

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization **YALE NEW HAVEN HEALTH SERVICES CORPORATION**

Employer identification number
22-2529464

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>515,046,790.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.


Sign Here  | Date 8/1/2017 | Title **EXECUTIVE VP & CFO**

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only  | Date 8/1/2017 | Check if also paid preparer | Check if self-employed | ERO's SSN or PTIN P00315411
 Firm's name (or yours if self-employed), address, and ZIP code **YALE NEW HAVEN HEALTH SERVICES CORPORATION** | EIN 22-2529464
789 HOWARD AVENUE | Phone no. 203-688-9585
NEW HAVEN, CT 06519

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name PHILLIP E GROFF	Preparer's signature 	Date 7/31/2017	Check <input type="checkbox"/> if self-employed	PTIN P01247783
	Firm's name KPMG LLP	Firm's EIN 13-5565207			
	Firm's address 1601 MARKET STREET PHILADELPHIA, PA 19103	Phone no. 267-256-1756			

EXTENDED TO AUGUST 15, 2017

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

Form header section containing organization name (YALE NEW HAVEN HEALTH SERVICES CORPORATION), EIN (22-2529464), address (789 HOWARD AVENUE, NEW HAVEN, CT 06519), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net asset values.

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.

Signature of officer: VINCENT TAMMARO, EXECUTIVE VP & CFO. Date: 8/1/2017.

Preparer information: PHILLIP E. GROFF, KPMG LLP, 1601 MARKET STREET, PHILADELPHIA, PA 19103. Date: 7/31/2017. PTIN: P01247783. Firm's EIN: 13-5565207. Phone no. 267-256-1756.

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

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

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 386,546,152.

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>	X	
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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>		X
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>	X	
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>		X
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>	X	
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>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 203-688-6088**
789 HOWARD AVE, NEW HAVEN, CT 06519

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARN BORGSTROM PRESIDENT & CEO	16.00 24.00	X		X				1,186,658.	1,779,987.	892,153.
(2) VINCENT CALARCO SECRETARY & TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(3) JOSEPH CRESPO CHAIRMAN & TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(4) MARY FARRELL TRUSTEE	1.00 1.00	X						0.	0.	0.
(5) THOMAS KETCHUM TRUSTEE	1.00 1.00	X						0.	0.	0.
(6) JOHN LAHEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(7) MARVIN LENDER TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) JULIA MCNAMARA VICE CHAIR & TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(9) NEWMAN MARSILIUS, III TRUSTEE	1.00 2.00	X						0.	0.	0.
(10) BARBARA MILLER TRUSTEE	1.00 2.00	X						0.	0.	0.
(11) BENJAMIN POLAK TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) MEREDITH REUBEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) PETER SALOVEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) ELLIOT SUSSMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) JAMES TORGERSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(16) JOHN TOWNSEND, III TRUSTEE	1.00 4.00	X						0.	0.	0.
(17) CARLTON HIGHSMITH TRUSTEE	1.00 0.00	X						0.	0.	0.

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) R. ALAN HUNTER - EFF 9/8/16 TRUSTEE	1.00 6.00	X						0.	0.	0.
(19) STEPHEN ALLEGRETTO VP	1.00 39.00			X				15,132.	531,120.	203,129.
(20) WILLIAM ASELTINE SR. VP	8.00 32.00			X				169,824.	746,163.	274,107.
(21) DANIEL BARCHI - END 11/30/15 SR. VP	8.00 32.00			X				180,868.	723,473.	268,462.
(22) GAYLE CAPOZZALO EXECUTIVE VP	40.00 0.00			X				1,462,558.	0.	38,285.
(23) EUGENE COLUCCI VP	4.00 36.00			X				61,119.	550,067.	208,734.
(24) RICHARD D'AQUILA EXECUTIVE VP	8.00 32.00			X				373,369.	1,493,476.	474,585.
(25) MICHAEL DIMENSTEIN VP (CURRENT YEAR COMP)	2.00 38.00			X				18,836.	452,101.	82,711.
(26) MICHAEL DIMENSTEIN VP (VESTED DEFERRED COMP)	2.00 38.00			X				46,576.	1,117,798.	0.
1b Sub-total								3,514,940.	7,394,185.	2,442,166.
c Total from continuation sheets to Part VII, Section A								10,835,211.	8,814,958.	4,015,069.
d Total (add lines 1b and 1c)								14,350,151.	16,209,143.	6,457,235.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **548**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	CONSULTING	9,987,101.
MASON INC 23 AMITY ROAD, BETHANY, CT 06524	CONSULTING	5,774,168.
REGAN TECHNOLOGIES CORPORATION, 860 N. MAIN STREET EXT., WALLINGFORD, CT 06492	CONSULTING	4,113,872.
TOWERS WATSON DELAWARE INC, 901 NORTH GLEBE ROAD, SUITE 600, ARLINGTON, VA 22203	CONSULTING	2,896,086.
TOBIN CARBERRY O'MALLEY 43 BROAD STREET, NEW LONDON, CT 06320	CONSULTING	2,487,008.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **134**

SEE PART VII, SECTION A CONTINUATION SHEETS

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Form 990

22-2529464

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) WILLIAM GEDGE - RET 9/30/16 SR. VP (CURRENT YEAR COMP)	40.00 0.00			X				794,459.	0.	156,451.
(28) WILLIAM GEDGE - RET 9/30/16 SR. VP (VESTED DEFERRED COMP)	40.00 0.00			X				3,498,400.	0.	0.
(29) WILLIAM JENNINGS EXECUTIVE VP	8.00 32.00			X				227,181.	908,724.	317,179.
(30) ALAN KLIGER SR. VP	1.00 39.00			X				0.	788,285.	125,640.
(31) NANCY LEVITT-ROSENTHAL VP	8.00 32.00			X				88,273.	353,088.	154,114.
(32) PATRICK MCCABE SR. VP	14.00 26.00			X				251,241.	466,589.	249,847.
(33) KEVIN MYATT SR. VP	16.00 24.00			X				324,823.	487,235.	266,850.
(34) JAMES MORRIS VP	2.00 38.00			X				15,034.	391,302.	147,137.
(35) CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	33.00 7.00			X				1,210,574.	0.	388,215.
(36) VINCENT PETRINI SR. VP	1.00 39.00			X				0.	611,342.	220,757.
(37) CAROLYN SALSGIVER VP	8.00 32.00			X				79,095.	316,380.	156,693.
(38) JOHN SKELLY VP	1.00 39.00			X				58,943.	530,492.	200,850.
(39) JAMES STATEN - END 1/2/16 EXECUTIVE VP, CFO & TREASURER	16.00 24.00			X				552,439.	828,658.	429,112.
(40) VINCENT TAMMARO EXECUTIVE VP, CFO & TREASURER	16.00 24.00			X				268,535.	402,804.	235,088.
(41) MELISSA TURNER VP	1.00 39.00			X				0.	410,888.	147,594.
(42) DAVID WURCEL VP	1.00 39.00			X				0.	568,234.	109,551.
(43) NORMAN ROTH EXECUTIVE VP	8.00 32.00			X				215,411.	861,647.	113,148.
(44) PAMELA SCAGLIARINI SR. VP	1.00 39.00			X				0.	505,853.	108,905.
(45) PRATHIBHA VARKEY, MD-EFF 5/2/16 SR. VP	1.00 39.00			X				0.	0.	0.
(46) JOSEPH BISSON VP	40.00 0.00					X		494,210.	0.	88,448.
Total to Part VII, Section A, line 1c										

