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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 HEALTH SERVICES CORPORATION

Doing business as

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

789 HOWARD AVENUE

Room/suite

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

NEW HAVEN, CT 06519

F Name and address of principal officer

MARNA BORGSTROM

789 HOWARD AVE

NEW HAVEN, CT 06519

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.YNHHS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile CT

Part I Summary

Activities & Governance

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

TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)

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)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

VINCENT TAMMARO EXECUTIVE VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PHILLIP E GROFF

Preparer's signature

PHILLIP E GROFF

Date

Check ☐ if self-employed

PTIN P01247783

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 1601 MARKET STREET

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 Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 497,269,629	including grants of \$ 300,400)	(Revenue \$ 621,063,985)
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 ▶	497,269,629
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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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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	351
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,940
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **►**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
►DENIS DONEGAN 789 HOWARD AVE NEW HAVEN, CT 06519 (203) 688-6088

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]

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 ▶ 780

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	CONSULTING	9,610,093
INFOR (US) INC 641 AVENUE OF THE AMERICAS NEW YORK, NY 10011	CONSULTING	6,387,922
P2P STAFFING CORPORATION 5810 CORAL RIDGE DRIVE SUITE 250 CORAL SPRINGS, FL 33076	STAFFING	2,675,289
TOWERS WATSON DELAWARE INC 901 NORTH GLEBE ROAD SUITE 600 ARLINGTON, VA 22203	CONSULTING	2,345,698
ALLEGIS GROUP HOLDINGS INC PO BOX 198568 ATLANTA, GA 303848568	CONSULTING	2,212,383

Form 990 (2017)

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

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f ▶		

Program Service Revenue

	Business Code				
2a MANAGEMENT SERVICES	900099	475,279,684	475,279,684		
b SYSTEM SUPPORT SERVICES	900099	55,588,584	55,588,584		
c INSURANCE PREMIUMS	900099	50,113,444	50,113,444		
d EMERGENCY PREPAREDNESS PROGRAM	900099	23,313,588	23,313,588		
e MANAGEMENT SERVICES-EPIC	621990	14,858,469	14,858,469		
f All other program service revenue					
g Total. Add lines 2a-2f ▶		619,153,769			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		109,592		-9	109,601
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	7,450,070				
c Gain or (loss)	7,450,031				
d Net gain or (loss) ▶	39		39		39
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events . . . ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a MANAGEMENT SERVICES REVENUE	900099	3,439,989	3,439,989		
b OTHER ANCILLARY INCOME	900099	2,606,595	2,606,595		
c SYSTEM SUPPORT FEES	900099	737,696	737,696		
d All other revenue		-696,379	-696,379		
e Total. Add lines 11a-11d ▶		6,087,901			
12 Total revenue. See Instructions ▶		625,351,301	621,063,985	4,177,676	109,640

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	300,400	300,400		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	9,710,116	971,012	8,739,104	
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.	244,235,702	197,184,321	47,051,381	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	14,476,690	11,296,242	3,180,448	
9 Other employee benefits.	47,670,117	37,197,257	10,472,860	
10 Payroll taxes.	17,122,436	13,360,732	3,761,704	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,350,884		4,350,884	
c Accounting.	2,460,953		2,460,953	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	106,699,576	80,092,946	26,606,630	
12 Advertising and promotion.				
13 Office expenses.	2,885,149	2,251,297	633,852	
14 Information technology.				
15 Royalties.				
16 Occupancy.	85,049,906	66,364,914	18,684,992	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,771,584	2,162,682	608,902	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	41,336,617	32,255,192	9,081,425	
23 Insurance.	46,706,400	46,706,400		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a TELEPHONE & DATA COMMUN.	7,988,447	6,233,430	1,755,017	
b DUES, FEES & MEMBERSHIP	1,091,282	851,533	239,749	
c BOOKS & SUBSCRIPTIONS	52,891	41,271	11,620	
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	634,909,150	497,269,629	137,639,521	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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			1		
	2	Savings and temporary cash investments		57,260,232	2	58,270,882	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		892,875,321	4	970,625,656	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		27,330,809	9	17,115,464	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	405,653,501			
	b	Less: accumulated depreciation	10b	290,373,165	106,082,563	10c	115,280,336
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		8,443,072	12	7,446,473	
	13	Investments—program-related. See Part IV, line 11		375,731,415	13	373,581,965	
	14	Intangible assets		52,050,105	14	52,050,105	
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,519,773,517	16	1,594,370,881		
Liabilities	17	Accounts payable and accrued expenses		92,166,113	17	94,998,360	
	18	Grants payable			18		
	19	Deferred revenue		74,831,478	19	70,060,775	
	20	Tax-exempt bond liabilities		798,002,585	20	885,607,341	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		95,994,537	25	94,484,468	
	26	Total liabilities. Add lines 17 through 25		1,060,994,713	26	1,145,150,944	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		458,778,804	27	413,018,848	
	28	Temporarily restricted net assets			28	20,497,152	
	29	Permanently restricted net assets			29	15,703,937	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		458,778,804	33	449,219,937	
	34	Total liabilities and net assets/fund balances		1,519,773,517	34	1,594,370,881	

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	625,351,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	634,909,150
3	Revenue less expenses Subtract line 2 from line 1	3	-9,557,849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	458,778,804
5	Net unrealized gains (losses) on investments	5	-1,018
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	449,219,937

