ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(1) (2) (3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION		
Δ	AFFILIATE NAME	YNH NETWORK CORPORATION		
- 7.1	70 11270 2 107002	YNH NETWORK CORP. IS THE PARENT CORPORATION TO YALE-NEW HAVEN		
		HOSP., YALE-NEW HAVEN AMBULATORY SERVICES CORP., YORK		
		ENTERPRISES, INC., COMMUNITY HEALTH CARE PHYSICIANS (CHCP), AND		
	Affiliate Description	QUINNIPIAC MEDICAL PC.		
	Affiliate type of service	Parent Corporation		
	Tax Status	Not for Profit		
	Street Address	789 Howard Avenue, New Haven, Connecticut		
	Town State	New Haven Connecticut		
_	Zip Code	06519 -		
	CEO Name	Marna P. Borgstrom		
	CEO Title	President		
	CT Agent Name	William J Aseltyne		
11	CT Agent Company	Yale New Haven Hospital		
	CT Agent Company Street Address			
	CT Agent Town	New Haven		
	CT Agent State CT Agent Zip Code	Connecticut 06510 -		
15	CT Agent Zip Code	00010		
В.	AFFILIATE NAME	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
		CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT		
		RECEIVABLE COLLECTIONS IN WHICH YORK ENTERPRISES OWNS A 47.6%		
	Affiliate Description	INTEREST.		
	Affiliate type of service	Collection Agency		
	Tax Status	For Profit		
	Street Address Town	23 Maiden Lane North Haven		
	State	Connecticut		
	Zip Code	06473 -		
	CEO Name	William Gedge		
	CEO Title	Chairman of Board		
	CT Agent Name	Steven Markesich		
11	CT Agent Company	Century Financial Services		
	CT Agent Company Street Address			
	CT Agent Town CT Agent State	North Haven Connecticut		
	CT Agent State CT Agent Zip Code	06473 -		
10	er rigent zip eede			
C.	AFFILIATE NAME	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
		A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION		
		FORMED IN 1996. ALL STOCK OF CHCP IS OWNED BY THE CHIEF OF STAFF OF		
	Acquire S	YALE-NEW HAVEN HOSPITAL. ORGANIZATION HOLDS LEASE AT A FACILITY IN		
	Affiliate Description	NEW HAVEN.		
	Affiliate type of service Tax Status	For Profit Services (Specify) For Profit		
	Town	New Haven		
7	7 Zip Code 06519 -			
	CEO Name	Peter N. Herbert, M.D.		
	CEO Title	President		
	CT Agent Name	William J Aseltyne		
	CT Agent Company CT Agent Company Street Address	Yale New Haven Hospital 20 York Street, CB-230		
	CT Agent Company Street Address CT Agent Town	New Haven		
	CT Agent Town CT Agent State	Connecticut		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
15	CT Agent Zip Code	06510 -		
D.	AFFILIATE NAME	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
<u>Б.</u>	AFFILIATE NAME	MEDICAL CENTER PHARMACY IS A WHOLLY OWNED SUBSIDIARY OF YORK		
		ENTERPRISES, INC. IT OPERATES A RETAIL PHARMACY WITH MULTIPLE		
		LOCATIONS. CURRENTLY INACTIVE IN PROVIDING HOME IV INFUSION		
1	Affiliate Description	SERVICES.		
2	Affiliate type of service	Pharmacy		
3	Tax Status	For Profit		
4	Street Address	50 York Street		
5	Town	New Haven		
6	State	Connecticut		
7	Zip Code	06511 -		
8	CEO Name CEO Title	John Skelly President		
9	CT Agent Name	William J Aseltyne		
11	CT Agent Name CT Agent Company	Yale New Haven Hospital		
12	CT Agent Company Street Address	20 York Street, CB-230		
	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06505 -		
l _	A FEW LATE MANE	MEDICAL CENTED DEALTY INC		
E.	AFFILIATE NAME	MEDICAL CENTER REALTY, INC. MEDICAL CENTER REALTY, INC. IS A WHOLLY OWNED SUBSIDIARY OF YORK		
1	Affiliate Description	ENTERPRISES, INC.		
2		Real Estate		
3		For Profit		
4	Street Address	50 York Street		
5	Town	New Haven		
6	State	Connecticut		
7	Zip Code	06511 -		
8	CEO Name	John Skelly		
9	CEO Title CT Agent Name	President William J Aseltyne		
10 11		Yale New Haven Hospital		
12	CT Agent Company Street Address	20 York Street CR-230		
13	CT Agent Town	New Haven		
14	CT Agent State	Connecticut		
15	CT Agent Zip Code	06510 -		
_		ONINAMIDIA O MEDICAL D.O. (OMBO)		
F.	AFFILIATE NAME	QUINNIPIAC MEDICAL P.C. (QMPC)		
		A CONNECTICUT STOCK, FOR-PROFIT, PROFESSIONAL CORPORATION		
_	Affiliate Description	FORMED IN 1994 AND EMPLOYS PRIMARY CARE HOSPITALIST PHYSICIANS. ALL STOCK IS OWNED BY THE CHIEF OF STAFF OF YALE-NEW HAVEN		
2	Affiliate Description Affiliate type of service	For Profit Services (Specify)		
3	Tax Status	For Profit		
4	Street Address	789 Howard Avenue		
5	Town	New Haven		
6	State	Connecticut		
7	Zip Code	06519 -		
8	CEO Name	Peter Herbert, M.D.		
9	CEO Title	President Moston C. Collabor, Ir.		
10	CT Agent Name CT Agent Company	Merton G. Gollaher, Jr.		
11 12		Wiggin & Dana LLP 1 Century Tower, 195 Church St		
13	CT Agent Company Street Address CT Agent Town	New Haven		
14	CT Agent Town CT Agent State	Connecticut		
15	CT Agent Zip Code	06508 -		
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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	AFFILIATE NAME	SHORELINE SURGERY CENTER, LLC
		SHORELINE SURGERY CENTER LLC IS A LIMITED LIABLITY COMPANY AND IS A
		PARTNERSHIP BETWEEN CGC ENDOSCOPY, LLC, UNRELATED THIRD PARTY
		AND YALE-NEW HAVEN AMBULATORY SERVICES CORP WHICH HAS A 51%
1	Affiliate Description	INTEREST.
3	Affiliate type of service Tax Status	Ambulatory/OP Surgery Center Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06504 -
8	CEO Name	Gayle L. Capozzalo
9	CEO Title CT Agent Name	Member Merton G. Gollaher, Jr
10	CT Agent Name CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	
	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 -
н.	AFFILIATE NAME	SSC II, LLC
	7.1.12.7.1.2.17.1.112	SSC II, LLC IS A LIMITED LIABILITY COMPANY AND IS A SUBSIDIARY OF
		SHORELINE SURGERY CENTER, LLC. SSC II, LLC IS AN ENDOSCOPY SURGERY
1	Affiliate Description	CENTER
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	Not for Profit
5	Street Address Town	11 GOOSE LANE GUILFORD
6	State	Connecticut
7	Zip Code	06437 -
8	CEO Name	GAYLE CAPOZZALO
9	CEO Title	MEMBER
10		MERTONG. GOLLAHER, JR
11		WIGGIN & DANA LLP 1 CENTURY TOWER, 195 CHURCH STREET
	CT Agent Company Street Address CT Agent Town	NEW HAVEN
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
l	AFFILIATE NAME	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)
I.	AFFILIATE NAME	NCPD is a CT non-profit, non-stock corporation created to provide support for the
		development of clinical programs and services that will enhance the rendering of
1	Affiliate Description	patient care at Yale University and Yale-New Haven Hospital.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
	5 Town New Haven	
6 7	State Zip Code	Connecticut 06519 -
8	CEO Name	Gayle Capozzalo
9	CEO Title	President
10	CT Agent Name	D. Terence Jones
11	CT Agent Company	Wiggin and Dana
12		One Century Tower
13	CT Agent State	New Haven
14 15	CT Agent State CT Agent Zip Code	Connecticut 06508 - 1832
-13	10 : Agont Zip Oodo	

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(1) (2) (3)				
LINE	DESCRIPTION	N AFFILIATE INFORMATION			
	DEGGINI FIGN	ALTIELATE IN ORMATION			
J.	AFFILIATE NAME	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
		YALE-NEW HAVEN AMBULATORY SERVICES CORP. IS A WHOLLY OWNED SUBSIDIARY OF YNH NETWORK CORP. IT OPERATES A RECOVERY CARE			
		CENTER. IN FY04, IT ACQUIRED A 51% INTEREST IN YALE-NEW HAVEN			
1	Affiliate Description	SHORELINE SURGERY CENTER LLC.			
2	Affiliate type of service	Ambulatory/OP Surgery Center			
	Tax Status	Not for Profit			
	Street Address Town	60 Temple Street New Haven			
	State	Connecticut			
	Zip Code	06510 -			
	CEO Name	Richard D`Aquila			
	CEO Title	President			
	CT Agent Name	William J Aseltyne Yale New Haven Hospital			
11 12	CT Agent Company CT Agent Company Street Address	20 York Street, CB-230			
	CT Agent Company Circle Address CT Agent Town	New Haven			
14	CT Agent State	Connecticut			
15	CT Agent Zip Code	06510 -			
к.	AFFILIATE NAME	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			
		YNHHSC IS THE PARENT CORPORATION OF YNH NETWORK CORP., YNHHS			
		MSO INC. WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP., BRIDGEPORT			
	Affiliate Description	VERTICAL NETWORK, AND GREENWICH VERTICAL NETWORK.			
	Affiliate type of service	Parent Corporation			
	Tax Status Street Address	Not for Profit 789 Howard Avenue			
	Town	New Haven			
	State	Connecticut			
	Zip Code	06519 -			
	CEO Name	Marna P. Borgstrom			
	CEO Title CT Agent Name	President William J Aseltyne			
	CT Agent Company	Yale New Haven Hospital			
12	CT Agent Company Street Address	20 York Street, CB-230			
	CT Agent Town	New Haven			
	CT Agent State	Connecticut 06510 -			
15	CT Agent Zip Code	06510 -			
L.	AFFILIATE NAME	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
		A TAX-EXEMPT NONPROFIT ORGANIZATION WITH THE PRIMARY PURPOSE TO			
		COORDINATE ACTIVITIES OF YALE-NEW HAVEN HOSPITAL, INC. AND YALE			
		UNIVERSITY-SCHOOLS OF MEDICINE AND NURSING IN AREAS OF MUTUAL			
1	Affiliate Description	CONCERN AND TO CONDUCT LONG-RANGE PLANNING FOR THE HOSPITAL'S MED			
	Affiliate type of service	Affilate Support Services			
3	3 Tax Status Not for Profit				
	· · · · · · · · · · · · · · · · · · ·				
5	Town	New Haven			
	State Zip Code	Connecticut 06504 -			
	CEO Name	Marna P. Borgstrom			
9	CEO Title	Chairman& President			
	CT Agent Name	William J Aseltyne			
	CT Agent Company CT Agent Company Street Address	Yale New Haven Hospital			
12 13	CT Agent Company Street Address CT Agent Town	20 York Street, CB-230 New Haven			
13	IO. AGOIR TOWIT	non haron			