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Form 990

22-2529464

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) STEPHEN CARBERY VP	40.00 0.00					X		409,820.	0.	71,499.
(48) LISA STUMP VP	40.00 0.00					X		420,495.	0.	73,290.
(49) RICHARD STAHL PHYSICIAN	40.00 0.00					X		628,275.	0.	30,528.
(50) MICHAEL ANGELINI VP	40.00 0.00					X		382,676.	0.	86,156.
(51) FRANK CORVINO - RET 12/31/14 FORMER OFFICER	0.00 0.00						X	915,327.	0.	3,640.
(52) ROBERT NORDGREN, MD-RET 3/27/15 FORMER OFFICER	0.00 0.00						X	0.	383,437.	134,377.
Total to Part VII, Section A, line 1c								10,835,211.	8,814,9584.	015,069.

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a MANAGEMENT SERVICES	Business Code 900099	369,966,063.	369,596,338.	369,725.		
	b SYSTEM SUPPORT SERVICES	900099	45,252,540.	45,188,230.	64,310.		
	c INSURANCE PREMIUMS	900099	41,810,272.	41,810,272.			
	d MANAGEMENT SERVICES-EPIC	621990	29,940,224.	29,940,224.			
	e EMERGENCY PREPAREDNESS PROGRAM	900099	16,242,425.	16,242,425.			
	f All other program service revenue	900099	157,382.	157,382.			
	g Total. Add lines 2a-2f		503,368,906.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,700.			50,700.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			567,821.		567,821.	
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a OTHER ANCILLARY INCOME	900099	8,781,772.	8,781,772.				
	b CORPORATE CONTRACTING	621990	2,277,591.		2,277,591.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d		11,059,363.					
12 Total revenue. See instructions.		515,046,790.	511,716,643.	2,711,626.	618,521.		

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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 **X**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	496,122.	496,122.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,942,826.		13,942,826.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	188,507,715.	158,336,568.	30,171,147.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,390,008.	7,343,925.	2,046,083.	
9 Other employee benefits	29,215,137.	22,849,159.	6,365,978.	
10 Payroll taxes	13,406,056.	10,484,876.	2,921,180.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,525,492.		5,525,492.	
c Accounting	2,269,601.		2,269,601.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	65,748,341.	51,421,778.	14,326,563.	
12 Advertising and promotion				
13 Office expenses	3,091,943.	2,418,209.	673,734.	
14 Information technology				
15 Royalties				
16 Occupancy	71,974,323.	56,291,118.	15,683,205.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,041,608.	1,596,742.	444,866.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,198,394.	39,260,164.	10,938,230.	
23 Insurance	29,701,962.	29,701,962.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE & DATA COMMUN	6,465,938.	5,057,010.	1,408,928.	
b DUES, FEES & MEMBERSHIP	1,225,636.	958,570.	267,066.	
c CLINICAL PROGRAM & MISC	334,922.	262,551.	72,371.	
d BOOKS & SUBSCRIPTIONS	86,176.	67,398.	18,778.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	493,622,200.	386,546,152.	107,076,048.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Form 990 (2015)

22-2529464 Page 11

Part X Balance Sheet

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

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

Form 990 (2015)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	515,046,790.
2	Total expenses (must equal Part IX, column (A), line 25)	2	493,622,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,424,590.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,893,581.
5	Net unrealized gains (losses) on investments	5	240,785,944.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,201,090.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	454,305,205.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 5
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
YALE NEW HAVEN HOSPITAL, INC.	06-0646652	3	X		0.	
BRIDGEPORT HOSPITAL	06-0646554	3	X		0.	
GREENWICH HOSPITAL	06-0646659	3	X		0.	
NORTHEAST MEDICAL GROUP, INC.	06-1330992	9	X		43,288,000.	
LAWRENCE + MEMORIAL HOSPITAL, INC.	06-0646704	3	X		0.	
Total					43,288,000.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
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>		X
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>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	X	
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?	X	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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 10b below.</i>		X
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>		

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?		X
b A family member of a person described in (a) above?		X
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.		X

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.		X
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.		X

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 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.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

PART IV, SECTION A, LINE 1

IN ADDITION TO THE ORGANIZATIONS EXPRESSLY NAMED IN ITS CERTIFICATE OF INCORPORATION, THE ORGANIZATION'S CERTIFICATE OF INCORPORATION PROVIDES THAT IS SHALL SUPPORT SUCH OTHER ORGANIZATIONS AS MAY FROM TIME TO TIME BECOME AFFILIATED WITH THE ORGANIZATION.

PART IV, SECTION A, LINE 5

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

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

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.)

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.

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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

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

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

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

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. (Col. (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
(1) INVEST. IN L+M CORP	277,307,150.	COST
(2) INVEST. IN NEPC/VHA	193,545.	COST
(3) INVEST. IN TOTAL HEALTH	765,186.	COST
(4) INVEST. IN PATIENT WISDOM	174,000.	COST
(5) INVEST. IN MCIC VERMONT	1,000,000.	COST
(6) INVEST. IN N. SHORE LIJ	492,577.	COST
(7) MCIC EQUITY	76,328,352.	COST
(8) MCIC INVESTMENT	10,811,582.	COST
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	367,072,392.	