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

Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

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			
MARNA BORGSTROM CEO/TRUSTEE	16 00 24 00	X		X				1,598,581	2,397,870	752,997
VINCENT CALARCO CHAIRMAN/TRUSTEE	1 00 1 00	X		X				0	0	0
JOSEPH CRESPO SECRETARY/TRUSTEE	1 00 1 00	X		X				0	0	0
JULIA MCNAMARA VICE CHAIR/TRUSTEE	1 00 1 00	X		X				0	0	0
JOHN FALCONI TRUSTEE	1 00 1 00	X						0	0	0
MARY FARRELL TRUSTEE	1 00 1 00	X						0	0	0
CARLTON HIGHSMITH TRUSTEE	1 00 0 00	X						0	0	0
THOMAS KETCHUM TRUSTEE	1 00 1 00	X						0	0	0
JOHN LAHEY TRUSTEE	1 00 1 00	X						0	0	0
MARVIN LENDER TRUSTEE	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NEWMAN MARSILIUS III TRUSTEE	1 00 2 00	X						0	0	0
ARTHUR MARTINEZ - EFF 102017 TRUSTEE	1 00 3 00	X						0	0	0
BARBARA MILLER TRUSTEE	1 00 1 00	X						0	0	0
STEPHEN MURPHY TRUSTEE	1 00 1 00	X						0	0	0
BENJAMIN POLAK TRUSTEE	1 00 0 00	X						0	0	0
B MICHAEL RAUH - EFF 102017 TRUSTEE	1 00 5 00	X						0	0	0
MEREDITH REUBEN TRUSTEE	1 00 1 00	X						0	0	0
PETER SALOVEY TRUSTEE	1 00 1 00	X						0	0	0
ELLIOT SUSSMAN TRUSTEE	1 00 1 00	X						0	0	0
JAMES TORGERSON TRUSTEE	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN ALLEGRETTO VP	1 00 39 00			X				16,841	544,555	162,880
WILLIAM ASELTYN SR VP	8 00 32 00			X				205,203	874,810	268,033
THOMAS BALCEZAK SR VP	1 00 39 00			X				0	1,074,368	287,017
GAYLE CAPOZZALO - END 62018 EXECUTIVE VP	37 00 3 00			X				1,164,506	0	96,481
EUGENE COLUCCI VP	4 00 36 00			X				64,008	576,076	103,800
RICHARD D'AQUILA PRESIDENT (CURRENT YEAR COMP)	8 00 32 00			X				477,616	1,910,463	310,089
RICHARD D'AQUILA PRESIDENT (VESTED DEFERRED)	8 00 32 00			X				251,980	1,007,922	0
MICHAEL DIMENSTEIN VP	2 00 38 00			X				32,225	696,841	98,927
DENISE FIORE - EFF 102017 SR VP (CURRENT YEAR COMP)	1 00 39 00			X				0	682,973	100,246
DENISE FIORE - EFF 102017 SR VP (VESTED DEFERRED)	1 00 39 00			X				0	2,690,538	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			
CAROLYN SALSGIVER-KOBSA VP	1 00 39 00			X				0	460,089	146,147
PAMELA SCAGLIARINI SR VP	1 00 39 00			X				0	703,547	202,956
JOHN SKELLY VP	4 00 36 00			X				63,747	573,723	178,947
LISA STUMP SR VP	8 00 32 00			X				153,783	615,132	238,723
VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	16 00 24 00			X				504,899	757,349	301,094
MELISSA TURNER VP	1 00 39 00			X				0	466,437	123,809
PRATHIBHA VARKEY SR VP	8 00 32 00			X				187,024	748,096	226,128
DAVID WURCEL VP	1 00 39 00			X				0	643,356	41,254
JOSEPH BISSON VP	40 00 0 00					X		537,274	0	94,259
MATTHEW COMERFORD VP	40 00 0 00					X		612,928	0	98,406

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			
ALAN KLIGER SR VP	40 00 0 00					X		507,023	0	133,622
MICHAEL LOFTUS VP	40 00 0 00					X		577,698	0	100,466
VICTOR MORRIS VP	40 00 0 00					X		607,041	0	98,414
FRANK CORVINO FORMER OFFICER	0 00 0 00						X	0	139,574	0
WILLIAM GEDGE FORMER OFFICER	0 00 0 00						X	1,718,854	0	0
PETER HERBERT FORMER OFFICER	0 00 0 00						X	0	211,098	0
NANCY LEVITT-ROSENTHAL FORMER OFFICER	0 00 0 00						X	343,232	0	0
JAMES STATEN FORMER OFFICER	0 00 0 00						X	1,677,835	0	0
BRUCE CUMMINGS FORMER OFFICER	0 00 0 00						X	0	338,239	8,293

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☒

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations

5
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	5				72,899,874	0

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** ☐**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 ☐**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 ☐**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 ☐**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 ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning 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	No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <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	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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	No
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	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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? If "Yes" to a, b, or c, provide detail in Part VI		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	No
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ 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.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) YALE NEW HAVEN HOSPITALINC	060646652	3	Yes		0	0
(A) BRIDGEPORT HOSPITAL	060646554	3	Yes		0	0
(B) GREENWICH HOSPITAL	060646659	3	Yes		0	0
(C) NORTHEAST MEDICAL GROUP INC	061330992	10	Yes		72,899,874	0
(D) LAWRENCE MEMORIAL HOSPITAL INC	060646704	3	Yes		0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225009169

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 HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

Part I

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

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

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

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

6

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

7

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

8

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

9

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

10

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

11

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

1b

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,980,000		7,980,000
b Buildings				
c Leasehold improvements		14,818,424	1,172,301	13,646,123
d Equipment		353,745,692	289,200,864	64,544,828
e Other		29,109,385		29,109,385
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				115,280,336

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	373,581,965	

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PROFESSIONAL LIABILITY INSURANCE	11,775,175
ACCRUED SUPPLEMENTAL RETIREMENT	23,780,241
RETRO INSURANCE CREDIT	17,269,316
INTEREST RATE SWAP	23,802,394
CURRENT PORTION OF LONG TERM DEBT	17,857,342
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	94,484,468

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)INVEST IN L+M CORP	277,307,150	C
(2)INVEST IN NEPC/VHA	262,192	C
(3)INVEST IN TOTAL HEALTH	765,186	C
(4)INVEST IN PATIENT WISDOM	296,024	C
(5)INVEST IN MCIC VERMONT	1,000,000	C
(6)INVEST IN N SHORE LIJ	567,567	C
(7)MCIC EQUITY	80,040,587	C
(8)MCIC INVESTMENT	10,811,582	C
(9)INVEST IN PHYSICIAN ONE URGENT CARE	2,371,427	C
(10)INVEST IN SILVER HILL HOSPITAL	160,250	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	YALE NEW HAVEN HEALTH SERVICES CORPORATION IS INCLUDED IN THE CONSOLIDATED YALE NEW HAVEN HEALTH SYSTEM AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS FOLLOWING IS THE FOOTNOTE 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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES
CORPORATION

