE HOSPITAL'S REPUTATION RESULTED IN TOP NATI ONAL RANKINGS BY U S NEWS & WORLD REPORT IN NINE ADULT SPECIALTIES AND NINE PEDIATRIC SUB SPECIALTIES YNHH CONTINUED TO TREAT MANY OF CONNECTICUT'S MOST ACUTE PATIENTS, SEEING AN INCREASE IN OVERALL CASE MIX INDEX TRANSFERS OF ACUTE PATIENTS TO YNHH FROM OTHER HEALTHC ARE ORGANIZATIONS ALSO INCREASED THIS YEAR THE NUMBER OF PATIENT TRANSFERS THROUGH THE Y ACCESS PROGRAM INCREASED BY 5 PERCENT SKYHEALTH, THE HELICOPTER TRANSPORT SERVICE, EXPERI ENCED A 37 PERCENT INCREASE IN TRANSFER FLIGHTS QUALITY AND SAFETY ACTIVITIES FOCUSED ON HIGH RELIABILITY STRATEGIES AND TOOLS TO REDUCE READMISSIONS AND HOSPITAL-ACQUIRED INFECTI ONS SINCE 2014, THE RATE OF SERIOUS SAFETY EVENTS AT YNHH DECLINED BY 83 PERCENT SEVERAL SERVICES INCLUDING GASTROINTESTINAL, PHARMACY, PSYCHIATRY, RADIOLOGY, SURGERY AND TRANSP L ANT WENT MORE THAN A YEAR WITHOUT A SINGLE SERIOUS SAFETY EVENT ANOTHER AREA OF FOCUS, AT RIAL MYOCARDIAL INFARCTION READMISSIONS, DECLINED 65 PERCENT TO ENHANCE COORDINATION, SAF ETY, QUALITY, TIMELINESS AND EFFICIENCY IN PATIENT CARE, YNHH LAUNCHED THE CAPACITY COORDI NATION CENTER THAT COMBINES REAL-TIME DATA ANALYTICS WITH PHYSICAL CO-LOCATION OF KEY OPER ATIONAL SERVICES TO ENHANCE COORDINATION, SAFETY, QUALITY, TIMELINESS AND EFFICIENCY IN PA TIENT CARE DASHBOARDS DISPLAYED ON MONITORS SHOW REAL-TIME DATA AND PREDICTIVE ANALYTICS TO HELP THE HOSPITAL PREPARE FOR CHANGES IN PATIENT VOLUME OR COMPLEX CONDITIONS YALE NEW HAVEN CHILDREN'S HOSPITAL (YNHCH) OPENED ONE OF THE COUNTRY'S MOST ADVANCED NEONATAL INTE NSIVE CARE UNITS (NNICU) YNHCH WAS THE FIRST ACADEMIC MEDICAL CENTER TO OFFER COUPLET ROO MS IN A NNICU, WHERE MOTHERS AND THEIR LOWER ACUITY BABIES CAN REMAIN TOGETHER THIS INNOV ATIVE UNIT WAS A KEY FACTOR IN YNHCH'S SUCCESSFUL SELECTION AS ONE OF THE 20 MOST INNOVATI VE CHILDREN'S HOSPITALS IN THE UNITED STATES BY PARENTS MAGAZINE YNHCH ALSO WON THE NATIO NAL CHILDREN'S HOSPITAL ASSOCIATION 2017 PEDIATRIC QUALITY AWARD FOR DEVELOPING AND PROMOT ING A CULTURE OF SAFETY AND ELIMINATING SERIOUS SAFETY EVENTS YNHH'S HEART AND VASCULAR C ENTER RECEIVED THE DISTINGUISHED THREE-STAR RATING, THE HIGHEST COMPOSITE QUALITY RATING, IN FOUR PROCEDURE CATEGORIES F</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>FROM THE SOCIETY OF THORACIC SURGEONS (STS) NATIONAL DATABASE YNHH WAS THE ONLY CARDIAC CENTER IN CONNECTICUT TO BE SO HIGHLY RANKED. ADDITIONALLY, YNHH BECAME THE FIRST CONNECTICUT HOSPITAL AND ONLY ONE OF 29 NATIONWIDE RECOGNIZED AS A HYPERTROPHIC CARDIOMYOPATHY CENTER OF EXCELLENCE BY THE HYPERTROPHIC CARDIOMYOPATHY ASSOCIATION. THE CENTER FOR MUSCULOSKELETAL CARE (CMC) OPENED THE MCGIVNEY ADVANCED SURGICAL CENTER WITH SIX OPERATING ROOMS AND 23 PRE- AND POST-OPERATIVE BEDS. THE CMC WAS THE ONLY ONE IN THE U.S. TO EARN ALL MAJOR CERTIFICATIONS AT THE HIGHEST LEVEL FOR MUSCULOSKELETAL CARE. A SATELLITE PROGRAM OPENED AT THE NEW CENTER FOR MUSCULOSKELETAL CARE AT THE NORTH HAVEN MEDICAL CENTER IN OCTOBER. MANY PROGRAMS AND SERVICES RECEIVED RECOGNITION FOR SAFE, QUALITY, PATIENT-CENTERED CARE. THE GRIMES CENTER RECEIVED THE HIGHEST RANKINGS ON THE CENTERS FOR MEDICARE AND MEDICAID SERVICES NURSING HOME QUALITY MEASURES FOR THE SECOND TIME. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION PRESENTED YNHH WITH ITS PLATINUM AWARD IN RECOGNITION OF ORGAN AND TISSUE DONATION EFFORTS IN THE HOSPITAL AND COMMUNITY. THE REHABILITATION AND WELLNESS CENTER, A 24-BED FACILITY LOCATED AT MILFORD HOSPITAL, RECEIVED THE PRESS GANEY GUARDIAN OF EXCELLENCE AWARD FOR PATIENT EXCELLENCE FOR ITS EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NEW HAVEN. THE AMERICAN HOSPITAL ASSOCIATION GAVE THE PRESTIGIOUS 2017 FOSTER G. MCGAW PRIZE FOR EXCELLENCE IN COMMUNITY SERVICE TO YNHH IN RECOGNITION OF EXCEPTIONAL EFFORTS TO BUILD PROGRAMS THAT PROMOTE ENGAGEMENT, JOB GROWTH AND ACCESS TO QUALITY HEALTH CARE IN THE NEW HAVEN COMMUNITY. THIS YEAR MARKED THE TENTH ANNIVERSARY OF YNHH'S PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN, COMPLETING THE NINTH AND TENTH YNHH-SPONSORED HOMES IN THE COMMUNITY. OVER 2,100 PEOPLE PARTICIPATED IN HOSPITAL-RUN SUPPORT GROUPS, WHICH MET OVER 300 TIMES THROUGHOUT THE YEAR. THE ME & MY BABY PROGRAM PROVIDED ALMOST 200 MOTHERS WITH ACCESS TO PRENATAL AND PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERAGE. IN PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, THE HOSPITAL'S DIGITAL MAMMOGRAPHY VAN PROVIDED APPROXIMATELY 800 SCREENING MAMMOGRAPHY EXAMS THROUGHOUT SOUTHERN CONNECTICUT. YNHH RECEIVED A NUMBER OF EMPLOYER OF CHOICE AWARDS INCLUDING 100 BEST WORKPLACES FOR WOMEN BY FORTUNE MAGAZINE, ONE OF THE TOP 10 NON-PROFIT WORKPLACES FOR EXECUTIVE WOMEN BY THE NATIONAL ASSOCIATION FOR FEMALE EXECUTIVES AND SEVENTH ON THE LIST OF BEST HOSPITAL TO WORK IN THE NATION BY INDEED. THE HOSPITAL WAS ALSO A HIGH SCORER ON THE HUMAN RIGHTS CAMPAIGN FOUNDATION'S HEALTHCARE EQUALITY INDEX FOR ITS POLICIES AND PRACTICES DEDICATED TO THE EQUITABLE TREATMENT AND INCLUSION OF LGBT Q PATIENTS, VISITORS AND EMPLOYEES. YNHH'S YEAR REFLECTED A FOCUS ON ENHANCING VALUE WITH ENRICHED CLINICAL PROGRAMS, EXPANDED ACCESS AND REACH, IMPROVED QUALITY AND SAFETY THROUGH TARGETED INITIATIVES AND SOUND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>D FINANCIAL PERFORMANCE YNHH CONTINUES TO DISTINGUISH ITSELF AS A DESTINATION HOSPITAL BY DELIVERING HIGH QUALITY, PATIENT-CENTERED CARE WHILE EXPANDING ITS OVERALL SCOPE OF SERVICES AND ITS ROLE AS A COMMUNITY HEALTHCARE ASSET 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 IN THE EVENT THAT THE ORGANIZATION DOES NOT RECEIVE A RESPONSE FROM ANY SUCH VOTING MEMBER, THE ORGANIZATION REVIEWS OTHER INFORMATION KNOWN TO IT REGARDING THE VOTING MEMBER AND MAKES A REASONABLE ASSESSMENT OF INDEPENDENCE BASED ON THAT INFORMATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY CERTAIN OF THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES MAY SERVE AS OFFICERS AND/OR DIRECTORS OF TAX-EXEMPT AND 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 AND/OR TRUSTEES DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN SUCH AFFILIATES 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 A, LINE 6	THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YALE NEW HAVEN HEALTH SERVICES CORPORATION ("YNHHS"), ITSELF A CONNECTICUT NON-STOCK CORPORATION EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE HOSPITAL NOMINATES INDIVIDUALS TO SERVE ON THE HOSPITAL'S BOARD FOR APPROVAL BY ITS SOLE MEMBER, YALE NEW HAVEN HEALTH SERVICES CORPORATION CERTAIN OF WHOM ARE NOMINATED ALSO BY YALE UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE YALE NEW HAVEN HEALTH SERVICES CORPORATION, AS THE ORGANIZATIONS' SOLE MEMBER, HAS THE RIGHTS, POWERS AND PRIVILEGES SET FORTH IN THE ORGANIZATION'S BYLAWS, INCLUDING, IN PART, THE AUTHORITY TO APPROVE THE NOMINEES TO THE BOARD OF TRUSTEES, AMENDMENTS TO THE GOVERNING DOCUMENTS, OPERATING AND CAPITAL BUDGETS, INITIATION OF NEW PROGRAMS AND CLINICAL SERVICES OR THE DISCONTINUATION OR CONSOLIDATION OF SUCH PROGRAMS, CERTAIN FUNDAMENTAL CORPORATION TRANSACTIONS, AND THE ISSUANCE AND INCURRENCE OF INDEBTEDNESS