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	
(2) PROFESSIONAL LIABILITY INSURANCE	11,775,175.
(3) ACCRUED SUPPLEMENTAL RETIREMENT	23,996,480.
(4) ACQUISITION CONTINGENT LIABILITY	5,000,000.
(5) RETRO INSURANCE CREDIT	19,724,526.
(6) INTEREST RATE SWAP	69,028,041.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	129,524,222.

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.

PART X, LINE 2:

MOST ENTITIES WITHIN THE SYSTEM ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. PROVISIONS FOR INCOME TAXES AND DEFERRED TAXES, WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS, HAVE BEEN MADE FOR THE TAXABLE ENTITIES LISTED ABOVE UNDER THE DESCRIPTION OF THE SYSTEM.

U.S. GAAP REQUIRES THE SYSTEM TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SYSTEM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE SYSTEM RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF

Part XIII Supplemental Information *(continued)*

THEY ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED. THIS EVALUATION HAD NO
IMPACT ON THE OPERATIONS OF THE SYSTEM AS OF AND FOR THE YEAR ENDED
SEPTEMBER 30, 2016 AND 2015.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Employer identification number
22-2529464

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06511	65-1203744	501(C)(3)	10,800.	0.			SUPPORT MISSION
ANTI DEFAMATION LEAGUE WHITNEY AVE NEW HAVEN, CT 06511	13-1818723	501(C)(3)	9,000.	0.			SPONSORSHIP
BEULAH HEIGHTS CHURCH 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	6,000.	0.			SPONSORSHIP
BRISTOL HOSPITAL BREWSTER ROAD BRISTOL, CT 06011	06-0646559	501(C)(3)	11,100.	0.			SUPPORT MISSION
CONNECTICUT PLAYERS FOUNDATION INC 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501(C)(3)	12,500.	0.			SUPPORT MISSION
FIRST CALVERY BAPTIST CHURCH 609 DIXWELL AVE NEW HAVEN, CT 06511	06-1173497	501(C)(3)	21,891.	0.			SUPPORT MISSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **19.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2015)

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Schedule I (Form 990)

22-2529464

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW HAVEN NAACP 545 WHALLEY AVE NEW HAVEN, CT 06511	06-6099313	501(C)(4)	19,500.	0.			SPONSORSHIP
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	06-0646059	501(C)(3)	9,000.	0.			SUPPORT MISSION
JUVENILE DIABETES RESEARCH 26 BROADWAY, 15TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	10,000.	0.			SUPPORT MISSION
LAWRENCE + MEMROIAL HOSPITAL, INC. 365 MONTAUK AVENUE NEW LONDON, CT 06320	06-0646704	501(C)(3)	11,500.	0.			SUPPORT MISSION
NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS - 195 CHURCH STREET, 12TH FLOOR - NEW HAVEN, CT 06510	06-1444222	501(C)(3)	26,500.	0.			SPONSORSHIP
NEW HAVEN SYMPHONY ORCHESTRA, INC. 545 LONG WHARF NEW HAVEN, CT 06511	06-6000592	501(C)(3)	9,000.	0.			SPONSORSHIP
PLANNED PARENTHOOD OF SOUTHERN CT 345 WHITNEY AVENUE NEW HAVEN, CT 06512	06-0263565	501(C)(3)	6,000.	0.			SUPPORT MISSION
RONALD MCDONALD HOUSE OF CONNECTICUT, INC. - 501 GEORGE STREET - NEW HAVEN, CT 06511	06-1063758	501(C)(3)	5,950.	0.			SUPPORT MISSION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC. - 3700 KOPPERS ST, NO 570 - BALTIMORE, MD 21227	23-7175985	501(C)(3)	15,000.	0.			SUPPORT MISSION

Schedule I (Form 990)

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Schedule I (Form 990)

22-2529464

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EASTERN CONNECTICUT SYMPHONY ORCHESTRA - 289 STATE STREET - NEW LONDON, CT 06320	06-6068892	501(C)(3)	7,500.	0.			SPONSORSHIP
THE TENNIS FOUNDATION 900 CHAPEL STREET, SUITE 622 NEW HAVEN, CT 06510	06-1287098	501(C)(3)	6,280.	0.			SPONSORSHIP
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, STE 403 NEW HAVEN, CT 06519	06-0646761	501(C)(3)	6,000.	0.			SUPPORT MISSION
VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	11,500.	0.			SUPPORT MISSION
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504	06-0646652	501(C)(3)	5,500.	0.			SUPPORT MISSION SUPPORT MISSION

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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

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

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

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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.

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

b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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" to 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 non-fixed payments not described on 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Schedule J (Form 990) 2015