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
22-2529464

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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

22

3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 495 BLAKE STREET NEW HAVEN, CT 06515	65-1203744	501(C)(3)	10,800		FMV		SUPPORT MISSION
ALBERTUS MAGNUS COLLEGE 700 PROSPECT STREET NEW HAVEN, CT 06511	06-0646520	501(C)(3)	25,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	17,500		FMV		SPONSORSHIP
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	10,000		FMV		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 (SOCIAL INTEGRATION) 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	6,000		FMV		SUPPORT MISSION
CHRISTIAN COMMUNITY COMMISSION 681 DIXWELL AVENUE NEW HAVEN, CT 06511	31-1609929	501(C)(3)	10,000		FMV		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
LONG WHARF THEATER - CONNECTICUT PLAYERS FOUNDATION INC 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501(C)(3)	12,500		FMV		SUPPORT MISSION
CORNELL HILL SCOTT CORPORATION 400-428 COLUMBUS AVE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	20,000		FMV		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
EAST END DEVELOPERS INC PO BOX 9045 BRIDGEPORT, CT 06601	46-0768629	501(C)(3)	10,000		FMV		SUPPORT MISSION
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN, CT 06511	23-7431264	501(C)(3)	9,000		FMV		SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	06-0646659	501(C)(3)	13,900		FMV		SUPPORT MISSION
JUVENILE DIABETES RESEARCH GREATER CT & WESTERN MA CHAPTER 20 BATTERSON PARK ROAD FARMINGTON, CT 06032	23-1907729	501(C)(3)	15,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND 70 FARMINGTON AVENUE HARTFORD, CT 06105	06-0665972	501(C)(3)	20,300		FMV		SPONSORSHIP
LAWRENCE MEMORIAL HOSPITAL INC 365 MONTAUK AVENUE NEW LONDON, CT 06320	06-0646704	501(C)(3)	9,150		FMV		SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS 195 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-1444222	501(C)(3)	26,500		FMV		SPONSORSHIP
NEW HAVEN PUBLIC LIBRARY 133 ELM STREET NEW HAVEN, CT 06510	06-1283798	501(C)(3)	7,500		FMV		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)	20,000		FMV		SUPPORT MISSION
PLANNED PARENTHOOD OF SOUTHERN CT 345 WHITNEY AVENUE NEW HAVEN, CT 06512	06-0263565	501(C)(3)	17,500		FMV		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
SILVER HILL HOSPITAL 208 VALLEY ROAD NEW CANAAN, CT 06840	06-0655139	501(C)(3)	10,000		FMV		SPONSORSHIP
VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	13,000		FMV		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
WOMEN'S BUSINESS DEVELOPMENT 184 BEDFORD STREET STAMFORD, CT 06901	06-1493737	501(C)(3)	5,450		FMV		SPONSORSHIP
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	06-0646652	501(C)(3)	11,300		FMV		SUPPORT MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

Name of the organization
YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number