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 YNHHS 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 ORGANIZATION 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 ITS 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	<p>YALE NEW HAVEN HOSPITAL IS COVERED UNDER THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY APPROVED AND ADOPTED BY THE SYSTEM COMPLIANCE COMMITTEE, WHICH HAS BEEN DELEGATED THE AUTHORITY TO APPROVE AND ADOPT COMPLIANCE POLICIES ON BEHALF OF THE ENTITIES IN THE SYSTEM THE YNHHS 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 PROMPTLY REPORT 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 TO DEVELOP A PLAN TO MITIGATE ANY ACTUAL CONFLICT OF INTEREST FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS WITH WHICH SHE OR HE HAD AN ACTUAL OR POTENTIAL CONFLICT AND THE ACTUAL OR POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE YALE NEW HAVEN HEALTH SERVICES CORPORATION EXECUTIVE COMPENSATION COMMITTEE APPROVES THE TOTAL COMPENSATION STRATEGY FOR ALL EXECUTIVES EMPLOYED BY YALE NEW HAVEN HEALTH SERVICES CORPORATION AND THE YALE NEW HAVEN HOSPITAL COMPENSATION COMMITTEE APPROVES THE TOTAL COMPENSATION STRATEGY FOR ALL EXECUTIVES EMPLOYED BY THE HOSPITAL, BOTH TAKING INTO ACCOUNT THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE MEMBERS OF THE COMMITTEES VOTING TO APPROVE COMPENSATION DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS. THE COMPARABILITY DATA USED TO ASSIST THE COMMITTEES IN THEIR COMPENSATION DELIBERATIONS IS COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THESE COMMITTEES. THE DELIBERATIONS AND DECISIONS OF THESE COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE COMMITTEES, AND SHARED WITH THE BOARDS OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 15B. COMPENSATION PROCESS FOR OFFICERS CERTAIN OFFICERS ARE EMPLOYEES OF YNHHS, OTHER OFFICERS ARE EMPLOYED DIRECTLY BY THE HOSPITAL. COMPENSATION DETERMINATIONS OF YNHHS EMPLOYEES ARE MADE BOTH BY THE COMPENSATION COMMITTEES AND BOARDS OF YNHHS AND THE HOSPITAL. COMPENSATION DETERMINATION OF THE HOSPITAL EMPLOYEES ARE MADE BY THE HOSPITAL'S COMPENSATION COMMITTEE AND BOARD. THE EXECUTIVE COMPENSATION COMMITTEES OF YALE NEW HAVEN HOSPITAL AND YNHHS STRIVE TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEES ARE RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL THEIR RESPECTIVE CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YALE NEW HAVEN HOSPITAL AND YNHHS BOARD ON AN ANNUAL BASIS, AS APPLICABLE. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEES, AS APPLICABLE, EXPRESSLY DETERMINE 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 COMMITTEES CONSIST OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEES. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEES IN THEIR COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEES. 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEES, AND PROVIDED TO THE BOARDS OF YNHHS AND/OR THE HOSPITAL, AS APPLICABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF ALL AVAILABLE DOCUMENTS ARE ACCESSIBLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL & CONSULTING FEES PROGRAM SERVICE EXPENSES 62,562,784 MANAGEMENT AND GENERAL EXPENSES 1,393,767 FUNDRAISING EXPENSES 1,654 TOTAL EXPENSES 63,958,205 OHCA ASSESSMENT PROGRAM SERVICE EXPENSES 928,429 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 928,429 SYSTEM SUPPORT FEES PROGRAM SERVICE EXPENSES 30,299,023 MANAGEMENT AND GENERAL EXPENSES 4,932,399 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 35,231,422 OUTSIDE CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 121,463,206 MANAGEMENT AND GENERAL EXPENSES 29,972,538 FUNDRAISING EXPENSES 551,537 TOTAL EXPENSES 151,987,281 YNHHS SHARED PROJECT FEES PROGRAM SERVICE EXPENSES 220,191,869 MANAGEMENT AND GENERAL EXPENSES 52,221,720 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 272,413,589 EMPLOYEE RECRUITMENT FEES PROGRAM SERVICE EXPENSES 262,941 MANAGEMENT AND GENERAL EXPENSES 62,360 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 325,301 AMBULANCE SERVICES PROGRAM SERVICE EXPENSES 3,339,042 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,339,042 YALE U PERSONNEL & SUPPORT FEE PROGRAM SERVICE EXPENSES 233,169,540 MANAGEMENT AND GENERAL EXPENSES 55,299,564 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 288,469,104 TEMPORARY STAFFING PROGRAM SERVICE EXPENSES 6,371,906 MANAGEMENT AND GENERAL EXPENSES 1,511,191 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,883,097