22-2529464

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARNA BORGSTROM PRESIDENT & CEO	(i)	687,406.	476,932.	22,320.	295,843.	61,018.	1,543,519.	0.
	(ii)	1,031,109.	715,398.	33,480.	443,764.	91,528.	2,315,279.	0.
(2) STEPHEN ALLEGRETTO VP	(i)	10,235.	2,958.	1,939.	4,870.	757.	20,759.	0.
	(ii)	359,260.	103,816.	68,044.	170,939.	26,563.	728,622.	0.
(3) WILLIAM ASELTYN SR. VP	(i)	118,241.	33,532.	18,051.	46,975.	3,844.	220,643.	218.
	(ii)	519,522.	147,329.	79,312.	206,398.	16,890.	969,451.	960.
(4) DANIEL BARCHI - END 11/30/15 SR. VP	(i)	127,020.	36,285.	17,563.	49,633.	4,060.	234,561.	9,559.
	(ii)	508,082.	145,139.	70,252.	198,530.	16,239.	938,242.	38,234.
(5) GAYLE CAPOZZALO EXECUTIVE VP	(i)	713,269.	274,705.	474,584.	23,550.	14,735.	1,500,843.	12,135.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EUGENE COLUCCI VP	(i)	42,682.	11,109.	7,328.	18,509.	2,365.	81,993.	0.
	(ii)	384,135.	99,981.	65,951.	166,578.	21,282.	737,927.	0.
(7) RICHARD D'AQUILA EXECUTIVE VP	(i)	253,226.	83,006.	37,137.	90,743.	4,174.	468,286.	6,087.
	(ii)	1,012,903.	332,024.	148,549.	362,974.	16,694.	1,873,144.	24,349.
(8) MICHAEL DIMENSTEIN VP (CURRENT YEAR COMP)	(i)	12,756.	3,347.	2,733.	2,494.	814.	22,144.	677.
	(ii)	306,154.	80,317.	65,630.	59,856.	19,547.	531,504.	16,251.
(9) MICHAEL DIMENSTEIN VP (VESTED DEFERRED COMP)	(i)	0.	0.	46,576.	0.	0.	46,576.	7,960.
	(ii)	0.	0.	1,117,798.	0.	0.	1,117,798.	191,048.
(10) WILLIAM GEDGE - RET 9/30/16 SR. VP (CURRENT YEAR COMP)	(i)	527,632.	183,925.	82,902.	119,550.	36,901.	950,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WILLIAM GEDGE - RET 9/30/16 SR. VP (VESTED DEFERRED COMP)	(i)	0.	0.	3,498,400.	0.	0.	3,498,400.	1,321,023.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) WILLIAM JENNINGS EXECUTIVE VP	(i)	156,592.	48,832.	21,757.	59,818.	3,617.	290,616.	3,762.
	(ii)	626,366.	195,328.	87,030.	239,274.	14,470.	1,162,468.	15,048.
(13) ALAN KLIGER SR. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	557,873.	119,580.	110,832.	90,750.	34,890.	913,925.	0.
(14) NANCY LEVITT-ROSENTHAL VP	(i)	63,317.	16,647.	8,309.	28,665.	2,158.	119,096.	0.
	(ii)	253,266.	66,587.	33,235.	114,661.	8,630.	476,379.	0.
(15) PATRICK MCCABE SR. VP	(i)	169,957.	56,838.	24,446.	79,952.	7,495.	338,688.	0.
	(ii)	315,634.	105,556.	45,399.	148,482.	13,918.	628,989.	0.
(16) KEVIN MYATT SR. VP	(i)	212,651.	70,470.	41,702.	100,296.	6,444.	431,563.	9,520.
	(ii)	318,977.	105,705.	62,553.	150,445.	9,665.	647,345.	14,279.

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Schedule J (Form 990) 2015

22-2529464

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JAMES MORRIS VP	(i)	10,454.	2,663.	1,917.	4,489.	955.	20,478.	0.
	(ii)	272,097.	69,315.	49,890.	116,842.	24,851.	532,995.	0.
(18) CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	(i)	822,935.	283,340.	104,299.	358,561.	29,654.	1,598,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VINCENT PETRINI SR. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	402,486.	133,640.	75,216.	189,429.	31,328.	832,099.	0.
(20) CAROLYN SALSGIVER VP	(i)	54,344.	14,535.	10,216.	26,331.	5,008.	110,434.	0.
	(ii)	217,376.	58,138.	40,866.	105,323.	20,031.	441,734.	0.
(21) JOHN SKELLY VP	(i)	41,604.	10,176.	7,163.	17,847.	2,238.	79,028.	0.
	(ii)	374,440.	91,583.	64,469.	160,625.	20,140.	711,257.	0.
(22) JAMES STATEN - END 1/2/16 EXECUTIVE VP, CFO & TREASURER	(i)	369,091.	140,962.	42,386.	159,321.	12,324.	724,084.	0.
	(ii)	553,636.	211,444.	63,578.	238,981.	18,486.	1,086,125.	0.
(23) VINCENT TAMMARO EXECUTIVE VP, CFO & TREASURER	(i)	184,489.	55,574.	28,472.	79,165.	14,870.	362,570.	0.
	(ii)	276,734.	83,362.	42,708.	118,747.	22,306.	543,857.	0.
(24) MELISSA TURNER VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	278,098.	76,072.	56,718.	123,009.	24,585.	558,482.	0.
(25) DAVID WURCEL VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,721.	107,252.	74,261.	84,750.	24,801.	677,785.	0.
(26) NORMAN ROTH EXECUTIVE VP	(i)	126,011.	37,704.	51,696.	16,150.	6,480.	238,041.	0.
	(ii)	504,044.	150,818.	206,785.	64,600.	25,918.	952,165.	0.
(27) PAMELA SCAGLIARINI SR. VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	375,952.	73,408.	56,493.	88,210.	20,695.	614,758.	519.
(28) JOSEPH BISSON VP	(i)	363,443.	86,835.	43,932.	66,750.	21,698.	582,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) STEPHEN CARBERY VP	(i)	287,234.	60,912.	61,674.	51,506.	19,993.	481,319.	9,234.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) LISA STUMP VP	(i)	298,688.	73,927.	47,880.	57,550.	15,740.	493,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) RICHARD STAHL PHYSICIAN	(i)	431,260.	111,491.	85,524.	27,592.	2,936.	658,803.	1,584.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) MICHAEL ANGELINI VP	(i)	298,227.	58,630.	25,819.	43,670.	42,486.	468,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) FRANK CORVINO - RET 12/31/14 FORMER OFFICER	(i)	214,763.	287,758.	412,806.	3,640.	0.	918,967.	404,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) ROBERT NORDGREN, MD-RET 3/27/15 FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,176.	157,967.	78,294.	129,375.	5,002.	517,814.	7,354.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

THE INDIVIDUALS LISTED BELOW ARE PARTICIPANTS IN A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS
REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH
THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT
YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS.

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
MARNA P. BORGSTROM	-	\$443,905	-
RICHARD D'AQUILA	-	285,367	-
JAMES M. STATEN	-	240,352	-
CHRISTOPHER O'CONNOR	-	198,811	-
WILLIAM A. JENNINGS	-	180,742	-
DANIEL BARCHI	-	144,215	-
WILLIAM J. ASELTINE	-	141,464	-
KEVIN A. MYATT	-	132,391	-
PATRICK MCCABE	-	121,484	-
ROBERT NORDGREN	-	119,513	-
VINCENT TAMMARO	-	103,962	-
EUGENE J. COLUCCI	-	99,337	-

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Schedule J (Form 990) 2015

22-2529464

Page 3

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.

VINCENT PETRINI	-	98,479	-
JOHN SKELLY	-	96,527	-
STEPHEN ALLEGRETTO	-	96,059	-
NANCY LEVITT-ROSENTHAL	-	74,576	-
MELISSA TURNER	-	69,659	-
CAROLYN SALSGIVER	-	65,210	-
JAMES B.MORRIS	-	63,981	-
PAMELA SCAGLIARINI	-	22,537	-

THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT
RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION
II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2015 CALENDAR YEAR THAT
WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2015
CALENDAR YEAR FORM W-2.