22-2529464

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

Yes

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	LINE 4A, SEVERANCE THE INDIVIDUAL LISTED BELOW RECEIVED SEVERANCE PAYMENTS VALUED AT THE AMOUNT SUBSEQUENTLY SHOWN DURING THE REPORTING YEAR. THE SEVERANCE PAYMENTS ARE INCLUDED IN THE FIGURE REPORTED IN PART II, COLUMN B(III). SEVERANCE NONQUALIFIED EQUITY-BASED WILLIAM GEDGE \$295,000 - - LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS THE INDIVIDUALS LISTED BELOW ARE PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENT BOTH THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS. SEVERANCE NONQUALIFIED EQUITY-BASED MARNA P. BORGSTROM - \$359,055 - CHRISTOPHER O'CONNOR - 157,852 - WILLIAM A. JENNINGS - 137,228 - VINCENT TAMMARO - 133,362 - WILLIAM J. ASELTYN - 114,533 - THOMAS BALCEZAK - 113,482 - PRATHIBHA VARKEY - 109,754 - PATRICK MCCABE - 92,433 - LISA STUMP - 84,562 - PAMELA SCAGLIARINI - 76,054 - VINCENT PETRINI - 74,202 - JOHN SKELLY - 68,920 - STEPHEN ALLEGRETTO - 66,239 - MELISSA TURNER - 52,915 - CAROLYN SALSGIVER - 50,668 - JAMES B. MORRIS - 47,428 - PATRICK GREEN - 38,543 - THOMAS NEWMAN - 21,699 - THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2017 CALENDAR YEAR THAT WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2017 CALENDAR YEAR FORM W-2. SEVERANCE NONQUALIFIED EQUITY-BASED DENISE FIORE - \$2,690,538 - KEVIN MYATT - 2,071,899 - RICHARD D'AQUILA - 1,259,902 - NORMAN ROTH - 704,059 - MICHAEL DIMENSTEIN - 187,130 - WILLIAM GEDGE - 145,897 - GAYLE CAPOZZALO - 71,101 - NANCY LEVITT-ROSENTHAL - 16,979 - THE FORMER OFFICERS BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM THE NONQUALIFIED PLAN. THE FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE RABBI TRUST: FRANK CORVINO \$139,574; PETER HERBERT 78,071. THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). SEPARATELY, LAWRENCE & MEMORIAL HOSPITAL (A RELATED ORGANIZATION) ESTABLISHED A SECTION 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE HOSPITAL'S SENIOR MANAGEMENT. AMOUNT FOR BRUCE CUMMINGS IS CREDITED TO THE RETIREMENT ACCOUNT IN MONTHLY INSTALLMENTS THROUGHOUT EACH PLAN YEAR. PLAN AMOUNTS WILL BE PAID ONLY IF CERTAIN CONDITIONS ARE MET, INCLUDING REMAINING EMPLOYED BY THE HOSPITAL THROUGH AGE 65, AS OUTLINED IN THE PLAN AGREEMENT. SECTION 457(F) CONTRIBUTIONS ARE PAID OUT AND REPORTED ON HIS W-2. DURING 2017, THE REQUIRED SECTION 457(F) CONDITIONS WERE MET AND THE FOLLOWING INDIVIDUAL RECEIVED THEIR PAYOUT AS FOLLOWS: BRUCE CUMMINGS \$36,700.
PART I, LINE 7	THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARNABORGSTROM CEO/TRUSTEE	(i)	782,832	777,229	38,520	296,437	4,762	1,899,780	0
	(ii)	1,174,247	1,165,843	57,780	444,656	7,142	2,849,668	0
1STEPHEN ALLEGRETTO VP	(i)	12,825	3,164	852	4,510	376	21,727	402
	(ii)	414,688	102,315	27,552	145,833	12,161	702,549	12,994
2WILLIAMASELTYNESR VP	(i)	134,116	41,719	29,368	47,562	3,365	256,130	5,479
	(ii)	571,759	177,853	125,198	202,763	14,343	1,091,916	23,358
3THOMASBALCEZAKSR VP	(i)	0	0	0	0	0	0	0
	(ii)	719,118	216,375	138,875	268,782	18,235	1,361,385	51,704
4GAYLECAPOZZALO - END 62018 EXECUTIVE VP	(i)	733,835	279,422	151,249	84,433	12,048	1,260,987	0
	(ii)	0	0	0	0	0	0	0
5EUGENECOLUCCI VP	(i)	45,668	11,007	7,333	9,414	966	74,388	0
	(ii)	411,014	99,063	65,999	84,725	8,695	669,496	0
6RICHARDD'AQUILA PRESIDENT (CURRENT YEAR COMP)	(i)	311,402	107,016	59,198	59,270	2,748	539,634	599
	(ii)	1,245,608	428,064	236,791	237,080	10,991	2,158,534	2,396
7RICHARDD'AQUILA PRESIDENT (VESTED DEFERRED)	(i)	0	0	251,980	0	0	251,980	0
	(ii)	0	0	1,007,922	0	0	1,007,922	0