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM YORK -107,800 PENSION RELATED CHANGES 25,928,000 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 550,000 OTHER CHANGES IN NET ASSETS -8,624 CHANGE IN AUXILIARY NET ASSETS 10,441 INVESTMENT IN ASC -753,645

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

2017

Open to Public Inspection

Name of the organization
YALE NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) YALE NEW HAVEN HOSPITAL RABBI TRUST PO BOX 535007 PITTSBURGH, PA 152535007 30-6206686	GRANTORS TRUST- RETIREMENT PLAN	PA	8,367,874	94,964,191	YALE NEW HAVEN HOSPITAL

Part II Identification of Related Tax-Exempt Organizations

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

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	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHORELINE ENDOSCOPY CENTER LLC 800 BOSTON POST ROAD GUILFORD, CT 06437 90-0110459	HEALTHCARE SERVICES	CT	N/A									
(2) SSC II LLC - TECHNICAL TERMINATION ON 1217 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	N/A									
(3) ORTHOPAEDIC & NEUROSURGERY CENTER - DISSOLVED ON 518 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	N/A									
(4) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	N/A									
(5) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED	139,017,225	1,585,798,230		No			No	82 800 %
(6) YNHHCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	N/A									

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

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

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
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	Yes	
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	Yes	
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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART IV, COLUMN C	THE CHARITABLE REMAINDER UNITRUSTS LISTED ON PART IV HAVE THE FOLLOWING LEGAL DOMICILES CONNECTICUT IN DECEMBER OF 2017 SSC II, EIN 26-1709382 HAD A TECHNICAL TERMINATION AND BECAME A SINGLE MEMBER LLC OF YALE NEW HAVEN AMBULATORY SEVICES CORP, EIN 06-1398526 YALE NEW HAVEN HOSPITAL IS THE SOLE SHAREHOLDER OF YALE NEW HAVEN AMBULATORY SEVICES CORP