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
WILLIAM GEDGE	-	\$3,498,400	-
MICHAEL DIMENSTEIN	-	1,164,373	-
GAYLE CAPOZZALO	-	380,628	-
NORMAN ROTH	-	178,599	-

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.

FIVE FORMER OFFICERS, QUINTON FRIESEN, FRANK CORVINO, PETER HERBERT,
PATRICK LUDDY, AND JOSEPH JANELL RECEIVED PAYMENTS FROM THE NONQUALIFIED
PLAN. THESE AMOUNTS ARE INCLUDED IN SECTION II, COLUMN B (III). THE
FOLLOWING PAYMENTS WERE MADE DIRECTLY TO THEM FROM THE TRUST:

QUINTON FRIESEN	\$127,684
FRANK CORVINO	63,698
PETER HERBERT	49,611
PATRICK LUDDY	42,792
JOSEPH JANELL	33,365

THE SUPPLEMENTAL RETIREMENT INCOME PLAN (SRIP) IS DESIGNED TO ENSURE THE
PAYMENT OF A COMPETITIVE LEVEL OF RETIREMENT INCOME WHEN ADDED TO OTHER
SOURCES OF RETIREMENT INCOME IN ORDER TO ATTRACT AND RETAIN KEY MANAGEMENT
EMPLOYEES SERVING AS CORPORATE OFFICERS. THE PLAN PROVIDES SUPPLEMENTAL
RETIREMENT INCOME THROUGH AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION
ARRANGEMENT UNDER SECTION 457(F) AND THROUGH A DEFERRED COMPENSATION PLAN
UNDER SECTION 409A OF THE INTERNAL REVENUE CODE AND A MANAGEMENT OR HIGHLY
COMPENSATED EMPLOYEES' PLAN UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY
ACT OF 1974 (ERISA).

Part 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.

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.

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on 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.**

2015
Open to Public
Inspection

Name of the organization **YALE NEW HAVEN HEALTH SERVICES CORPORATION** Employer identification number **22-2529464**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES A	06-0806186	20774YQY6	06/23/14	102,300,000.	REFUND - J-1		X		X	X	
B CHEFA - SERIES B	06-0806186	20774YQP5	06/23/14	168,275,000.	REFUND - M		X		X	X	
C CHEFA - SERIES C	06-0806186	20774YQM2	06/23/14	83,625,000.	REFUND - K-1, K-2		X		X	X	
D CHEFA - SERIES D	06-0806186	20774YQN0	06/23/14	108,275,000.	REFUND - L-1, L-2		X		X	X	

Part II Proceeds

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

Part III Private Business Use

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

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on 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.**

2015
Open to Public
Inspection

Name of the organization **YALE NEW HAVEN HEALTH SERVICES CORPORATION** Employer identification number **22-2529464**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES E	06-0806186	20774YRV1	06/23/14	80,935,000.	CONSTRUCTION/EQUIP		X		X	X	
B											
C											
D											

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

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

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

ENTITY 1

Schedule K (Form 990) 2015

22-2529464

Page 2

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 government03 %		.03 %		.02 %		.64 %	
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 503 %		.03 %		.02 %		.64 %	
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 non-governmental 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?								

YALE NEW HAVEN HEALTH SERVICES CORPORATION

ENTITY 2

Schedule K (Form 990) 2015

22-2529464

Page 2

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 government58						
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 558						
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 non-governmental 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		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).

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 K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CHEFA - SERIES A

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2015

(A) ISSUER NAME: CHEFA - SERIES B

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2015

(A) ISSUER NAME: CHEFA - SERIES E

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2015

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.

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.

PART III, LINE 9 & PART V

THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

22-2529464

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*
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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number
22-2529464

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

YALE NEW HAVEN HEALTH (YNHHS), WHICH MARKED ITS 20TH ANNIVERSARY AS A HEALTH SYSTEM IN 2016, ADDED LAWRENCE + MEMORIAL AND WESTERLY HOSPITALS TO THE SYSTEM IN SEPTEMBER, ALONG WITH THE L+M MEDICAL GROUP AND THE VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT.

THE SYSTEM CONTINUED ITS COMMITMENT TO PATIENT SAFETY AND QUALITY OF CARE BY IMPLEMENTING SEVERAL PROCESSES - ONGOING TRAINING, ROUNDING TO INFLUENCE STAFF, SHARING SAFETY STORIES, TRAINING SAFETY COACHES, STUDYING METRICS AND OUTCOMES AND HOLDING STAFF ACCOUNTABLE. AS A RESULT, EACH SYSTEM HOSPITAL REDUCED THE NUMBER OF SERIOUS SAFETY EVENTS.

THE SYSTEM CONTINUED TO FIND WAYS TO WORK MORE ECONOMICALLY. ONGOING COST AND VALUE POSITIONING EFFORTS INCREASED EFFICIENCY, REDUCED WASTE AND CREATED MORE COST-EFFECTIVE AND BENEFICIAL PATIENT CARE PROCESSES. BY STREAMLINING AND STANDARDIZING CARE, THESE INITIATIVES SAVED NEARLY \$78 MILLION, AND REDUCED THE LENGTH OF STAY AND COMPLICATIONS FOR TARGETED GROUPS OF PATIENTS AT THE VARIOUS HOSPITALS.

AS A RESULT OF THE EFFECTIVE USE OF TECHNOLOGY, YNHHS WAS RECOGNIZED AS A MOST WIRED HEALTH SYSTEM BY HOSPITALS AND HEALTH NETWORKS MAGAZINE. SAFETY THROUGH TECHNOLOGY WAS A TOP PRIORITY. IN JULY, YNHHS LAUNCHED THE EPIC BEAKER LABORATORY INFORMATION SYSTEM AT BRIDGEPORT, GREENWICH AND YALE NEW HAVEN HOSPITALS. BEAKER STREAMLINED ORDERING PROCESS, PROVIDED NOTIFICATIONS TO AVOID DUPLICATE TESTS, IMPROVED SPECIMEN

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number 22-2529464

TRACKING AND STREAMLINED RESULTS-REPORTING.