8MICHAELDIMENSTEIN VP	(i)	16,443	4,066	11,716	3,731	642	36,598	0
	(ii)	355,568	87,914	253,359	80,676	13,878	791,395	0
9DENISEFIORE - EFF 102017 SR VP (CURRENT YEAR COMP)	(i)	0	0	0	0	0	0	0
	(ii)	448,268	85,340	149,365	92,871	7,375	783,219	0
10DENISEFIORE - EFF 102017 SR VP (VESTED DEFERRED)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	2,690,538	0	0	2,690,538	0
11PATRICKGREEN EXECUTIVE VP	(i)	62,303	9,000	1,480	28,287	1,141	102,211	0
	(ii)	249,211	36,000	5,922	113,147	4,564	408,844	0
12WILLIAMJENNINGS EXECUTIVE VP	(i)	160,491	61,448	28,507	63,588	3,765	317,799	0
	(ii)	641,964	245,794	114,026	254,352	15,061	1,271,197	0
13PATRICKMCCABESR VP	(i)	577,462	167,402	32,724	225,180	11,954	1,014,722	0
	(ii)	0	0	0	0	0	0	0
14JAMESMORRIS VP	(i)	10,977	2,981	2,408	4,195	626	21,187	0
	(ii)	285,704	77,581	62,683	109,171	16,289	551,428	0
15KEVINMYATT SR VP (CURRENT YEAR COMP)	(i)	246,738	81,384	35,411	54,906	5,476	423,915	0
	(ii)	370,107	122,077	53,117	82,359	8,213	635,873	0
16KEVINMYATT SR VP (VESTED DEFERRED)	(i)	0	0	828,760	0	0	828,760	388,339
	(ii)	0	0	1,243,139	0	0	1,243,139	582,508
17THOMASNEWMAN - EFF 112017 SR VP	(i)	52,344	65,836	1,032	23,967	1,241	144,420	0
	(ii)	78,516	98,754	1,549	35,950	1,862	216,631	0
18CHRISTOPHER O'CONNOR EXECUTIVE VP/COO	(i)	935,188	341,950	135,418	360,316	18,885	1,791,757	0
	(ii)	0	0	0	0	0	0	0
19VINCENTPETRINISR VP	(i)	0	0	0	0	0	0	0
	(ii)	452,370	153,147	80,311	182,089	17,032	884,949	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				
21NORMAN ROTH EXECUTIVE VP	(i)	148,672	59,382	162,336	16,260	2,391	389,041	72
	(ii)	594,686	237,528	649,345	65,040	9,563	1,556,162	288
1CAROLYN SALSGIVER-KOBSA VP	(i)	0	0	0	0	0	0	0
	(ii)	319,336	83,570	57,183	128,968	17,179	606,236	4,416
2PAMELA SCAGLIARINI SR VP	(i)	0	0	0	0	0	0	0
	(ii)	480,942	128,282	94,323	185,336	17,620	906,503	13,251
3JOHN SKELLY VP	(i)	44,385	10,823	8,539	16,165	1,730	81,642	1,396
	(ii)	399,468	97,405	76,850	145,482	15,570	734,775	12,562
4LISA STUMP SR VP	(i)	111,940	24,327	17,516	44,169	3,576	201,528	0
	(ii)	447,759	97,308	70,065	176,675	14,303	806,110	0
5VINCENT TAMMARO EXECUTIVE VP/CFO/TREASURER	(i)	321,099	121,424	62,376	113,345	7,093	625,337	1,254
	(ii)	481,649	182,136	93,564	170,017	10,639	938,005	1,881
6MELISSA TURNER VP	(i)	0	0	0	0	0	0	0
	(ii)	335,775	80,000	50,662	106,615	17,194	590,246	0
7PRATHIBHA VARKEY SR VP	(i)	134,410	43,953	8,661	43,739	1,487	232,250	0
	(ii)	537,639	175,812	34,645	174,955	5,947	928,998	0
8DAVID WURCEL VP	(i)	0	0	0	0	0	0	0
	(ii)	454,993	110,385	77,978	29,300	11,954	684,610	2,685
9JOSEPH BISSON VP	(i)	383,448	95,288	58,538	76,700	17,559	631,533	9,408
	(ii)	0	0	0	0	0	0	0
10MATTHEW COMERFORD VP	(i)	423,669	132,543	56,716	82,050	16,356	711,334	0
	(ii)	0	0	0	0	0	0	0
11ALAN KLIGER SR VP	(i)	293,780	160,000	53,243	126,058	7,564	640,645	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL LOFTUS VP	(i)	428,697	104,076	44,925	82,775	17,691	678,164	0
	(ii)	0	0	0	0	0	0	0
13VICTOR MORRIS VP	(i)	432,548	103,488	71,005	80,999	17,415	705,455	0
	(ii)	0	0	0	0	0	0	0
14FRANK CORVINO FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	139,574	0	0	139,574	0
15WILLIAM GEDGE FORMER OFFICER	(i)	0	173,928	1,544,926	0	0	1,718,854	575,890
	(ii)	0	0	0	0	0	0	0
16PETER HERBERT FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	211,098	0	0	211,098	113,027
17NANCY LEVITT-ROSENTHAL FORMER OFFICER	(i)	6,417	88,876	247,939	0	0	343,232	216,446
	(ii)	0	0	0	0	0	0	0
18JAMES STATEN FORMER OFFICER	(i)	0	0	1,677,835	0	0	1,677,835	1,145,028
	(ii)	0	0	0	0	0	0	0
19BRUCE CUMMINGS FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	275,175	0	63,064	0	8,293	346,532	35,312