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
365 MONTAUK AVENUE NEW LONDON, CT 06320 20-8006123	HEALTHCARE SERVICES	CT	501C3	LINE 12A, I	LAWRENCE MEMORIAL HOSPITAL INC	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-0646554	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12B, II	BRIDGEPORT HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 22-2908698	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 7	BRIDGEPORT HOSPITAL	Yes	
120 COLUMBINE DRIVE TRUMBULL, CT 06611 06-6048427	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	YALE NEW HAVEN HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-0646659	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 12A, I	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553026	FUNDRAISING SERVICES	CT	501C3	PF	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 06-0646704	HEALTHCARE SERVICES	CT	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
365 MONTAUK AVENUE NEW HAVEN, CT 06320 46-0543230	HEALTHCARE SERVICES	RI	501C3	LINE 3	LAWRENCE MEMORIAL CORPORATION	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 06-1330992	HEALTHCARE SERVICES	CT	501C3	LINE 10	YALE NEW HAVEN HEALTH SERVICES CORP	Yes	
99 HAWLEY LANE STRATFORD, CT 06614 35-2380180	HEALTHCARE SERVICES	NY	501C3	LINE 12A, I	NORTHEAST MEDICAL GROUP INC	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1207316	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 10	GREENWICH HOSPITAL	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-1297708	TITLE HOLDING	CT	501C2		BRIDGEPORT HOSPITAL	Yes	
5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1526642	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12B, II	GREENWICH HOSPITAL	Yes	
25 WELLS STREET WESTERLY, RI 02891 05-0508064	FUNDRAISING SERVICES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
403 NORTH FRONTAGE ROAD WATERFORD, CT 06385 06-0646616	HOME HEALTHCARE SERVICES	CT	501C3	LINE 10	LAWRENCE MEMORIAL CORPORATION	Yes	
25 WELLS STREET WESTERLY, RI 02891 22-2507181	FUNDRAISING ACTIVITIES	RI	501C3	LINE 12A, I	LMW HEALTHCARE INC	Yes	
789 HOWARD AVE NEW HAVEN, CT 06519 22-2529464	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	N/A		No
789 HOWARD AVE NEW HAVEN, CT 06519 45-5235566	NURSING HOME	CT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553031	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	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
CORPORATE PROFESSIONAL BUSINESS SERVICESINC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	N/A	C				Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	N/A	C				Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	N/A	C				Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C				Yes	
MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	N/A	C				Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	N/A	C				Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	N/A	C				Yes	
L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	N/A	C				Yes	
L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	N/A	C				Yes	
LAWRENCE & MEMORIAL INDEMNITY COMPANY LTD-DISSOLVED 1117 PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-1021436	INSURANCE	CJ	N/A	C				Yes	
SOUND MEDICAL ASSOCIATES-DISSOLVED 918 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1383924	MEDICAL SERVICES	CT	N/A	C				Yes	
CHARITABLE REMAINDER UNITRUSTS (7)	TRUST	CT	N/A					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
BRIDGEPORT HOSPITAL	L	3,033,014	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	M	10,709,488	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	P	10,056,212	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL	Q	1,243,094	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL	S	1,169,093	CASH
CENTURY FINANCIAL SERVICES INC	L	5,683,947	COMPARABLE MARKET VALUE
CORPORATE PROFESSIONAL BUSINESS SERVICES INC	L	489,901	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	L	1,682,648	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	M	600,000	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	P	187,800	TRANSACTION REVIEW
GREENWICH HOSPITAL	Q	1,227,548	TRANSACTION REVIEW
GREENWICH HOSPITAL	S	724,123	CASH
LAWRENCE MEMORIAL HOSPITAL INC	L	2,440,176	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	M	401,000	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	P	849,559	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	Q	2,259,711	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	R	802,846	CASH
LAWRENCE MEMORIAL HOSPITAL INC	S	271,921	CASH
LMW HEALTHCARE INC	L	69,197	COMPARABLE MARKET VALUE
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	D	1,690,925	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	62,174,621	COMPARABLE MARKET VALUE
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	P	671,010	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	Q	151,583,563	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	R	88,623,271	CASH
MEDICAL CENTER REALTY INC	P	283,565	TRANSACTION REVIEW

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
MEDICAL CENTER REALTY INC	R	50,161	CASH
NORTHEAST MEDICAL GROUP INC	L	14,583,448	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	M	54,375,848	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	O	1,671,487	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	P	29,714,378	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	Q	2,784,386	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	R	6,479,576	CASH
YALE NEW HAVEN AMBULATORY SERVICES CORP	I	517,774	COMPARABLE MARKET VALUE
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	192,010	COMPARABLE MARKET VALUE
YALE NEW HAVEN AMBULATORY SERVICES CORP	O	4,822,459	TRANSACTION REVIEW
YALE NEW HAVEN AMBULATORY SERVICES CORP	Q	6,581,020	TRANSACTION REVIEW
YALE NEW HAVEN AMBULATORY SERVICES CORP	R	1,562,345	CASH
YALE NEW HAVEN CARE CONTINUUM CORP	L	5,630,119	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	M	2,272,906	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	P	1,330,763	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	K	3,495,045	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	L	550,990	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	M	285,438,876	COMPARABLE MARKET VALUE
YALE NEW HAVEN HEALTH SERVICES CORP	O	317,931	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	P	233,437,043	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	Q	29,056,683	TRANSACTION REVIEW
YALE NEW HAVEN HEALTH SERVICES CORP	R	99,493,896	CASH
YALE NEW HAVEN HEALTH SERVICES CORP	S	21,789,255	CASH