THE USE OF TELEMEDICINE EXPANDED THIS YEAR, AS YNHHS BECAME THE FIRST TRANSPLANTATION CENTER IN NEW ENGLAND TO OFFER TELEMEDICINE VIDEO VISITS TO POST-TRANSPLANT PATIENTS FOR ROUTINE FOLLOW-UP. TELEMEDICINE TECHNOLOGY WAS ALSO USED FOR TELE-PSYCHIATRY AND FOR MORE TELE-INTENSIVE CARE UNIT SERVICES ACROSS THE SYSTEM'S HOSPITALS. YNHHS INCREASED THE USE OF EMMI PATIENT ENGAGEMENT SOFTWARE HELPED PATIENTS MANAGE THEIR OWN HEALTH. EMMI'S INTERACTIVE VOICE RESPONSE CALLS REMINDED AND SCHEDULED PATIENTS WHO WERE OVERDUE FOR SCREENINGS, CHECKUPS OR FLU SHOTS. YNHHS BEGAN TO OFFER PATIENTS SOME OF EMMI'S EDUCATIONAL PROGRAMS TO HELP REINFORCE KEY MESSAGES THAT THEY RECEIVED DURING PHYSICIAN OFFICE VISITS OR HOSPITAL STAYS.

CLINICAL HIGHLIGHTS OF THE YEAR INCLUDED: OPENING THE PARK AVENUE MEDICAL CENTER IN TRUMBULL AND THE LONG RIDGE MEDICAL CENTER IN STAMFORD; CREATING A SYSTEM-WIDE BEHAVIORAL HEALTH SERVICE LINE; TRANSFERRING BRIDGEPORT HOSPITAL'S INPATIENT REHABILITATION UNIT TO THE YALE NEW HAVEN REHABILITATION AND WELLNESS CENTER AT MILFORD HOSPITAL; AND EXPANDING THE YNHHS OUTPATIENT SPECIALTY PHARMACY SERVICES WITH A NEW SITE IN HAMDEN.

THE SYSTEM CONTINUED INVESTING IN THE FORMER HOSPITAL OF SAINT RAPHAEL BY OPENING A 15-BED INPATIENT UNIT FOR BARIATRIC AND GASTROINTESTINAL SURGERY AND CENTER FOR MUSCULOSKELETAL CARE INPATIENT UNITS. ALSO NEW THIS YEAR IN NEW HAVEN WERE A SMILOW CANCER HOSPITAL PHASE 1 CLINICAL TRIALS UNIT ON PARK STREET AND A CENTER FOR LIVING DONORS AT THE YALE NEW HAVEN HOSPITAL TRANSPLANTATION CENTER.

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

THROUGHOUT THE YEAR, YNHHS COLLABORATED WITH LOCAL PARTNERS TO ADDRESS COMMUNITY HEALTH NEEDS. EACH HOSPITAL WORKED WITH ITS LOCAL COMMUNITY ON HEALTH INITIATIVES AND ACCESS TO HEALTHCARE SERVICES, SUCH AS HEALTH SCREENINGS, SUPPORT GROUPS, COMMUNITY EDUCATION SESSIONS, COMMUNITY LEADERSHIP ACTIVITIES AND FINANCIAL GRANTS AND ASSISTANCE, BENEFITING OVER 157,000 PEOPLE. IN ADDITION, THIS YEAR YNHHS PROVIDED APPROXIMATELY \$178.1 MILLION IN UNCOMPENSATED CARE, REPRESENTING A 15 PERCENT INCREASE FROM LAST YEAR.

WITH COMMUNITY PARTNERS, YNHHS HOSPITALS COMPLETED THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR THE GREATER BRIDGEPORT, GREENWICH, NEW HAVEN, NEW LONDON AND WESTERLY COMMUNITIES. THE TOP HEALTH CONCERNS IN FOUR OF THE FIVE COMMUNITIES WERE HEALTHY LIFESTYLES, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS TO CARE. TO ADDRESS THESE ISSUES, EACH HOSPITAL DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN TO GUIDE EFFORTS OVER THE NEXT THREE YEARS IN CONJUNCTION WITH LOCAL HEALTH AND NONPROFIT ORGANIZATIONS. WESTERLY HOSPITAL WORKED WITH THE HOSPITAL ASSOCIATION OF RHODE ISLAND AND SELECTED BEHAVIORAL HEALTH AS THE SOLE PRIORITY AREA.

YNHHS CONTINUED ITS FOCUS ON RECRUITING AND RETAINING AN EDUCATED, ENGAGED AND HIGH-PERFORMING WORKFORCE. THE SYSTEM DEVELOPED A SINGLE SET OF PROFESSIONAL BEHAVIORAL STANDARDS TO ENSURE THAT EMPLOYEES AND MEDICAL STAFF THROUGHOUT THE SYSTEM FOLLOW HIGH-LEVEL STANDARDS OF PROFESSION BEHAVIOR AT ALL TIMES.

UNDERSTANDING THAT DIVERSITY FOSTERS A MORE CREATIVE, INNOVATIVE

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

WORKFORCE, YNHHS HIRED ITS FIRST CHIEF DIVERSITY OFFICER TO LEAD INITIATIVES AND SHAPE DIVERSITY AND INCLUSION EFFORTS RELATED TO COMMUNICATION, ITS WORKFORCE, THE PATIENT EXPERIENCE AND SUPPLIER DIVERSITY. THE SYSTEM WAS NAMED AS ONE OF "AMERICA'S BEST EMPLOYERS" OF 2016 BY FORBES MAGAZINE.

FORM 990, PART VI:

PART I, LINE 4 & PART VI, LINE 1B

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE.

BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT SIXTEEN (16) VOTING MEMBERS ARE INDEPENDENT.

FORM 990, PART VI, SECTION A, LINE 2:

PART VI, LINE 2 - BUSINESS RELATIONSHIPS BETWEEN OFFICERS, TRUSTEES, OR KEY EMPLOYEES

TRUSTEES JOHN L. LAHEY AND JAMES TORGERSON ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY.

OFFICERS PATRICK MCCABE, JOHN SKELLY, AND DAVID WURCEL ARE DIRECTORS AND OFFICERS OF THE SAME BUSINESS ENTITY.

Name of the organization	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Employer identification number	22-2529464
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THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 4:

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

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 TAX RETURN AND ATTACHED SCHEDULES WERE PREPARED BY EMPLOYEES OF THE SYSTEM TAX DEPARTMENT. THE RETURN IS INITIALLY REVIEWED BY THE DIRECTOR AND VP OF CORPORATE FINANCE. SUBSEQUENTLY IT IS SENT TO KPMG, LLP FOR THEIR INITIAL REVIEW. AFTER ALL COMMENTS FROM THE ABOVE GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN IS SENT BACK TO KPMG, LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MAKES AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES. A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN.