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-2529464

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired					20,510,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	122,999,458		176,852,421		90,442,157		109,094,865	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,465,826		1,474,421		680,898		771,839	
8	Credit enhancement from proceeds					36,261		43,739	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	121,533,632		175,378,000		89,725,000		108,279,287	
12	Other unspent proceeds								
13	Year of substantial completion	2014		2014		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 030 %		0 %		0 230 %		0 030 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 030 %		0 %		0 230 %		0 030 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
PART II LINE 3	THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART II, LINE 3 IS DUE TO EITHER INVESTMENT EARNINGS OR PREMIUM RECEIVED FROM PURCHASER

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-2529464

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	4,120,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	92,315,918							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,157,121							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	91,158,797							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 430 %							
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	0 430 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES
CORPORATION

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

22-2529464

990 Schedule O, Supplemental Information

Return Reference	Explanation
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	YALE NEW HAVEN HEALTH SERVICES CORPORATION, THE PARENT OF THE INTEGRATED HEALTHCARE DELIVERY SYSTEM KNOWN AS YALE NEW HAVEN HEALTH SYSTEM (YNHHS, YALE NEW HAVEN HEALTH OR THE SYSTEM), CONSISTS OF FIVE DELIVERY NETWORKS, BRIDGEPORT, GREENWICH, NEW LONDON/WESTERLY, NEW HAVEN AND NORTHEAST MEDICAL GROUP. THE SYSTEM CONTINUED TO EXPAND ACCESS TO HEALTHCARE SERVICES ACROSS A BROAD GEOGRAPHIC REGION WHILE IMPROVING THE VALUE OF CARE THROUGH SAFETY, QUALITY AND OPERATIONAL INITIATIVES. YNHHS CONTINUED TO TREAT MANY OF CONNECTICUT'S MOST ACUTE PATIENTS, SEEING AN INCREASE IN OVERALL CASE MIX INDEX AND LONGER LENGTH OF STAY, WHICH CREATED CAPACITY ISSUES AT BRIDGEPORT AND YALE NEW HAVEN HOSPITALS. ADDRESSING THE ISSUE, THE SYSTEM CREATED THE INNOVATIVE CAPACITY COORDINATION CENTER TO MANAGE PATIENT FLOW AND CAPACITY USING REAL-TIME DATA AND PREDICTIVE ANALYTICS MAKING IT A MODEL FOR ORGANIZATIONS AROUND THE WORLD. THE Y ACCESS TRANSFER SERVICE, WHICH COORDINATES PATIENT TRANSFERS FROM OTHER HEALTHCARE FACILITIES, EXPERIENCED A 5 PERCENT INCREASE. SKYHEALTH, THE SYSTEM'S CRITICAL CARE AIR TRANSPORT SERVICE, INCREASED TRANSFER FLIGHTS BY 37 PERCENT. SEVERAL CLINICAL PROGRAMS EXPANDED DURING THE YEAR WITH SYSTEM SUPPORT. NORTHEAST MEDICAL GROUP (NEMG) OPENED THE WESTPORT MULTISPECIALTY CENTER FEATURING PRIMARY CARE, CARDIOLOGY, GASTROENTEROLOGY AND ENDOCRINOLOGY IN WESTPORT, CT. NEMG AND GREENWICH HOSPITAL OPENED A NEW MULTISPECIALTY CENTER IN RYE BROOK, NY, OFFERING PRIMARY AND SPECIALTY CARE, PEDIATRICS, WALK-IN SERVICES, X-RAY AND BLOOD DRAW. LAWRENCE + MEMORIAL HOSPITAL ADDED AN ISCHEMIC LIMB SALVAGE PROGRAM, NEUROSURGERY, PULMONOLOGY AND UROLOGY SERVICES WORKING WITH DAY KIMBALL HOSPITAL. A YNHHS COMMUNITY PARTNER, YNHHS EXPANDED CLINICAL SERVICES TO THE PUTNAM AREA, INCLUDING ONCOLOGY AND TELE-ICU. YNHHS AND GREENWICH HOSPITAL ANNOUNCED AN INVESTMENT OF \$160 MILLION TO EXPAND CLINICAL SERVICES AND AMBULATORY CENTERS IN LOWER FAIRFIELD AND WESTCHESTER COUNTIES TO INCREASE THE COMMUNITY'S ACCESS TO PRIMARY CARE PHYSICIANS AND SURGICAL SUBSPECIALISTS. YNHHS AND YALE MEDICINE PARTNERED WITH SILVER HILL HOSPITAL IN NEW CANAAN TO LAUNCH A TREATMENT PROGRAM FOR HIGH LEVEL EXECUTIVES AND PROFESSIONALS WITH MENTAL HEALTH OR SUBSTANCE USE PROBLEMS. AS COMMUNITY HOSPITALS SOUGHT REMOTE ACCESS TO SPECIALTY AND CONSULTATIVE SERVICES, YNHHS FURTHER DEVELOPED ITS TELEMEDICINE CAPABILITIES. TELE-ICU, TELE-STROKE, AND TELE-CONSULT SERVICES EXPANDED IN A COLLABORATIVE PROGRAM BETWEEN YNHHS AND YALE MEDICINE. YNHHS CONTINUED ITS WORK TO SAFEGUARD PATIENT SAFETY AND QUALITY OF CARE. THE NUMBER OF SERIOUS SAFETY EVENTS DROPPED 80 PERCENT ACROSS THE HEALTH SYSTEM SINCE HIGH RELIABILITY TRAINING MEASURES WERE INTRODUCED IN 2014. BRIDGEPORT, LAWRENCE + MEMORIAL, WESTERLY AND YALE NEW HAVEN HOSPITALS SAW SIGNIFICANT REDUCTIONS IN ACUTE MYOCARDIAL INFARCTION READMISSIONS WHILE GREENWICH HOSPITAL LOWERED PNEUMONIA READMISSIONS. CLINICAL REDESIGN EFFORTS CONTINUED TO IMPACT CHANGING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	GE AND STANDARDIZATION TO IMPROVE PATIENT CARE AND REDUCE EXPENSES CLINICAL STAFF CREATED A SYSTEMWIDE OPIOID STANDARD OF PRACTICE THAT SIGNIFICANTLY DECREASED OPIOID UTILIZATION AT YALE NEW HAVEN HOSPITAL, A TEAM DESIGNED AND DEPLOYED AN OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY PROGRAM THAT REDUCED USE OF SKILLED NURSING FACILITIES AND DEPENDENCY ON HOME CARE BRIDGEPORT HOSPITAL DEPLOYED A BEHAVIORAL INTERVENTION TEAM TO PROVIDE EARLY DETECTION OF AND INTERVENTION OF PATIENTS WITH PSYCHIATRIC DIAGNOSES TO DECREASE LENGTH OF STAY BUILDING A FOUNDATION FOR CLINICAL INTEGRATION AND POPULATION HEALTH, YNHHS FOSTERED COLLABORATION AMONG NEMG, YALE MEDICINE AND COMMUNITY MEDICAL GROUP TO DEVELOP CLINICAL PRACTICE GUIDELINES FOR PULMONARY DISEASE, PEDIATRICS AND PREVENTIVE CARE IN SUPPORT OF DEVELOPING COMPREHENSIVE CARE MODELS FOR THE MEDICAID POPULATION SERVED BY YNHHS, THE SYSTEM EXPANDED ITS