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

IT IS NOT CONTROLLED BY OR UNDER COMMON CONTROL OR OWNERSHIP 4 Affiliate type of service Physicians Hospital Org. (PHO) 5 Tax Status For Profit 4 Street Address 789 Howard Avenue 5 Town New Haven 6 State Connecticut 7 Zip Code 06519 - 8 CEO Name Dr. Michael Berman 9 CEO Title President and Chairman of the Board 10 CT Agent Name Irving S. Schloss Esq. 11 CT Agent Company Tyler Cooper & Alcorn LLP 12 CT Agent Company Street Address 205 Church St. 13 CT Agent Town New Haven	(1)	(2)	(3)	
14 CT Agent Zip Code 06510 - M. AFFILATE NAME YIM GERIATRIC SERVICES, P.C. Provides elder care services for Nursing Home Practicas in the community. P.C. employed physicians and physician assistants wist patients in Practice affiliated nursing facilities; in their homes in affiliated retirement communities and in office setting a facilities; in their homes in affiliated retirement communities and in office setting Physicians Services 1 Affiliate type of service Physicians Services in affiliated retirement communities and in office setting Affiliate type of service Physicians Services 2 Affiliate type of service Physicians Services 3 Tax Status Not for Profit To P				
M. AFFILIATE NAME YNH GERIATRIC SERVICES, P.C. Provides elder care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants visit patients in Practice affiliated nursing aclitites, in their homes in affiliated retirement communities and in office setting Affiliate Description Affi	LINE	DESCRIPTION	AFFILIATE INFORMATION	
M. AFFILATE NAME YNH GERIATRIC SERVICES, P.C. Provides elder care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants wist patients in Practice affiliated nursing facilities. In their homes in affiliated retirement communities and in office setting Affiliate type of service Physicians Services Physicians Services Physicians Services Street Address 789 Howard Avenue Street Address 789 Howard Avenue State Connecticut State Connecticut Affiliate Description Affiliate Description Affiliate Description Connecticut Connecticu				
Provides etter care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants visit patients in Practice affiliated nursing facilities, in their homes in affiliated retirement communities and in office setting Affiliate Description Status Affiliate Description Status To Home	15	CT Agent Zip Code	06510 -	
Provides etter care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants visit patients in Practice affiliated nursing facilities, in their homes in affiliated retirement communities and in office setting Affiliate Description Status Affiliate Description Status To Home				
Provides etter care services for Nursing Home Practices in the community. P.C. employed physicians and physician assistants visit patients in Practice affiliated nursing facilities, in their homes in affiliated retirement communities and in office setting Affiliate Description Status Affiliate Description Status To Home	M	ACCULATE NAME	VNH GERIATRIC SERVICES P.C.	
amployed physicians and physicians assistants visit patients in Practice affiliated nursing facilities, in their homes in affiliated retirement communities and in office setting Affiliate type of service Physicians Services A Street Address 789 Howard Avenue 5 Town New Haven 6 State Connecticut 7 Zip Code 06519 - 8 CEO Name Peter Herbert 9 CEO Title President 10 CT Agent Company Street Address One Century Tower, P.O. Box 1832 11 CT Agent Company Street Address One Century Tower, P.O. Box 1832 12 CT Agent Town Whe Haven 13 CT Agent Town Onsone Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 National Street Address One Century Tower, P.O. Box 1832 Affiliate Description Avenue A	IVI.	AFFILIATE NAME	·	
1 Affiliate Description 2 Affiliate Uppe of service Physicians Services 3 Tax Status Not for Profit 4 Street Address 799 Howard Avenue 5 Town New Haven 6 State Connecticut 7 Zip Code 06519 - 8 CEO Name Peter Herbort 9 CEO Title President 110 CT Agent Company Wiggin & Dana 111 CT Agent Company Street Address New Haven 112 CT Agent Company Street Address 10 Status 113 CT Agent Town New Haven 114 CT Agent Town New Haven 115 CT Agent State Connecticut 116 CT Agent Company Street Address Not Status Status Not Feeter Herbort 117 CT Agent Company Street Address Not Status Status Not Feeter Herbort 118 CT Agent Company Street Address Not Status Status Not Feeter Herbort New Haven 119 CT Agent Company Street Address Not Status Status Not Feeter Herbort New Haven 110 CT Agent Company Street Address Not Status Status Not Feeter Herbort New Haven 111 CT Agent Company Street Address Not Status Status Not Feeter Herbort New Haven New Ha				
2 Affiliate type of service 3 Tax Status Not for Profit 4 Street Address 789 Howard Avenue 5 Town New Haven 6 State Connecticut 7 Zip Code 8 CEO Name Peter Herbert 9 CEO Title 10 CT Agent Company Street Address Creater Town 11 CT Agent Company Street Address Conecticut 12 CT Agent Company Street Address Conecticut 13 CT Agent Town New Haven 14 CT Agent State Connecticut 15 CT Agent Town New Haven 16 State Confecticut 17 CT Agent State Conecticut 18 CT Agent State Conecticut 19 CT Agent State Conecticut 10 CT Agent State Conecticut 10 CT Agent State Conecticut 11 CT Agent State Conecticut 12 CT Agent State Conecticut 13 CT Agent State Conecticut 14 CT Agent State Conecticut 15 CT Agent State Conecticut 16 CT Agent State Conecticut 17 CT Agent State Conecticut 18 CT Agent State Conecticut 19 CT Agent State Conecticut 10 CT Agent State Conecticut 11 CT Agent Company 10 CT Agent State Conecticut 11 CT Agent Company 11 CT Agent Company 12 CT CONECTICUT 13 CT Agent State Conecticut 14 CT Agent State Conecticut 15 CT Agent State Conecticut 16 CT Agent State Conecticut 17 CT Agent State Conecticut 18 CT Agent State Conecticut 19 CT Agent Company 10 CT Agent Name Merton G. Sollaher 11 CT Agent Company 12 CT Agent State Conecticut 11 CT Agent State Conecticut 12 CT Agent State Conecticut 13 CT Agent Town 14 CT Agent State Conecticut 15 CT Agent State Conecticut 16 CT Agent State Conecticut 17 CT Agent State Conecticut 18 CT Agent State Conecticut 19 CT Agent State Conecticut 10 CT Agent Name Merton G. Sollaher 11 CT Agent State Conecticut 15 CT Agent State Conecticut 16 CT Agent State Conecticut 17 CONECTICUT 18 CT Agent State Connecticut 19 CT Agent Town Conecticut 10 CT Agent Town Conecticut 10 CT Agent Name Conecticut 10 CT Agent Name Co	1	Affiliate Description		
3 Tax Status			··· ··· · · · · · · · · · · · · · · ·	
5 Town New Haven 6 Siste Connecticut 7 Zip Code 06519 - 8 CEO Title Peter Herbert 9 CEO Title President 10 CT Agent Company Wiggin & Dana 11 CT Agent Company Street Address One Century Tower, P.O. Box 1832 12 CT Agent Town New Haven 14 CT Agent Tip Code 06508 - 1832 15 CT Agent Zip Code 06508 - 1832 16 CT Agent Zip Code 06508 - 1832 1 Affiliate Description Known as the Hospitalist Service, provides inpatient care supporting the community physicians from direct referrals as well as any overflow patients. 1 Affiliate bescription Known as the Hospitalist Service, provides inpatient care supporting the community physicians from direct referrals as well as any overflow patients. 2 Affiliate type of service Physicians Services 3 Tax Status Not for Profit 4 Street Address 20 York Street, CB 2041 5 Town New Haven 6 <				
6 State Connecticut 7 Zip Code 06519 - 8 CEO Name Peter Herbert 9 CEO Title President 10 CT Agent Name Merton G. Gollaher 11 CT Agent Company Street Address One Century Tower, P.O. Box 1832 13 CT Agent Town New Haven 14 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State Connecticut 17 Affiliate Description physicians from direct referrals as well as any overflow patients. 2 Affiliate type of service Physicians Services 3 Tax Status Not for Profit 5 Town New Haven 6 State Connecticut 7 Zip Code 06510 - 8 CEO Name Peter Herbert 9 CEO Title President 10 CT Agent Name Merton G. Gollaher 11 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 O. AFFILIATE NAME 'NH-PHYSICIANS CORPORATION PHYSICIANS CORPORATION PHYSICIANS CORPORATION New Haven 11 CT Agent Company Street Address New Haven 12 CT Agent Company Street Address New Haven 13 CT Agent Company Street Address Physicians Corporation 14 CT Agent Company Street Address New Haven 15 CT Agent Company Street Address Physicians Corporation 16 State Connecticut 17 CT Agent Company Street Address Physicians Corporation 18 CT Agent Company Street Address Physicians House Peter Herbert 19 CT Agent Company Street Address Physicians House Peter Herbert 19 CT Agent Company Street Address Physicians House Peter P	4	Street Address	789 Howard Avenue	
7 ZIP Code 06519 - 8 8 CEO Name Peter Herbert President CT Agent Name Merton G. Gollaher Wiggin & Dana CT Agent Company Street Address CT Agent Town Merton G. Gollaher Wiggin & Dana CT Agent Town Merton G. Gollaher Wiggin & Dana CT Agent Town Merton G. Gollaher Wiggin & Dana CT Agent Town Merton G. Gollaher Winter Agent Tow				
8 CÉO Name Peter Herbert 9 CEO Title President 10 CT Agent Name Merton G. Goliaher 11 CT Agent Company Wiggin & Dana 12 CT Agent Company Street Address 13 CT Agent State Connecticut 15 CT Agent State Connecticut 16 CT Agent State Connecticut 17 Affiliate Description physicians from direct referrals as well as any overflow patients. 18 Affiliate type of service Physicians Services 19 CEO Name Peter Herbert 10 CT Agent Agent Company 10 CEO Name Peter Herbert 10 CT Agent Company 11 CT Agent Company 12 Affiliate Description physicians from Grect referrals as well as any overflow patients. 18 Street Address 20 York Street, CB 2041 19 CT Agent Company 10 CEO Title President 10 CT Agent Company 11 CT Agent Company 12 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 13 CT Agent Company 14 CT Agent Company 15 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 15 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 16 CT Agent Company Wiggin & Dana 17 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 18 CT Agent Company Wiggin & Dana 19 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 19 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 10 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 10 CT Agent Company Wiggin & Dana 11 CT Agent Company Wiggin & Dana 12 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 13 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 14 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 15 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 16 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 17 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 18 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 19 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 10 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 10 CT Agent Company Street Address One Century Tower Address Address Address Addr				
9 CEO Title President 10 CT Agent Name Merton G. Gollaher 11 CT Agent Company Wiggin & Dana 12 CT Agent Company Street Address One Century Tower, P.O. Box 1832 13 CT Agent Town New Haven 14 CT Agent Zip Code 06508 - 1832 15 CT Agent Zip Code 06508 - 1832 16 CT Agent Zip Code 06508 - 1832 17 Affiliate Description Affiliate Upse of service Physicians Services Physicians Services Physicians Services 1 Affiliate Upse of service Physicians Services 2 Affiliate type of service Physicians Services 3 Tax Status Not for Profit State Connecticut Ones		•		
To CT Agent Company Merton G. Gollaher				
T1 CT Agent Company Wiggin & Dana				
TZ Agent Town New Haven				
Tagent State			One Century Tower P.O. Box 1832	
T. CT Agent State				
N. AFFILIATE NAME				
Affiliate Description physicians from direct referrals as well as any overflow patients. Affiliate type of service Physicians Services 3 Tax Status Not for Profit 4 Street Address 20 York Street, CB 2041 5 Town New Haven 6 State Connecticut 7 Zip Code 06510 - 8 CEO Name Peter Herbert 9 CEO Title President 10 CT Agent Company Wiggin & Dana 11 CT Agent Company Street Address One CenturyTower, P.O. Box 1832 13 CT Agent Town New Haven 6 CT Agent Town Mew Haven 14 CT Agent State Connecticut 15 CT Agent Town New Haven 16 State One CenturyTower, P.O. Box 1832 17 CT Agent Town New Haven 18 CT Agent Town New Haven 19 CT Agent Town New Haven 10 CT Agent Town New Haven 11 CT Agent Town New Haven 12 CT Agent Town New Haven 13 CT Agent Town New Haven 14 CT Agent Zip Code 06508 - 1832 15 CT Agent Zip Code 07 New Haven 16 State Connecticut 17 Sircet Address Physicians Corporation PHYSICIAN HOSPITAL ORGANIZATION IS A MANAGED CARE CONTRACTING ORGANIZATION. YNHH DOES NOT CONSIDER THE PHO AN AFFILIATE BECAUSE IT IS NOT CONTROLLED BY OR UNDER COMMON CONTROL OR OWNERSHIP WITH YNHH OR YNHH AFFILIATES. 2 Affiliate type of service Physicians Hospital Org. (PHO) 3 Tax Status For Profit 4 Street Address 789 Howard Avenue 5 Town New Haven 6 State Connecticut 7 Zip Code 06519 - 8 CEO Name Dr. Michael Berman 9 CEO Title President and Chairman of the Board 10 CT Agent Company Street Address 10 CT Agent Company 11 CT Agent Company 12 CT Agent Company 13 CT Agent Company 14 CT Agent Company 15 CT Agent Town New Haven 16 State Connecticut 17 CT Agent Company 18 CT Agent Town New Haven 19 CEO Title President and Chairman of the Board 10 CT Agent Company 20 CT Agent Town New Haven			06508 - 1832	
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ANNUAL REPORTING