Name of the organization YALE NEW HAVEN HEALTH SERVICES CORPORATION

Employer identification number
22-2529464

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

Name of the organization YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Employer identification number
22-2529464

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.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF FORM 990, FORM 1023 (IF AVAILABLE) AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE INTERNAL WEBSITE. COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

Name of the organization	YALE NEW HAVEN HEALTH SERVICES CORPORATION	Employer identification number	22-2529464
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PROGRAM SERVICE EXPENSES	4,214,941.
MANAGEMENT AND GENERAL EXPENSES	1,174,320.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,389,261.

PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL:

PROGRAM SERVICE EXPENSES	45,936,991.
MANAGEMENT AND GENERAL EXPENSES	12,798,453.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,735,444.

TEMPORARY HELP/TRAINING/DEVELOPMENT:

PROGRAM SERVICE EXPENSES	1,269,846.
MANAGEMENT AND GENERAL EXPENSES	353,790.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,623,636.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	65,748,341.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTION RECEIVED IN AFFLIATION WITH LMC	36,201,090.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **YALE NEW HAVEN HEALTH SERVICES CORPORATION** Employer identification number **22-2529464**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	SEE SCHEDULE R, PART VII	X	
GREENWICH HEALTH CARE SERVICES INC - MERGED WITH GH ON 5/12/16 - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORPORATION	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	X	

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

Schedule R (Form 990) 2015

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Schedule R (Form 990)

22-2529464

Part II Continuation of 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 organization?	
						Yes	No
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES INC - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL AUXILIARY, INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 7	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP INC - 06-1330992 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORPORATION	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
YALE NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HEALTH SERVICES CORPORATION	X	
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	CONNECTICUT	501C3	LINE 3	YALE NEW HAVEN HOSPITAL	X	
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	SEE SCHEDULE R, PART VII	X	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS - 06-6048427, 120 COLUMBINE DRIVE, TRUMBULL, CT 06611	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HOSPITAL	X	
LAWRENCE + MEMORIAL CORPORATION - 22-2553028, 365 MONTAUK AVENUE, NEW LONDON, CT 06320	PROMOTE HEALTHCARE	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORPORATION	X	
LAWRENCE + MEMORIAL HOSPITAL, INC. - 06-0646704, 365 MONTAUK AVENUE, NEW LONDON, CT 06320	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	LAWRENCE + MEMORIAL CORPORATION	X	
ASSOCIATED SPECIALISTS OF SOUTHEASTERN CT, INC. - 20-8006123, 365 MONTAUK AVENUE, NEW LONDON, CT 06320	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	LAWRENCE + MEMORIAL HOSPITAL, INC.	X	

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Schedule R (Form 990)

22-2529464

Part II Continuation of 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 organization?	
						Yes	No
VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, INC. - 06-0646616, 403 NORTH FRONTAGE ROAD, WATERFORD, CT 06385	HOME HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 9	LAWRENCE + MEMORIAL CORPORATION	X	
L&M PHYSICIAN ASSOCIATION, INC. - 27-1094375 365 MONTAUK AVENUE NEW LONDON, CT 06320	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	LAWRENCE + MEMORIAL CORPORATION	X	
LAWRENCE AND MEMORIAL FOUNDATION, INC. - 22-2553026, 365 MONTAUK AVENUE, NEW LONDON, CT 06320	FUNDRAISING SERVICES	CONNECTICUT	501C3	PF	LAWRENCE + MEMORIAL CORPORATION	X	
LMW HEALTHCARE INC. D/B/A WESTERLY HOSPITAL - 46-0543230, 365 MONTAUK AVENUE, NEW LONDON, CT 06320	HEALTHCARE SERVICES	RHODE ISLAND	501C3	LINE 3	LAWRENCE + MEMORIAL CORPORATION	X	
THE WESTERLY HOSPITAL FOUNDATION - 05-0508064, 25 WELLS STREET, WESTERLY, RI 02891	FUNDRAISING SERVICES	RHODE ISLAND	501C3	LINE 11A, I	LMW HEALTHCARE INC.	X	
WESTERLY HOSPITAL AUXILIARY, INC. - 22-2507181, 25 WELLS STREET, WESTERLY, RI 02891	FUNDRAISING ACTIVITIES	RHODE ISLAND	501C3	LINE 11C, III-FI	LMW HEALTHCARE INC.	X	
L&M HEALTHCARE, INC. - 22-2553031 365 MONTAUK AVENUE NEW LONDON, CT 06320	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I		X	

YALE NEW HAVEN HEALTH SERVICES CORPORATION

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	
SHORELINE SURGERY CENTER LLC - 90-0110459, 111 GOOSE LANE, GUILFORD, CT 06437	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,781,631.	1,255,757.		X	N/A		X	51.00%
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	2,931,492.	1,397,576.		X	N/A		X	51.00%
ORTHOPAEDIC & NEUROSURGERY CENTER, LLC - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	801,312.	92,592.		X	N/A		X	35.00%
TOTAL HEALTH CONNECTICUT, LLC - 47-4070024, 789 HOWARD AVENUE, NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED	0.	0.		X	N/A		X	60.00%

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
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	0.	260,120.	100.00%	X	
YALE-NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	YALE NEW HAVEN HOSPITAL	C CORP	2,151,858.	12,851,998.	100.00%	X	
MEDICAL CENTER REALTY INC - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	REAL ESTATE RENTAL	CT	YORK ENTERPRISES INC	C CORP	433,646.	2,803,308.	100.00%	X	
GREENWICH FERTILITY & IVF CENTER, P.C. - 30-0145464, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH HOSPITAL	C CORP	3,863,828.	2,424,217.	100.00%	X	
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	YALE NEW HAVEN HOSPITAL	C CORP	0.	15,586,397.	100.00%	X	

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Schedule R (Form 990)

22-2529464

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
YALE NEW HAVEN HEALTH SYSTEM INVESTMENT - 27-1374301, 20 YORK STREET, NEW HAVEN, CT 06510	INVESTMENT	DE	YALE NEW HAVEN HEALTH SERVICES CORPORATION	RELATED	0.	38,076,739.		X	N/A		X	2.14%