PARTICIPATION IN YEAR 2 OF THE PATIENT CENTERED MEDICAL HOME PLUS (PCMH+) MEDICAID SHARED SAVINGS PROGRAM TO INCLUDE NORTHEAST MEDICAL GROUP, YALE MEDICINE AND THE BRIDGEPORT HOSPITAL PRIMARY CARE CENTER EFFORTS FOCUSED ON EXPANDING THE SCREENING AND NAVIGATION FOR SOCIAL HEALTH DETERMINANTS FOR MEDICAID PATIENTS YNHHS CONTINUED IMPLEMENTATION OF CENTERS FOR MEDICARE AND MEDICAID INNOVATION (CMMI) ACCOUNTABLE HEALTH COMMUNITIES (AHC) PROGRAM, AND EXPANDED THE USE OF THE HEALTH LEADS PROGRAM TO NORTHEAST MEDICAL GROUP PRACTICES PARTICIPATING IN PCMH+ IN ITS SECOND YEAR, THE ONCOLOGY CARE MODEL (OCM) INITIATIVE, A VALUE-BASED PROGRAM FOR MEDICARE PATIENTS UNDERGOING CHEMOTHERAPY, YNHHS ACHIEVED SIGNIFICANT RESULTS ON SEVERAL CRITICAL METRICS AS PART OF THE PROGRAM, YNHHS IMPLEMENTED SEVERAL TARGETED INITIATIVES, INCLUDING IMPROVED CARE MANAGEMENT ACROSS THE CONTINUUM, INCREASED ACCESS TO SPECIALIZED ONCOLOGY URGENT CARE SERVICES AND ENHANCED ACCESS TO HOSPICE AND Palliative CARE AFTER AN 18-MONTH ACCREDITATION PROCESS, OUTPATIENT PHARMACY SERVICES AT YNHHS EARNED FULL ACCREDITATION IN SPECIALTY PHARMACY FROM UTILIZATION REVIEW ACCREDITATION COMMISSION, HIGHLIGHTING THE PHARMACY'S COMPREHENSIVE CASE-MANAGED PROGRAM CUSTOMIZED FOR PATIENTS WITH COMPLEX MEDICATION MANAGEMENT NEEDS INFORMATION TECHNOLOGY SERVICES (ITS) INTRODUCED NEW TECHNOLOGY TO THE HEALTH SYSTEM INCLUDING SEVERAL DIGITAL SELF-SERVICE FEATURES, PROVIDING PATIENTS WITH ELECTRONIC, SELF-CHECK-IN FOR APPOINTMENTS, THE ABILITY TO BE ON A "FAST PASS" LIST FOR APPOINTMENT CANCELLATIONS AND THE ABILITY TO COLLECT PATIENT-REPORTED CLINICAL DATA SUCH AS BLOOD PRESSURE OR OTHER BIOMETRIC DATA IN ADDITION, YNHHS AND YALE MEDICINE INTRODUCED A NEW FEATURE THAT ALLOWS WOMEN TO SCHEDULE APPOINTMENTS FOR MAMMOGRAMS THROUGH AN ONLINE TOOL YNHHS LEVERAGED ADVANCED IMAGING AND ARTIFICIAL INTELLIGENCE TO ENHANCE DIAGNOSTIC CAPABILITIES THROUGH A STATE-OF-THE-ART IMAGING PLATFORM THAT INTEGRATED THREE SEPARATE SOLUTIONS WITH A NUMBER OF APPLICATIONS TO IMPROVE EFFICIENCIES AND ACCURACY FOR RADIOLOGISTS AND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	D CLINICIANS THE PLATFORM INCLUDED ARTIFICIAL INTELLIGENCE ALGORITHMS FOR HEAD AND SPINAL CT SCANS THAT ALERT RADIOLOGISTS TO SUSPICIOUS FINDINGS, IMPROVING SPEED, RELIABILITY AND OVERALL PATIENT SAFETY AND TREATMENT PATIENT DEMAND, ALONG WITH INCREASED TRENDING TO MOVE PATIENT CARE TO OUTPATIENT FACILITIES, GREW OUTPATIENT CLINICAL PROGRAMS HIGH-PERFORMING AREAS INCLUDED AMBULATORY SURGERY, ONCOLOGY, UROLOGY, CARDIAC AND DIAGNOSTIC RADIOLOGY SERVICES, INCLUDING PHYSICIAN AMBULATORY VISITS YNHHS ADVANCED EDUCATIONAL AND ENGAGEMENT PROGRAMMING TO ENSURE A DIVERSE AND INCLUSIVE WORKPLACE THE HEALTH SYSTEM IMPROVED THE ACCURACY OF PATIENT DATA CAPTURED AT REGISTRATION RELATED TO RACE, ETHNICITY AND LANGUAGE THAT IDENTIFIES POTENTIAL DISPARITIES IN THE PROVISION OF HEALTH CARE YNHHS HOSPITALS CONTINUED THEIR FOCUS ON THE COMMUNITY HEALTH IMPROVEMENT PLANS (CHIP) WITH LOCAL PARTNERS INITIATIVES INCLUDED IDENTIFYING WAYS TO ENHANCE STATEWIDE NON-EMERGENCY MEDICAL TRANSPORTATION, EXPANDING THE KNOW YOUR NUMBERS PREVENTIVE HEALTH INITIATIVE, COORDINATING "WALK 'N' TALK" EVENTS WHERE YNHHS HEALTHCARE PROVIDERS INTERACT WITH THE PUBLIC DURING INFORMAL WALKS, AND SUPPORTING THE IMPLEMENTATION OF CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES BY LOCAL ORGANIZATIONS THE SYSTEM ALSO PROVIDED THE COMMUNITIES IT SERVES WITH HUNDREDS OF HEALTH SCREENINGS, SUPPORT GROUPS, COMMUNITY EDUCATION SESSIONS AND GRANTS TO IMPROVE COMMUNITY HEALTH YALE NEW HAVEN HOSPITAL RECEIVED NATIONAL RECOGNITION FOR ITS EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF NEW HAVEN WITH THE 2017 FOSTER G MCGAW PRIZE FOR EXCELLENCE IN COMMUNITY SERVICE FROM THE AMERICAN HOSPITAL ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	PART I, LINE 4 & PART VI, LINE 1B NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PART VI, LINE 2 - BUSINESS RELATIONSHIPS BETWEEN OFFICERS, TRUSTEES, OR KEY EMPLOYEES TRUSTEES JOHN L LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY 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 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	THE YALE NEW HAVEN HEALTH SYSTEM CONFLICT OF INTEREST POLICY AND INDIVIDUAL ANNUAL DISCLOSURE FORM APPLIES TO A POOL OF EMPLOYEES, BOARD MEMBERS AND NON-BOARD MEMBERS SERVING ON BOARD COMMITTEES THESE "COVERED INDIVIDUALS" ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, UPON BEGINNING EMPLOYMENT OR OTHERWISE BECOMING A COVERED INDIVIDUAL AND ANNUALLY THEREAFTER COVERED INDIVIDUALS ARE ALSO REQUIRED TO 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 RELATED WITH WHICH SHE OR HE HAD AN ACTUAL OR POTENTIAL CONFLICT AND THE ACTUAL OR POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR (1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS, (2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND (3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 4,012,367 MANAGEMENT AND GENERAL EXPENSES 5,186,201 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,198,568 PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL PROGRAM SERVICE EXPENSES 70,087,991 MANAGEMENT AND GENERAL EXPENSES 19,733,221 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 89,821,212 TEMPORARY HELP/TRAINING/DEVELOPMENT PROGRAM SERVICE EXPENSES 1,959,597 MANAGEMENT AND GENERAL EXPENSES 551,723 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,511,320 SYSTEM SUPPORT PROGRAM SERVICE EXPENSES 4,032,991 MANAGEMENT AND GENERAL EXPENSES 1,135,485 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,168,476