FISCAL YEAR 2009

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
	DESCRIPTION	AFFILIATE INFORMATION
15	CT Agent Zip Code	06509 -
P.	AFFILIATE NAME	YNHHS-MSO, INC.
		YNNH-MSO, INC. WAS ORIGINALLY FORMED TO MANAGE PHYSICIAN
		PRACTICES AND PROVIDE THIRD PARTY ADMINISTRATIVE SERVICES ON
1	Affiliate Description	CERTAIN MANAGED CARE CONTRACTS.
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	For Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
	Zip Code	06519 -
	CEO Name	Gayle Capozzalo
	CEO Title	Chairperson
	CT Agent Name	Merton G. Gollaher, JR.
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	
	CT Agent Town	New Haven
	CT Agent State	Connecticut
15	CT Agent Zip Code	06508 - 1832
Q.	AFFILIATE NAME	YORK ENTERPRISES, INC.
		YORK ENTERPRISES, INC. IS A WHOLLY OWNED SUBSIDIARY OF YNH
		NETWORK CORP. YORK ENTERPRISES INC IS THE PARENT CORPORATION OF
		MEDICAL CENTER REALTY INC AND MEDICAL CENTER PHARMACY AND HOME
1	Affiliate Description	CARE CENTER INC.
2	Affiliate type of service	Affilate Support Services
3	Tax Status	For Profit
4	Street Address	50 York Street
5	Town	New Haven
	State	Connecticut
	Zip Code	06511 -
	CEO Name	John Skelly
		President
	CT Agent Name	William J Aseltyne
		Yale New Haven Hospital
12	CT Agent Company Street Address	
	CT Agent Town	New Haven
	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