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Schedule R (Form 990)

22-2529464

Part IV Continuation of 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
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMININISTRATIVE SERVICES	CT	N/A	C CORP	0.	73,592.	100.00%	X	
MEDICAL CENTER PHARMACY, INC. - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	YORK ENTERPRISES INC	C CORP	7,553,348.	17,803,580.	100.00%	X	
CENTURY FINANCIAL SERVICES, INC. - 06-1110797, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	YORK ENTERPRISES INC	C CORP	6,018,705.	3,378,759.	100.00%	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW YORK, PC - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C CORP	315,893.	299,287.	100.00%	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NJ, PC - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ	GREENWICH HEALTH SERVICES INC	C CORP	207,822.	79,164.	100.00%	X	
PRIMARYNET OF CONNECTICUT INC - DISSOLVED 9/30/16 - 06-1463534, 789 HOWARD AVE, NEW HAVEN, CT 06519	HEALTHCARE	CT	CHC PHYSICIANS INC	C CORP	0.	0.	100.00%	X	
CENTURY MANAGEMENT SERVICES, INC. - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	YORK ENTERPRISES INC	C CORP	0.	0.	100.00%	X	
L & M SYSTEMS, INC. - 22-2553037 365 MONTAUK AVENUE NEW LONDON, CT 06320	HEALTHCARE RELATED SERVICES	CT	LAWRENCE + MEMORIAL CORPORATION	C CORP	1,153.	0.	100.00%	X	
L&M HOME CARE SERVICES, INC. - 06-1389272 365 MONTAUK AVENUE NEW LONDON, CT 06320	HOME THERAPY	CT	LAWRENCE + MEMORIAL CORPORATION	C CORP	282,802.	120,351.	100.00%	X	
LAWRENCE & MEMORIAL INDEMNITY COMPANY, LTD. - 98-1021436, PO BOX 1159, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	LAWRENCE + MEMORIAL CORPORATION	C CORP	0.	36,274,691.	100.00%	X	

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

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

	Yes	No
1 During the tax year, did the 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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRIDGEPORT HOSPITAL	L	77,416,962.	COMPARABLE MARKET VALUE
(2) BRIDGEPORT HOSPITAL	M	11,098,363.	COMPARABLE MARKET VALUE
(3) BRIDGEPORT HOSPITAL	P	5,292,353.	TRANSACTION REVIEW
(4) BRIDGEPORT HOSPITAL	Q	79,217,925.	TRANSACTION REVIEW
(5) CENTURY FINANCIAL SERVICES INC	L	96,379.	COMPARABLE MARKET VALUE
(6) GREENWICH HOSPITAL	L	1,368,635.	COMPARABLE MARKET VALUE

YALE NEW HAVEN HEALTH SERVICES
CORPORATION

Schedule R (Form 990)

22-2529464

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)GREENWICH HOSPITAL	M	53,468,472.	COMPARABLE MARKET VALUE
(8)GREENWICH HOSPITAL	P	55,595,097.	TRANSACTION REVIEW
(9)GREENWICH HOSPITAL	Q	5,687,868.	TRANSACTION REVIEW
(10)LAWRENCE + MEMORIAL HOSPITAL	L	5,853,541.	COMPARABLE MARKET VALUE
(11)LAWRENCE + MEMORIAL HOSPITAL	S	36,201,000.	CASH
(12)NORTHEAST MEDICAL GROUP INC	R	42,822,019.	CASH
(13)YALE NEW HAVEN HOSPITAL	L	240,441,569.	COMPARABLE MARKET VALUE
(14)YALE NEW HAVEN HOSPITAL	M	37,915,079.	COMPARABLE MARKET VALUE
(15)YALE NEW HAVEN HOSPITAL	P	28,736,686.	TRANSACTION REVIEW
(16)YALE NEW HAVEN HOSPITAL	R	5,836,451.	CASH
(17)YALE NEW HAVEN HOSPITAL	S	15,696,369.	CASH
(18)YORK ENTERPRISES, INC.	L	835,364.	COMPARABLE MARKET VALUE
(19)NORTHEAST MEDICAL GROUP INC	L	12,201,705.	COMPARABLE MARKET VALUE
(20)YALE NEW HAVEN HOSPITAL	K	3,278,000.	COMPARABLE MARKET VALUE
(21)YALE NEW HAVEN AMBULATORY SERVICES, CORP.	L	218,320.	COMPARABLE MARKET VALUE
(22)YALE NEW HAVEN CARE CONTINUUM CORP	L	411,882.	COMPARABLE MARKET VALUE
(23)YALE NEW HAVEN HOSPITAL	Q	230,992,216.	TRANSACTION REVIEW
(24)GREENWICH HEALTH CARE SERVICES, INC.	S	7,552,821.	CASH

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

Schedule R (Form 990)

22-2529464

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) GREENWICH HEALTH CARE SERVICES, INC.	D	1,852,862.	CASH
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**YALE NEW HAVEN HEALTH SERVICES
CORPORATION**

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

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

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

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

TOTAL HEALTH CONNECTICUT, LLC

DIRECT CONTROLLING ENTITY: YALE NEW HAVEN HEALTH SERVICES CORPORATION

NAME OF RELATED ORGANIZATION:

YALE NEW HAVEN HEALTH SYSTEM INVESTMENT

DIRECT CONTROLLING ENTITY: YALE NEW HAVEN HEALTH SERVICES CORPORATION

PART II, COLUMN F - DIRECT CONTROLLING ENTITY OF TAX EXEMPTS ORGANIZATIONS:

PART II (F), DIRECT CONTROLLING ENTITY OF TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

GREENWICH HOSPITAL

DIRECT CONTROLLING ENTITY: GREENWICH HEALTH CARE SERVICES, INC. THROUGH 5/12/16, AFTER YALE NEW HAVEN HEALTH SERVICES CORPORATION.

NAME OF RELATED ORGANIZATION:

PERRYRIDGE CORPORATION

DIRECT CONTROLLING ENTITY: GREENWICH HEALTH CARE SERVICES, INC. THROUGH 5/12/16, AFTER GREENWICH HOSPITAL.

NAME OF RELATED ORGANIZATION:

THE GREENWICH HOSPITAL ENDOWMENT FUND INC

DIRECT CONTROLLING ENTITY: GREENWICH HEALTH CARE SERVICES, INC. THROUGH 5/12/16, AFTER GREENWICH HOSPITAL.