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YALE NEW HAVEN HEALTH SERVICES CORPORATION

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

Employer identification number
22-2529464

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,748,411	756,955		No			No	51 000 %
(2) SSC II LLC - TECHNICAL TERMINATION ON 1217 111 GOOSE LANE GUILFORD, CT 06437 26-1709382	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	705,357	1,561,444		No			No	51 000 %
(3) ORTHOPAEDIC & NEUROSURGERY CENTER - DISSOLVED ON 518 55 HOLLY HILL LANE GREENWICH, CT 06830 27-3477197	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SURGERY CENTER LLC	RELATED	3,567			No			No	35 000 %
(4) TOTAL HEALTH CONNECTICUT LLC 789 HOWARD AVENUE NEW HAVEN, CT 06519 47-4070024	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	60 000 %
(5) YALE NEW HAVEN HEALTH SYSTEM INVESTMENT TRUST 20 YORK STREET NEW HAVEN, CT 06510 27-1374301	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED		38,317		No			No	21 390 %
(6) YNHHCUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 38-4021595	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED				No			No	51 000 %

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
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	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: 22-2529464
Name: YALE NEW HAVEN HEALTH SERVICES CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 CORPORATION	Yes	
267 GRANT STREET BRIDGEPORT, CT 06610 06-6042500	SYSTEM SUPPORT SERVICES	CT	501C3	LINE 12A, I	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 CORPORATION	Yes	
365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553028	PROMOTE HEALTHCARE	CT	501C3	LINE 12A, I	YALE NEW HAVEN HEALTH SERVICES CORPORATION	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 CORPORATION	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	
20 YORK STREET NEW HAVEN, CT 06504 06-0646652	HEALTHCARE SERVICES	CT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Yes	
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 SERVICES INC 789 HOWARD AVE NEW HAVEN, CT 06519 06-1467717	MANAGEMENT SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	C	8,725,040	521,982	100 000 %	Yes	
YALE NEW HAVEN AMBULATORY SERVICES 40 TEMPLE STREET NEW HAVEN, CT 06510 06-1398526	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	4,463,649	14,762,001	100 000 %	Yes	
GREENWICH FERTILITY & IVF PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 30-0145464	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C	6,938,409	3,005,677	100 000 %	Yes	
YNHH-PHYSICIANS CORP 789 HOWARD AVE NEW HAVEN, CT 06519 06-1202305	ADMINISTRATIVE SERVICES	CT	N/A	C			100 000 %	Yes	
MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC 50 YORK STREET NEW HAVEN, CT 06511 06-1087673	PHARMACY	CT	YALE NEW HAVEN HOSPITAL	C	15,387,065	22,206,531	100 000 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NY PC 5 PERRYRIDGE ROAD GREENWICH, CT 06830 06-1540101	HEALTHCARE SERVICES	NY	GREENWICH HEALTH SERVICES INC	C		53,528	100 000 %	Yes	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY 5 PERRYRIDGE ROAD GREENWICH, CT 06830 45-3833883	HEALTHCARE SERVICES	NJ	GREENWICH HOSPITAL	C	146,854	117,390	100 000 %	Yes	
CENTURY FINANCIAL SERVICES INC 23 MAIDEN LANE NORTH HAVEN, CT 06473 06-1110797	DEBT COLLECTION SERVICES	CT	YALE NEW HAVEN HOSPITAL	C	7,593,682	4,566,547	100 000 %	Yes	
L & M SYSTEMS INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 22-2553037	HEALTHCARE RELATED SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C			100 000 %	Yes	
L&M HOME CARE SERVICES INC 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1389272	HOME THERAPY	CT	L & M SYSTEMS INC	C	909,072	3,933,322	100 000 %	Yes	
LAWRENCE & MEMORIAL INDEMNITY COMPANY LTD- DISSOLVED ON 1117 PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-1021436	INSURANCE	CJ	LAWRENCE MEMORIAL CORPORATION	C			100 000 %	Yes	
SOUND MEDICAL ASSOCIATES - DISSOLVED ON 0918 365 MONTAUK AVENUE NEW LONDON, CT 06320 06-1383924	MEDICAL SERVICES	CT	LAWRENCE MEMORIAL CORPORATION	C	27,105		100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BRIDGEPORT HOSPITAL	L	84,300,149	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	M	4,251,145	COMPARABLE MARKET VALUE
BRIDGEPORT HOSPITAL	P	9,899,760	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL	Q	79,875,852	TRANSACTION REVIEW
BRIDGEPORT HOSPITAL	R	348,614	CASH
BRIDGEPORT HOSPITAL	S	2,528,395	CASH
CENTURY FINANCIAL SERVICES INC	L	354,572	COMPARABLE MARKET VALUE
CORPORATE PROFESSIONAL BUSINESS SERVICES INC	Q	836,531	TRANSACTION REVIEW
GREENWICH HOSPITAL	L	60,722,794	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	M	4,000,000	COMPARABLE MARKET VALUE
GREENWICH HOSPITAL	N	3,583,140	TRANSACTION REVIEW
GREENWICH HOSPITAL	O	340,083	TRANSACTION REVIEW
GREENWICH HOSPITAL	P	6,452,441	TRANSACTION REVIEW
GREENWICH HOSPITAL	Q	60,032,714	TRANSACTION REVIEW
GREENWICH HOSPITAL	R	287,642	CASH
GREENWICH HOSPITAL	S	1,044,724	CASH
LAWRENCE MEMORIAL HOSPITAL INC	L	28,229,690	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	M	3,349,277	COMPARABLE MARKET VALUE
LAWRENCE MEMORIAL HOSPITAL INC	N	11,237	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	P	5,215,388	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	Q	28,951,294	TRANSACTION REVIEW
LAWRENCE MEMORIAL HOSPITAL INC	S	3,158,743	CASH
LMW HEALTHCARE INC	L	4,506,646	COMPARABLE MARKET VALUE
LMW HEALTHCARE INC	Q	1,260,882	TRANSACTION REVIEW
MEDICAL CENTER PHARMACY & HOME CARE CENTER INC	L	2,001,319	COMPARABLE MARKET VALUE

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 PHARMACY & HOME CARE CENTER INC	Q	4,277,697	TRANSACTION REVIEW
NORTHEAST MEDICAL GROUP INC	L	23,316,799	COMPARABLE MARKET VALUE
NORTHEAST MEDICAL GROUP INC	Q	25,737,430	TRANSACTION REVIEW
SHORELINE SURGERY CENTER LLC (SSC II)	Q	50,514	TRANSACTION REVIEW
VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT INC	Q	76,247	TRANSACTION REVIEW
YALE NEW HAVEN AMBULATORY SERVICES CORP	L	57,061	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	L	189,834	COMPARABLE MARKET VALUE
YALE NEW HAVEN CARE CONTINUUM CORP	Q	1,900,396	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	K	3,495,045	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	L	285,438,876	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	M	550,990	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	O	317,931	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	P	29,056,683	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	Q	233,437,043	TRANSACTION REVIEW
YALE NEW HAVEN HOSPITAL	R	21,789,255	COMPARABLE MARKET VALUE
YALE NEW HAVEN HOSPITAL	S	99,493,896	COMPARABLE MARKET VALUE