A. YALE-NEW HAVEN HOSPITAL	(1)	(2)	(3)	(4)
A. VALE-NEW HAVEN HOSPITAL.	(-/	(-)		
Unrestricted	LINE	AFFILIATE NAME		
Unrestricted				
Unrestricted	Α.	YALE-NEW HAVEN HOSPITAL		
Temporarily Restricted by Board \$47,505,006 \$47,505,006 \$6			Unrestricted	\$514 304 000
Temporarily Restricted by Donor \$25,722,006 September Sept				
Permanently Restricted by Donor Intercompany Eliminations \$357,22,000				\$0
Intercompany Eliminations \$5.87,531,000				
September Sept				\$0
B. VNH NETWORK CORPORATION 1 Unrestricted 2				\$587,531,000
Temporarily Restricted by Donor St. Intercompany Financial St.				
Temporarily Restricted by Donor St. Intercompany Financial St.	B.	YNH NETWORK CORPORATION		
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4 Permanently Restricted by Donor Intercompany Eliminations (\$12,875,000 Total: \$1,022,000 CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY) 1			Temporarily Restricted by Board	
Intercompany Eliminations \$1,22,000				
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Unrestricted				
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Temporarily Restricted by Board \$5				
Permanently Restricted by Donor St.				
D. COMMUNITY HEALTH CARE PHYSICIANS (CHCP) I Unrestricted Stage of Temporarily Restricted by Donor Stage of Temporaril				
D. COMMUNITY HEALTH CARE PHYSICIANS (CHCP) 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor Intercompany Eliminations 5 Total: MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Donor 4 Temporarily Restricted by Board 5 Temporarily Restricted by Donor 5 Total: 5 Intercompany Eliminations 6 Sa,773,000 F. MEDICAL CENTER REALTY, INC. 1 Unrestricted 5 Intercompany Eliminations 6 Sa,29,000 6 QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted 1 Unrestricted by Donor 1 Temporarily Restricted by Donor 1 Temporarily Restricted by Board 5 Sa,29,000 5 Intercompany Eliminations 7 Sa,29,000 7 Temporarily Restricted by Board 7 Temporarily Restricted by Board 8 Sa,29,000 8 Unrestricted by Donor 9 Sa,29,000 9 Sa,29,000 9 Unrestricted by Donor 9 Sa,29,000			Intercompany Fliminations	
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Unrestricted \$19,000			Total.	Ψ0
Unrestricted \$19,000	_	COMMUNITY HEALTH CARE BUYERIANG (CHCD)		
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Temporarily Restricted by Board Permanently Restricted by Donor SC Total: MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. Unrestricted Permanently Restricted by Donor SC Temporarily Restricted by Donor SC Temporarily Restricted by Donor SC Temporarily Restricted by Board Permanently Restricted by Donor SC Intercompany Eliminations SC Total: S3,773,000 SC Temporarily Restricted by Donor SC Unrestricted by Donor SC Temporarily Restricted by Donor SC Temporarily Restricted by Donor SC Total: S3,773,000 SC Total: S3,773,000 SC Total: S3,773,000 SC Temporarily Restricted by Donor SC Total: S329,000 SC Total: S329,000 SC Total: S329,000 SC Temporarily Restricted by Donor SC Temporarily				
Permanently Restricted by Donor Intercompany Eliminations \$19,000				
Intercompany Eliminations \$1				
MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. 1 Unrestricted \$3,773,000 2 Temporarily Restricted by Donor \$0 3 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$3,773,000 5 Total: \$3,773,000 6 QUINNIPIAC MEDICAL P.C. (QMPC) 5 Unrestricted \$1,000 1 Unrestricted \$1,000 1 Unrestricted \$1,000 1 Unrestricted by Board \$0 1 Temporarily Restricted by Donor \$0 1 Unrestricted by Board \$0 1 Temporarily Restricted by Board \$0 1 Temporarily Restricted by Board \$0 1 Temporarily Restricted by Donor \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Total: \$329,000 6 QUINNIPIAC MEDICAL P.C. (QMPC) 6 Unrestricted \$1,000 7 Temporarily Restricted by Donor \$0 7 Temporarily Restricted by Board \$0 7 Temporarily Restricted \$0 7 Temp			Intercompany Fliminations	ΦU 02
MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. 1 Unrestricted \$3,773,000 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Donor \$6 4 Permanently Restricted by Donor \$6 5 Intercompany Eliminations \$3,773,000 5 Total: \$3,773,000 6 Unrestricted \$329,000 7 Temporarily Restricted by Donor \$6 8 Temporarily Restricted by Donor \$6 9 Temporarily Restricted by Donor \$6 9 Temporarily Restricted by Board \$6 9 Permanently Restricted by Donor \$6 1 Total: \$329,000 1 Temporarily Restricted by Donor \$6 1 Total: \$329,000 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Donor \$6 4 Permanently Restricted by Donor \$6 5 Intercompany Eliminations \$6 6 QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$100 Unrestricted \$100 Unrestricted by Donor \$6 1 Temporarily Restricted by Donor \$6 2 Temporarily Restricted by Donor \$6 3 Temporarily Restricted by Donor \$6 4 Permanently Restricted by Donor \$6 5 Intercompany Eliminations \$6 5 University Restricted by Donor \$6 5 University	- 3			
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1 Unrestricted \$3,773,000 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 7 Temporarily Restricted by Donor \$0 1 Intercompany Eliminations \$0 1 Total: \$3,773,000 2 Unrestricted \$329,000 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 6 QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$329,000 2 Temporarily Restricted by Donor \$0 5 Intercompany Eliminations \$0 6 QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$329,000 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted by Donor \$0 5 Temporarily Restricted by Donor \$0 6 Permanently Restricted by Board \$0 7 Temporarily Restricted by Board \$0				
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Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations States and the states are states as a state of the states are states as a states are states are states as a states a				
Permanently Restricted by Donor Intercompany Eliminations \$000000000000000000000000000000000000				
Intercompany Eliminations \$0				
Total: \$3,773,000				
F. MEDICAL CENTER REALTY, INC. 1 Unrestricted \$329,000 2 Temporarily Restricted by Donor \$00 3 Temporarily Restricted by Board \$00 4 Permanently Restricted by Donor \$00 5 Intercompany Eliminations \$00 6. QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$000 Donor \$00 4 \$329,000 5 Total: \$329,000 6 QUINNIPIAC MEDICAL P.C. (QMPC) 6 Temporarily Restricted by Donor \$00 7 Temporarily Restricted by Donor \$00 7 Temporarily Restricted by Board \$00 7 Temporarily Restricted by Board \$00 7 Permanently Restricted by Donor \$00 8 Dermanently Restricted by Donor \$000 8 Dermanently Restr	5			
1 Unrestricted \$329,000 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 7 Total: \$329,000 G. QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$0 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted \$0 5 Temporarily Restricted by Donor \$0 6 Temporarily Restricted by Donor \$0 7 Temporarily Restricted by Board \$0 8 Permanently Restricted by Donor \$0 8 Temporarily Restricte				ψο, 110,000
1 Unrestricted \$329,000 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0 7 Total: \$329,000 G. QUINNIPIAC MEDICAL P.C. (QMPC) 1 Unrestricted \$0 1 Unrestricted \$0 2 Temporarily Restricted by Donor \$0 3 Temporarily Restricted by Donor \$0 4 Permanently Restricted \$0 5 Temporarily Restricted by Donor \$0 6 Temporarily Restricted by Donor \$0 7 Temporarily Restricted by Board \$0 8 Permanently Restricted by Donor \$0 8 Temporarily Restricte	_	MEDICAL CENTED DEALTY INC		
Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: S329,000 G. QUINNIPIAC MEDICAL P.C. (QMPC) Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Temporarily Restricted by Donor Intercompany Eliminations		WILDIGAL GENTER REALTT, ING.	I love stricts d	#000 000
Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: G. QUINNIPIAC MEDICAL P.C. (QMPC) Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Intercompany Eliminations				
Permanently Restricted by Donor SC Intercompany Eliminations SC Total: \$329,000 G. QUINNIPIAC MEDICAL P.C. (QMPC) Unrestricted (\$1,305,000) Temporarily Restricted by Donor SC Temporarily Restricted by Board SC Permanently Restricted by Donor SC Intercompany Eliminations SC Intercompany Eliminations				
Intercompany Eliminations \$0				
G. QUINNIPIAC MEDICAL P.C. (QMPC) Unrestricted (\$1,305,000) Temporarily Restricted by Donor SC Temporarily Restricted by Board SC Permanently Restricted by Donor SC Intercompany Eliminations			Intercompany Fliminations	
G. QUINNIPIAC MEDICAL P.C. (QMPC) Unrestricted (\$1,305,000) Temporarily Restricted by Donor SC Temporarily Restricted by Board SC Permanently Restricted by Donor SC Intercompany Eliminations	J			
1Unrestricted(\$1,305,000)2Temporarily Restricted by Donor\$03Temporarily Restricted by Board\$04Permanently Restricted by Donor\$05Intercompany Eliminations\$0			i viai.	φ329,000
1Unrestricted(\$1,305,000)2Temporarily Restricted by Donor\$03Temporarily Restricted by Board\$04Permanently Restricted by Donor\$05Intercompany Eliminations\$0		OURNING MEDICAL D.C. (OMPO)		
2Temporarily Restricted by Donor\$C3Temporarily Restricted by Board\$C4Permanently Restricted by Donor\$C5Intercompany Eliminations\$C		QUINNIPIAC MEDICAL P.C. (QMPC)		(0
Temporarily Restricted by Board \$0 4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				
4 Permanently Restricted by Donor \$0 5 Intercompany Eliminations \$0				\$0
5 Intercompany Eliminations \$0				
	4		Permanently Restricted by Donor	\$0
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			i otal:	(000,000, 14)

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
` '	()	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2009
Н.	SHORELINE SURGERY CENTER, LLC		
1	OHOREEINE OOROERT OERTER, EEO	Unrestricted	\$1,439,000
2		Temporarily Restricted by Donor	\$1,439,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,439,000)
		Total:	\$0
			**
ı.	SSC II, LLC		
1	000 II, LL0	Unrestricted	\$2,832,000
2		Temporarily Restricted by Donor	\$2,032,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$2,832,000)
		Total:	\$0
			+
	THE NEW CLINICAL DEVELOPMENT PROGRAM		
J.	CORPORATION (NCPD)		
1	CONTONATION (NOT D)	Unrestricted	\$9.741.000
2		Temporarily Restricted by Donor	\$8,741,000 \$0
3		Temporarily Restricted by Board	\$1,580,000
4		Permanently Restricted by Donor	\$1,380,000
5		Intercompany Eliminations	(\$10,321,000)
		Total:	\$0
			+-
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
1	TALL-NEW HAVEN AMBOLATORT SERVICES CORT.	Unrestricted	\$5,122,000
2		Temporarily Restricted by Donor	\$5,122,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$5,122,000
			+-,,
L.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
1	TALE-NEW HAVEN HEAETH GERVIGEG GORT: (TRIMGG)	Unrestricted	\$89,786,000
2		Temporarily Restricted by Donor	\$09,780,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$89,786,000
			,
	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL		
М.	CENTER)		
1	~= ,	Unrestricted	\$3,400,000
2		Temporarily Restricted by Donor	\$3,400,000
3		Temporarily Restricted by Board	\$0
			\$0
		Intercompany Eliminations	(\$3,400,000)
Ě		Total:	\$0
			+
N	YNH GERIATRIC SERVICES P.C.		
	THE CENTERIOR OF FROM	Unrestricted	60
			\$0 \$0
			φ ₀
			\$0 \$0 \$0
			ΦO
ightarrow			\$0
4 Permanently Restricted by Donor Intercompany Eliminations Total: N. YNH GERIATRIC SERVICES, P.C. Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:			ΨΟ

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2009
Ο.	YNH MEDICAL SERVICES, P.C.		
1		Unrestricted	(\$111,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$111,000)
P.	YNHH-PHYSICIANS CORPORATION		
1		Unrestricted	\$87,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$87,000)
		Total:	\$0
Q.	YNHHS-MSO, INC.		
1		Unrestricted	\$1,624,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,624,000
R.	YORK ENTERPRISES, INC.		
1		Unrestricted	\$7,602,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$4,016,000)
		Total:	\$3,586,000
	Table () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A () A	First Delegation	6707 700 000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$727,788,000
	Intercompany Eliminations		(\$36,412,000)
	Total of all Affiliates	Fund Balance:	\$691,376,000

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
l				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
Α.	YNH NETWORK CORPORATION			40
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (**
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
1		Collection Agency Fees Charged	09/30/2009	\$732,245
2		Net Payments	09/30/2009	(\$732,245)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	COMMUNITY LIFALTH CARE DUVERGIANC (CLICE)			
<u> </u>	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)	Designing Hypercelidated Intercommons Delegan	0/20/2000	\$566
L_		Beginning Unconsolidated Intercompany Balance:	9/30/2008 09/30/2009	
<u>'</u>		Net Payments Ending Unconsolidated Intercompany Balance:		(\$566) \$0
		Ending Officonsolidated intercompany Balance.	9/30/2009	\$0
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER	DINC		
<u> </u>	MIEDICAL CENTER FRARMACT AND HOME CARE CENTER		9/30/2008	\$125,830
1		Beginning Unconsolidated Intercompany Balance: Sales/Purchases of Services - Net of Cash Transfers	09/30/2009	\$123,630 \$188,694
<u> </u>		Ending Unconsolidated Intercompany Balance:		\$100,094 \$314,524
		Ending offconsolidated intercompany balance.	9/30/2009	\$314,324
_	MEDICAL CENTED DEALTY INC			
Ε.	MEDICAL CENTER REALTY, INC.			(0.44,0.44)
		Beginning Unconsolidated Intercompany Balance:	9/30/2008 09/30/2009	(\$44,841)
1		Sales/Purchases of Services		(\$8,135)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$52,976)
F.	QUINNIPIAC MEDICAL P.C. (QMPC)			
<u> </u>	QUINNIFIAC MEDICAL F.C. (QMFC)	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
-		Nothing to Report	9/30/2006	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	0/20/2000	\$ 0
		Ending Officonsolidated intercompany Balance.	9/30/2009	ΨΟ
G.	SHORELINE SURGERY CENTER, LLC			
	The state of the s	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Н.	SSC II, LLC			

REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
l	A FEW LATE MARKE	DECORIDATION OF TRANSFER	DATE	TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
			0/00/000	¢0
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	2/22/22	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION	N (NCPD)		
	THE NEW CENTONE BEVEECT MENT I ROCKAM CONTROL	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report	3/30/2000	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			57531=555	
J.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,834,220
1		Payments to YNHH	09/30/2009	(\$1,033,957)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$800,263
K.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$8,808,552)
1		System Support Fee	09/30/2009	(\$14,418,000)
2		Information System Contract Fee	09/30/2009	(\$16,754,000)
3		System Business Office Contract Fee	09/30/2009	(\$13,629,000)
4		Professional General Liability Insurance	09/30/2009	(\$21,329,000)
5		Other Fees	09/30/2009	(\$37,672,000)
6		Facilities Rental	09/30/2009	\$2,471,000
7		Other Fees	09/30/2009	\$3,908,000
8		Transfer of Cash	09/30/2009	\$14,000,000
9		Transfer of Net Assets	09/30/2009	(\$14,000,000)
10		Net Payments	09/30/2009	\$97,316,342
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$8,915,210)
	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTE	D)		
L.	TALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTE		0/20/2000	(\$90.600)
1		Beginning Unconsolidated Intercompany Balance:	9/30/2008 09/30/2009	(\$89,600) \$20,879
1		Sales/Purchases of Services Ending Unconsolidated Intercompany Balance:		\$20,679 (\$68,721)
		Linding Officonsolidated intercompany balance:	9/30/2009	(\$00,721)
М.	YNH GERIATRIC SERVICES, P.C.			
	, -	Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$36
1		Sales/Purchases of Services	09/30/2009	\$323
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$359

REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		-		
N.	YNH MEDICAL SERVICES, P.C.			
	,	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$1,317,240)
1		Nothing to report	09/30/2009	(\$492,061)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$1,809,301)
0.	VALUE DELYCICIANG CORPORATION			
0.	YNHH-PHYSICIANS CORPORATION	Designing Unespecialisted Intercompany Delence	9/30/2008	\$0
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0 \$0
		Nothing to Report Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0 \$0
		Ending onconsolidated intercompany balance.	9/30/2009	ΨΟ
P.	YNHHS-MSO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
Q.	YORK ENTERPRISES, INC.			
<u> </u>	TORK ENTER RIOLO, INC.	Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$4,927)
1		Sales/Purchases of Services	09/30/2009	\$4,927
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
			Grand Total:	(\$9,731,062)

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
			Intercompany Balance	10/01/2008	(\$364,949)
Α.	YNH NETWORK CORPORATION				
		YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	Management Services	09/30/2009	\$1,512
		YALE-NEW HAVEN HEALTH SERVICES			
2		CORP. (YNHHSC)	System Support Fee	09/30/2009	\$163
		YALE-NEW HAVEN HEALTH SERVICES			
3		CORP. (YNHHSC)	Payments/Adjustments	09/30/2009	\$70,343
			Total:	9/30/2009	\$72,018
B.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)				
		YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	Management Services	09/30/2009	\$58,644
		YALE-NEW HAVEN HEALTH SERVICES	Ţ,		· ·
2		CORP. (YNHHSC)	Payments/Adjustments	09/30/2009	(\$58,644)
			Total:	9/30/2009	\$0
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)				
		YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	Payments/Adjustments	09/30/2009	\$5,951
		, in the second	Total:	9/30/2009	\$5,951
					. ,
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.				
	·	YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	System Support Fee	09/30/2009	\$242,976
		YALE-NEW HAVEN HEALTH SERVICES			, , , , , , , , , , , , , , , , , , , ,
2		CORP. (YNHHSC)	Payments	09/30/2009	\$188,239
		, , ,	Total:	9/30/2009	\$431,215
E.	MEDICAL CENTER REALTY, INC.				
	, ,	YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	Allocated Expenses	09/30/2009	\$131,333
		YALE-NEW HAVEN HEALTH SERVICES		22.23,2000	ψ.σ.,σσσ
2		CORP. (YNHHSC)	Payments	09/30/2009	\$0
		, ,	Total:	9/30/2009	\$131,333
			. Ottail	3,55,2500	Ţ.Ţ., 000

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
F.	QUINNIPIAC MEDICAL P.C. (QMPC)				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	SHORELINE SURGERY CENTER, LLC	VALE NEW VALUE AL TIL OFFI (1959)			
		YALE-NEW HAVEN HEALTH SERVICES	Day was a rate (A dispeture a rate	00/20/2000	(\$20.004)
1		CORP. (YNHHSC) YALE-NEW HAVEN HEALTH SERVICES	Payments/Adjustments	09/30/2009	(\$32,394)
2		CORP. (YNHHSC)	Management Services	09/30/2009	\$32,394
		,	Total:	9/30/2009	\$0
H.	SSC II, LLC				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
l .	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)				
- '-	THE NEW CENTIONE DEVELOT MIENT I ROCKAM CORT CRATION (NOT D)		Nothing to Report		\$0
			Total:	9/30/2009	\$0
				0.00,200	***
J.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.				
		YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	System Support Fee	09/30/2009	\$67,349
0		YALE-NEW HAVEN HEALTH SERVICES	Managara Camina	00/00/0000	# 400 500
2		CORP. (YNHHSC) YALE-NEW HAVEN HEALTH SERVICES	Management Services	09/30/2009	\$186,583
3		CORP. (YNHHSC)	Payments	09/30/2009	(\$537,026)
		()	Total:	9/30/2009	(\$283,094)
K.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
L.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	VALE NEW HAVEN HEAT THOSE WICE			
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	00/20/2000	¢202 047
1		CORF. (TNHHOU)	Total:	09/30/2009 9/30/2009	\$203,017 \$203,017
			i otal:	3/30/2009	Φ2 U3,U17

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
	VALL CERIATRIC CERVICES R.C.				
M.	YNH GERIATRIC SERVICES, P.C.		Nothing to Poport		ro.
-			Nothing to Report Total:	9/30/2009	\$0 \$0
			i otai:	9/30/2009	φu
N.	YNH MEDICAL SERVICES, P.C.				
<u> </u>	THE MEDICAL CERTICES, 1.0.		Nothing to Report		\$0
			Total:	9/30/2009	\$0
			Total.	3/00/2003	Ψ
0.	YNHH-PHYSICIANS CORPORATION				
		YALE-NEW HAVEN HEALTH SERVICES			
1		CORP. (YNHHSC)	Management Services	09/30/2009	\$663
			Total:	9/30/2009	\$663
P.	YNHHS-MSO, INC.				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
Q.	YORK ENTERPRISES, INC.				
l .		YALE-NEW HAVEN HEALTH SERVICES		00/00/0000	*
1		CORP. (YNHHSC) YALE-NEW HAVEN HEALTH SERVICES	Management Services	09/30/2009	\$141,223
2			System Support Fee	09/30/2009	\$145
-		CORP. (YNHHSC) YALE-NEW HAVEN HEALTH SERVICES	Cystem Support Lee	03/30/2009	ψ143
3		CORP. (YNHHSC)	Payments/Adjustments	09/30/2009	\$145,180
		, , ,	Total:	9/30/2009	\$286,548
			Ending Unconsolidated		
			Intercompany Balance	9/30/2009	\$482,702

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YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME &	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AWOUNT	DATE
Α.	YNH NETWORK CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
C.	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
D.	MEDICAL CENTED BUADMACY AND HOME CADE CENTED INC		
0	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC. Nothing to Report	\$0	
	Total:	\$0	9/30/2009
E .	MEDICAL CENTER REALTY, INC. Nothing to Report	\$0	
	Total:	\$0	9/30/2009
F.	QUINNIPIAC MEDICAL P.C. (QMPC) Nothing to Report	\$0	
_	Total:	\$0	9/30/2009
G.	SHORELINE SURGERY CENTER, LLC	40	
0	Nothing to Report Total:	\$0 \$0	9/30/2009
		40	3/30/2003
Н.	SSC II, LLC		
0	Nothing to Report Total:	\$0 \$0	9/30/2009
	i otai.	\$0	9/30/2009
I.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
J.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
K.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	VALE NEW HAVEN MEDICAL OFFITER INC. (MEDICAL CENTER)		
L .	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER) Nothing to Report	\$0	
	Total:	\$0	9/30/2009
M.	YNH GERIATRIC SERVICES, P.C. Nothing to Report	\$0	
۳	Nothing to Report Total:	\$0	9/30/2009
			3.33,2300
N.	YNH MEDICAL SERVICES, P.C.		
0	Nothing to Report Total:	\$0 \$0	9/30/2009
		40	3/30/2003
0.	YNHH-PHYSICIANS CORPORATION		
0	Nothing to Report Total:	\$0	0/20/202
	l otal:	\$0	9/30/2009
P.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
Q.	YORK ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009

YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

FISCAL YEAR 2009 REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	Grand To	al: \$0	9/30/2009

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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
_			
A. 0	YNH NETWORK CORPORATION Nothing to Report	\$0	0
	Total:	\$0	S
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	0
	Total:	\$0	
C .	COMMUNITY HEALTH CARE PHYSICIANS (CHCP) Nothing to Report	\$0	0
	Total:	\$0	ů
	1000	4.	
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	MEDICAL CENTER REALTY, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	OLIININIDIAC MEDICAL D.C. (OMDC)		
0	QUINNIPIAC MEDICAL P.C. (QMPC) Nothing to Report	\$0	0
	Total:	\$0	
G.	SHORELINE SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	SSC II, LLC Nothing to Report	\$0	0
	Nothing to Report Total:	\$0	0
	1000	4.	
l.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
0	Nothing to Report	\$0	0
	Total:	\$0	

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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC) Nothing to Report		
0		\$0	0
	Total:	\$0	
L.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER) Nothing to Report	00	
0	Notning to Report Total:	\$0 \$0	U
	Total.	\$0	
M. 0	YNH GERIATRIC SERVICES, P.C. Nothing to Report	\$0	0
	Nothing to Keport Total:	\$0	0
	Total	40	
N.	YNH MEDICAL SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	-
0.	YNHH-PHYSICIANS CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	YORK ENTERPRISES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	
	Granu rotai.	\$0	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOÚNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$16,208,569.00	\$11,321,005.00	(\$4,887,564.00)	-30%
1	Donations	\$10,208,369.00		(\$4,867,364.00) \$0.00	-30% 0%
		\$918,370.00	Ŧ	(\$2,029,109.00)	
3	Income		, , , , , , , , , , , , , , , , , , , ,		-221% -79%
	Expenditures	\$3,901,514.00		(\$3,087,899.00)	
4	Unrealized Gains and Losses Ending Balance	(\$1,904,420.00) \$11,321,005.00	\$596,881.00 \$9,993,532.00	\$2,501,301.00 (\$1,327,473.00)	-131% -12%
			1 1		
5	Projected Interest Income	\$200,000.00	\$100,000.00	(\$100,000.00)	-50%
C.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	YALE-NEW HAVEN HOSPITAL					
	ANNUAL REPORTING					
	FISCAL YEAR 2009					
REPORT	T 17 - HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL				
A. Patient Activity	(2)	(2)				
(1)	(2) Name of Hospital Bed Fund (FULL NAME)	(3) Amount				
Patient A Number of Applications for						
1.Number of Applications for	eiving Hospital Bed Fund Grants	95 95				
	Amount provided to all patients from Hospital Bed F					
	The second secon	V: -7				
1	Julia Alling Hospital Bed Fund	\$279.32				
2	Julia Alling Hospital Bed Fund	\$784.85				
3	Julia Alling Hospital Bed Fund	\$0.02				
4	Julia Alling Hospital Bed Fund	\$507.76				
5	Julia Alling Hospital Bed Fund	\$32.18				
6 7	Julia Alling Hospital Bed Fund Julia Alling Hospital Bed Fund	\$1,145.60				
8	Julia Alling Hospital Bed Fund	\$623.20 \$1,024.87				
9	Julia Alling Hospital Bed Fund	\$1,024.87 \$1,454.05				
9	Deane Hospital Bed Fund	\$5,839.93				
9	Charles Amos Baldwin Hospital Bed Fund	\$15,006.02				
10	Deane Hospital Bed Fund	\$298.11				
11	Deane Hospital Bed Fund	\$1,024.00				
12	Ellen M. Gifford Hospital Bed Fund	\$676.08				
12	Deane Hospital Bed Fund	\$6,727.26				
13 13	Wyllys Atwater Hospital Bed Fund	\$4,582.80				
14	Ellen M. Gifford Hospital Bed Fund Wyllys Atwater Hospital Bed Fund	\$6,722.24 \$3,355.46				
15	Wyllys Atwater Hospital Bed Fund	\$3,355.46				
16	Dwight Place Church Hospital Bed Fund	\$3,704.93				
16	Wyllys Atwater Hospital Bed Fund	\$5,939.13				
16	William Townsend Hayes Hospital Bed Fund	\$10,312.27				
17	Dr. Thomas Wells Hospital Bed Fund	\$362.53				
17	William Townsend Hayes Hospital Bed Fund	\$4,507.47				
18	Dr. Thomas Wells Hospital Bed Fund	\$4,616.26				
19	Dr. Thomas Wells Hospital Bed Fund	\$2,431.08				
19 19	Armstrong Hospital Bed Fund Frank Walter Benedict Hospital Bed Fund	\$10,019.63				
20	Frank Walter Benedict Hospital Bed Fund	\$10,418.04 \$4,378.67				
20	Henry Walter Benedict Hospital Bed Fund	\$14,796.72				
20	Helen & John T. Mason Hospital Bed Fund	\$21,203.97				
20	Frank L. Hunt Hospital Bed Fund	\$93,469.28				
21	Frank L. Hunt Hospital Bed Fund	\$75.00				
22	Frank L. Hunt Hospital Bed Fund	\$70.34				
23	Mary Lamb Hospital Bed Fund	\$373.37				
23	Frank L. Hunt Hospital Bed Fund	\$2,776.05				
23 23	Evelina J. Jones Hospital Bed Fund Elizabeth Hotchkiss Hospital Bed Fund	\$7,706.60				
23	Mary Lamb Hospital Bed Fund	\$7,706.60				
24	Bassett Bed #2 Hospital Bed Fund	\$4.69 \$11,344.59				
25	Bassett Bed #2 Hospital Bed Fund	\$3,815.55				
26	Bassett Bed #2 Hospital Bed Fund	\$267.60				
26	George T. Newhall & Julia Leete Hospital Bed Fund	\$2,176.54				
26	Fannie Keyes Hospital Bed Fund	\$15,526.61				
26	Leete Hospital Bed Fund	\$23,319.22				
27	George T. Newhall & Julia Leete Hospital Bed Fund	\$12,344.42				
28	George T. Newhall & Julia Leete Hospital Bed Fund	\$820.40				
29	George T. Newhall & Julia Leete Hospital Bed Fund	\$1,500.00				
20	George T. Newhall & Julia Leete Hospital Bed	****				
30 31	Fund Stiles Hospital Bed Fund	\$161.91 \$6.489.72				
<u> </u>	otiles Hospital Dea Lalia	\$6,489.72				

	YALE-NEW HAVEN HOSPITAL				
	ANNUAL REPORTING				
	FISCAL YEAR 2009				
REPORT 17	- HOSPITAL BED FUNDS HELD OR ADMINISTERI	ED BY THE HOSPITAL			
A Detient Activity					
A. Patient Activity (1)	(2)	(3)			
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount			
1.Number of Applications for Ho	<u> </u>	95			
2. A. Number of Patients receivi	•	95			
	nount provided to all patients from Hospital Bed F				
	George T. Newhall & Julia Leete Hospital Bed				
31	Fund	\$9,439.35			
32	Stiles Hospital Bed Fund	\$26.95			
33	Stiles Hospital Bed Fund	\$737.40			
34 35	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$310.30			
36	Stiles Hospital Bed Fund	\$1,318.22			
37	Stiles Hospital Bed Fund	\$10,344.71 \$422.19			
38	Stiles Hospital Bed Fund	\$2,314.83			
39	Stiles Hospital Bed Fund	\$1,911.75			
40	Stiles Hospital Bed Fund	\$2,899.60			
41	Stiles Hospital Bed Fund	\$14,844.83			
42	Stiles Hospital Bed Fund	\$602.28			
43	Stiles Hospital Bed Fund	\$105.00			
44	Stiles Hospital Bed Fund	\$19,705.36			
45	Stiles Hospital Bed Fund	\$52.54			
46	Stiles Hospital Bed Fund	\$11,384.88			
47	Stiles Hospital Bed Fund	\$250.53			
48	Stiles Hospital Bed Fund	\$91.68			
49	Stiles Hospital Bed Fund	\$2,000.00			
50 51	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$438.03			
52	Stiles Hospital Bed Fund	\$1,068.00 \$100.00			
53	Stiles Hospital Bed Fund	\$23,401.46			
54	Stiles Hospital Bed Fund	\$1,272.00			
55	Stiles Hospital Bed Fund	\$15,082.88			
56	Stiles Hospital Bed Fund	\$178.25			
57	Stiles Hospital Bed Fund	\$2,651.40			
58	Stiles Hospital Bed Fund	\$23,308.37			
59	Stiles Hospital Bed Fund	\$970.00			
60	Stiles Hospital Bed Fund	\$1,015.52			
61	Stiles Hospital Bed Fund	\$909.58			
62	Stiles Hospital Bed Fund	\$8,833.30			
63	Stiles Hospital Bed Fund	\$689.00			
64 65	Stiles Hospital Bed Fund Stiles Hospital Bed Fund	\$1,725.10			
66	Stiles Hospital Bed Fund	\$100,763.62 \$14,094.03			
67	Stiles Hospital Bed Fund	\$14,094.03 \$32,290.94			
68	Stiles Hospital Bed Fund	\$32,290.94			
69	Stiles Hospital Bed Fund	\$1,894.14			
69	Stiles Hospital Bed Fund	\$10,019.63			
69	Stiles Hospital Bed Fund	\$21,602.09			
70	Stiles Hospital Bed Fund	\$5,490.00			
71	Rose Porter Hospital Bed Fund	\$3,026.70			
71	Stiles Hospital Bed Fund	\$16,591.29			
72	Rose Porter Hospital Bed Fund	\$2,356.37			
73	Rose Porter Hospital Bed Fund	\$4,636.57			
73	Lucy Hall Boardman Hospital Bed Fund	\$6,690.83			
74	Lucy Hall Boardman Hospital Bed Fund	\$4,375.43			
74	Ellen M. Gifford Executors Hospital Bed Fund	\$6,554.93			
75	Ellen M. Gifford Executors Hospital Bed Fund	\$282.71			
76 76	Ellen M. Gifford Executors Hospital Bed Fund Nathan Howell Sanford Hospital Bed Fund	\$906.14			
77	Nathan Howell Sanford Hospital Bed Fund Nathan Howell Sanford Hospital Bed Fund	\$3,964.28			
1''	mamam nowell califord nospital bed rulld	\$69.01			

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	YALE-NEW HAVEN HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2009	
RI	EPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED	BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient _	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Application	ons for Hospital Bed Funds	95
2. A. Number of Patie	nts receiving Hospital Bed Fund Grants	95
2. B. The Actual Total	Dollar Amount provided to all patients from Hospital Bed F	\$813,614.74
79	Nathan Howell Sanford Hospital Bed Fund	\$5,238.02
80	Nathan Howell Sanford Hospital Bed Fund	\$1,885.49
81	Arthur Herbert Trowbridge Hospital Bed Fund	\$137.71
81	Nathan Howell Sanford Hospital Bed Fund	\$4,333.80
82	Arthur Herbert Trowbridge Hospital Bed Fund	\$791.43
83	Arthur Herbert Trowbridge Hospital Bed Fund	\$7,060.54
84	Arthur Herbert Trowbridge Hospital Bed Fund	\$224.07
84	Edwin Harrison Beebe Hospital Bed Fund	\$4,496.34
84	Edwin Harrison Beebe Hospital Bed Fund	\$6,382.20
84	Julia A. Leete Newhall Hospital Bed Fund	\$34,440.87
85	New Haven Grays Hospital Bed Fund	\$220.50
86	New Haven Grays Hospital Bed Fund	\$150.00
87	New Haven Grays Hospital Bed Fund	\$100.00
88	New Haven Grays Hospital Bed Fund	\$2,688.00
89	New Haven Grays Hospital Bed Fund	\$725.00
90	New Haven Grays Hospital Bed Fund	\$56.26
91	New Haven Grays Hospital Bed Fund	\$650.00
92	New Haven Grays Hospital Bed Fund	\$882.00
93	New Haven Grays Hospital Bed Fund	\$4,790.00
94	Trinity Church Hospital Bed Fund	\$4,000.00
95	Trinity Church Hospital Bed Fund	\$942.00
96	Trinity Church Hospital Bed Fund	\$1,250.00
	Grand Total	\$813,614.74

	YALE-NEW HAVEN HOSPITAL						
		ANNUAL REPO	ORTING				
	FISCAL YEAR 2009						
	REPORT 17 - HOSPITAL	RED FUNDS HELD (OK AUMINISTERED I	ST THE HOSPITAL			
B. BI	ED FUND ACTIVITY						
(1)	(2)	(3)	(4)	(5)	(6)		
, ,	, ,	FMV of Principal	Actual Earnings	Earnings	Earnings		
Line	Name of Hospital Bed Fund			Reinvested	Available		
(0)	Frie Madest Value of the Britains Lafe and	-1. ! d!! d!	al Dad Frank and a deal	5-1111			
(3)	Fair Market Value of the Principal of ea	ch individual Hospit	al Bed Fund, or the i	Principal attributable	e to each Hospitai		
(4)	Total Actual Earnings for each Hospita	I Bed Fund or the Ea	arnings attributable t	o each Hospital Bed	l Fund.		
. ,							
(5)	Actual Dollar Amount of Earnings reinv	vested as Principal,	if any.				
(6)	Actual Daller Amount of Farnings avai	lable for Detient Cor					
(6)	Actual Dollar Amount of Earnings avai	lable for Patient Card	э.				
	New Haven Grays Hospital Bed Fund	\$194,269.43	(\$21,534.49)	\$0.00	(\$21,534.49)		
	Thanksgiving Hospital Bed Fund	\$19,619.68	(\$2,081.98)	\$0.00	(\$2,081.98)		
	Trinity Church Hospital Bed Fund	\$92,965.66	(\$10,077.74)	\$0.00	(\$10,077.74)		
	Mary Wade Hospita Bed Fund	\$109,560.72	(\$11,626.24)	\$0.00	(\$11,626.24)		
	Erika Banhan Hospital Bed Fund	\$40,096.55	(\$4,484.34)	\$0.00	(\$4,484.34)		
	Womens Seamans Friend Society of Conn. Hospital Bed Fund	\$222,858.23	(\$23,649.01)	\$0.00	(\$23,649.01)		
	Adelaide Bushnell Curtis Hospital Bed	\$222,636.23	(\$23,049.01)	\$0.00	(\$23,049.01)		
	Fund	\$5,000.00	(\$544.76)	\$0.00	(\$544.76)		
		•		·	,		
	Robert Dickerman Hospital Bed Fund	\$6,000.00	(\$658.25)	\$0.00	(\$658.25)		
	German Society Hospital Bed Fund	\$21,268.63	(\$2,353.52)	\$0.00	(\$2,353.52)		
	Walter Charles Goodrich Hospital Bed Fund	\$25,222.87	(\$2,788.31)	\$0.00	(\$2,788.31)		
	Sarah Barney Harrison Hospital Bed	\$25,222.67	(\$2,700.31)	\$0.00	(\$2,700.31)		
	Fund	\$9,712.10	(\$993.88)	\$0.00	(\$993.88)		
	Elret Stone Hospital Bed Fund	\$500.00	(\$53.80)	\$0.00	(\$53.80)		
	Alma DeBeust Streitein Hospital Bed						
	Fund Mary Southgate Trowbridge Hospital	\$35,984.19	(\$3,948.47)	\$0.00	(\$3,948.47)		
	Bed Fund	\$5,000.00	(\$549.04)	\$0.00	(\$549.04)		
	Ellen Treadway Yeckley Hospital Bed	ψ3,000.00	(\$3+3.04)	ψ0.00	(ψ5+3.04)		
	Fund	\$5,000.00	(\$548.39)	\$0.00	(\$548.39)		
	Marcellus B Wilcox Hospital Bed						
	Fund	\$10,000.00	(\$1,106.27)	\$0.00	(\$1,106.27)		
	Henry Baldwin Harrison Hospital Bed Fund	\$9,712.11	(\$1,080.47)	\$0.00	(\$1,080.47)		
-	Mrs. Henry Baldwin Harrison Hospital	Ψ3,112.11	(\$1,000.47)	φυ.υυ	(ψ1,000.47)		
	Bed Fund	\$9,712.10	(\$1,080.47)	\$0.00	(\$1,080.47)		
	Home for the Friendliness Hospital				•		
	Bed Fund	\$2,500.00	(\$274.68)	\$0.00	(\$274.68)		
	John H. Hopson Hospital Bed Fund Henry Hotchkiss Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)		
-	Timothy A. Hunt Hospital Bed Fund	\$5,000.00 \$9,147.57	(\$549.36) (\$1,017.66)	\$0.00 \$0.00	(\$549.36) (\$1,017.66)		
	Abigail Bradley Hunt Hospital Bed	Ψ3,141.5 <i>1</i>	(\$1,017.00)	φυ.υυ	(ψ1,017.00)		
	Fund	\$9,147.57	(\$1,017.66)	\$0.00	(\$1,017.66)		
	Hoadley B. Ives Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)		
	Mary E. Ives Hospital Bed Fund	\$5,000.00	(\$556.22)	\$0.00	(\$556.22)		
	Robert E. Ives Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)		
-	Walter Judson Hospital Bed Fund Charles Kohn Hospital Bed Fund	\$1,000.00 \$100.00	(\$111.25) (\$11.12)	\$0.00	(\$111.25) (\$11.12)		
<u> </u>	Lenhardt Hospital Bed Fund	\$100.00 \$5,000.00	(\$11.12) (\$556.22)	\$0.00 \$0.00	(\$11.12) (\$556.22)		
		ψυ,υυυ.υυ	(ψ330.22)	φυ.υυ	(ψ330.22)		
L	George W. Mallory Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)		
	Mary B. Mallory Hospital Bed Fund	\$4,000.00	(\$444.10)	\$0.00	(\$444.10)		
	John W. Manefield Heavital Bad Front	AP	(4=== 0==	** **	(4555.55)		
-	John W. Mansfield Hospital Bed Fund Philip Marett Hospital Bed Fund	\$5,000.00 \$155,480.37	(\$556.25)	\$0.00 \$0.00	(\$556.25)		
-	Levy Morris Hospital Bed Fund	\$155,480.37 \$11,938.49	(\$17,297.08) (\$1,330.80)	\$0.00	(\$17,297.08) (\$1,330.80)		
	, ,	ψ11,33U.43	(ψ1,550.00)	φυ.υυ	(ψ1,550.00)		

YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

	REPORT 17 - HOSPITAL	FISCAL YEAR BED FUNDS HELD O		THE HOSPITAL	
D DI		BED I ONDO HEED C	N ADMINIOTENED DI	THE HOOF HAE	
(1)	ED FUND ACTIVITY (2)	(3)	(4)	(5)	(6)
(')	(2)	FMV of Principal	Actual Earnings	Earnings	Earnings
Line	Name of Hospital Bed Fund	Tiviv or Frincipal	Actual Lamings	Reinvested	Available
	Organized Charities Hospital Bed				
	Fund	\$10,000.00	(\$1,098.72)	\$0.00	(\$1,098.
	Paul Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.
	Maud Trowbridge Reynolds Hospital	·			•
	Bed Fund	\$46,508.19	(\$5,174.01)	\$0.00	(\$5,174.
	Leonard J.Sanford & Anna Cutter				
	Hospital Bed Fund	\$9,720.00	(\$1,081.35)	\$0.00	(\$1,081.
	Julia Sanford Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.
	Sargent Hospital Bed Fund	\$5,000.00	(\$556.22)	\$0.00	(\$556.
	Mark M. Selleck Hospital Bed Fund	\$10,000.00	(\$1,112.45)	\$0.00	(\$1,112.
	George Thomas Smith Hospital Bed	45.000.00	(4550.05)	***	(0.550
	Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.
	Chris Tanuis Hospital Bed Fund	\$30.00	(\$3.35)	\$0.00	(\$3.
	Margarette Elford Dean Trowbridge Hospital Bed Fund	\$45,000,00	(\$1,668.74)	¢0.00	/¢4 cco
	Morton Warner Hospital Bed Fund	\$15,000.00 \$12,000.00	(\$1,668.74) (\$1,334.93)	\$0.00 \$0.00	(\$1,668 (\$1,334)
	Hermanus M. Welch Hospital Bed	⊅12,000.00	(\$1,334.93)	\$0.00	(\$1,334.
	Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556
	Cynthia Ann Tracy Wetmore Hospital	ψ3,000.00	(ψ330.23)	Ψ0.00	(ψυσυ
	Bed Fund	\$60,000.00	(\$6,500.28)	\$0.00	(\$6,500
	Whitney Hospital Bed Fund	\$10,400.00	(\$1,157.00)	\$0.00	(\$1,157
	Albert Aaron Williams Hospital Bed	410,100.00	(\$1,101100)	40.00	(41,101
	Fund	\$27,033.83	(\$3,013.08)	\$0.00	(\$3,013
	Ann Phillips Wurtenberg Hospital Bed	· · ·	,,,,,	·	· · · · ·
	Fund	\$7,140.51	(\$793.70)	\$0.00	(\$793
	Alfred Blakeslee Hospital Bed Fund	\$10,000.00	(\$1,112.43)	\$0.00	(\$1,112
	Julia Alling Hospital Bed Fund	\$51,472.76	(\$5,761.76)	\$0.00	(\$5,761
	Charles Amos Baldwin Hospital Bed				
	Fund	\$131,992.80	(\$14,775.02)	\$0.00	(\$14,775
	Deane Hospital Bed Fund	\$9,258.16	(\$1,029.97)	\$0.00	(\$1,029
	Ellen M. Gifford Hospital Bed Fund	\$65,075.53	(\$7,284.43)	\$0.00	(\$7,284
	Wyllys Atwater Hospital Bed Fund	\$130,354.24	(\$14,591.60)	\$0.00	(\$14,591.
	Dwight Place Church Hospital Bed				
	Fund	\$32,588.55	(\$3,647.90)	\$0.00	(\$3,647
	William Townsend Hayes Hospital Bed Fund	\$400.0E4.04	(64.4.504.00)	* 0.00	(64.4.504
		\$130,354.24	(\$14,591.60)	\$0.00	(\$14,591
	Dr. Thomas Wells Hospital Bed Fund Armstrong Hospital Bed Fund	\$65,177.13	(\$7,295.80)	\$0.00	(\$7,295
	Frank Walter Benedict Hospital Bed	\$88,132.58	(\$9,865.39)	\$0.00	(\$9,865.
	Fund	\$130,151.73	(\$14,568.93)	\$0.00	(\$14,568.
	Henry Walter Benedict Hospital Bed	\$130,131.73	(\$14,500.95)	\$0.00	(\$14,500.
	Fund	\$130,151.73	(\$14,568.93)	\$0.00	(\$14,568.
	Helen & John T. Mason Hospital Bed	ψ130,131.73	(\$14,500.55)	Ψ0.00	(\$14,500.
	Fund	\$186,509.85	(\$20,877.55)	\$0.00	(\$20,877
	Frank L. Hunt Hospital Bed Fund	\$847,851.16	(\$94,906.81)	\$0.00	(\$94,906
	Evelina J. Jones Hospital Bed Fund	\$67,787.18	(\$7,587.97)	\$0.00	(\$7,587
	Elizabeth Hotchkiss Hospital Bed	,.	(1.)	*	XY 7- 5-1
	Fund	\$67,787.18	(\$7,587.97)	\$0.00	(\$7,587
	Mary Lamb Hospital Bed Fund	\$3,325.41	(\$372.24)	\$0.00	(\$372
	Bassett Bed #2 Hospital Bed Fund	\$135,702.23	(\$15,190.24)	\$0.00	(\$15,190
	Fannie Keyes Hospital Bed Fund	\$136,571.90	(\$15,287.59)	\$0.00	(\$15,287
	Leete Hospital Bed Fund	\$205,115.52	(\$22,960.23)	\$0.00	(\$22,960
	George T. Newhall & Julia Leete				
	Hospital Bed Fund	\$232,588.94	(\$26,035.55)	\$0.00	(\$26,035
	Stiles Hospital Bed Fund	\$3,190,239.65	(\$357,109.21)	\$0.00	(\$357,109
	Rose Porter Hospital Bed Fund	\$88,132.58	(\$9,865.39)	\$0.00	(\$9,865
	Lucy Hall Boardman Hospital Bed				
	Fund	\$97,338.72	(\$10,895.91)	\$0.00	(\$10,895

		FISCAL YEAR			
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	OR ADMINISTERED B	Y THE HOSPITAL	
	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
١	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings	Earnings
Line	· ·			Reinvested	Available
	Ellen M. Gifford Executors Hospital				
	Bed Fund	\$68,114.20	(\$7,624.57)	\$0.00	(\$7,624.57)
	Nathan Howell Sanford Hospital Bed Fund	4400.055.00	(045.050.40)	**	(045.050.40)
	Arthur Herbert Trowbridge Hospital	\$136,255.06	(\$15,252.13)	\$0.00	(\$15,252.13)
	Bed Fund	¢72 240 06	(¢0.007.24)	\$0.00	/¢0 007 241
	Edwin Harrison Beebe Hospital Bed	\$72,248.06	(\$8,087.31)	\$U.UU	(\$8,087.31)
	Fund	\$95,687.47	(\$10,711.07)	\$0.00	(\$10,711.07)
	Julia A. Leete Newhall Hospital Bed	400,001111	(\$10,11101)	φιισσ	(\$10,11101)
	Fund	\$302,941.45	(\$33,910.68)	\$0.00	(\$33,910.68)
	Bassett Bed #1 Hospital Bed Fund	\$219,328.13	(\$23,274.40)	\$0.00	(\$23,274.40)
	Richard S Fellowes Hospital Bed	\$2.10,020110	(\$25,214145)	ψ0.00	(420,21-11-10)
	Fund	\$25,317.89	(\$2,686.65)	\$0.00	(\$2,686.65)
	Isaphene Hillhouse Hospital Bed	, -,-	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	(4)::::/
	Fund	\$109,560.72	(\$11,626.24)	\$0.00	(\$11,626.24)
	Joseph T Mary L Hotchkiss Hospital			, -	** *
	Bed Fund	\$329,095.54	(\$34,922.57)	\$0.00	(\$34,922.57)
	"Anna" Hospital Bed Fund	\$14,240.57	(\$1,584.07)	\$0.00	(\$1,584.07)
	Anna F. Ardenghi Hospital Bed Fund	\$10,000.00	(\$1,115.72)	\$0.00	(\$1,115.72)
	Strouse Adler Hospital Bed Fund	\$5,900.00	(\$657.66)	\$0.00	(\$657.66)
	Loring W. Andrews Hospital bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Harriet Atwater Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Mary E. Baldwin Hospital Bed Fund	\$22,422.89	(\$2,494.53)	\$0.00	(\$2,494.53)
	George Benedict Hospital Bed Fund	\$10,000.00	(\$1,108.71)	\$0.00	(\$1,108.71)
	Bennett Hospital Bed Fund	\$12,000.00	(\$1,334.99)	\$0.00	(\$1,334.99)
	Edwin B. Bowditch Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Henry Bronson Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Susan Ellen Brown Hospital Bed Fund	\$12,736.08	(\$1,416.82)	\$0.00	(\$1,416.82)
	Samuel Clifford Carlisle Hospital Bed				
	Fund	\$10,000.00	(\$1,114.73)	\$0.00	(\$1,114.73)
	William & Laura Carmalt Hospital Bed Fund	* 05.000.00	(\$0.705.77)	* 0.00	(60.705.77)
	Joseph Cimerol, Jr. Hospital Bed	\$25,000.00	(\$2,785.77)	\$0.00	(\$2,785.77)
	Fund	¢4 000 00	(\$446.04)	¢0.00	(\$446.04)
	Charles Henry Collins Hospital Bed	\$4,000.00	(\$446.94)	\$0.00	(\$446.94)
	Fund	\$10,000.00	(\$1,112.81)	\$0.00	(\$1,112.81)
	Idalina Darrow Hospital Bed Fund	\$7,307.61	(\$1,112.81)	\$0.00	(\$1,112.81)
	Deane Hospital Bed Fund	\$122,170.10	(\$13,675.48)	\$0.00	(\$13,675.48)
	George B. Dines, Jr. Hospital Bed	\$122,170.10	(\$13,673.46)	\$U.UU	(\$13,073.40)
	Fund	\$100.00	(\$11.17)	\$0.00	(\$11.17)
	Cora C.T. Dwight Hospital Bed Fund	\$5,000.00	(\$556.22)	\$0.00	(\$556.22)
	Dr. Jonathan Edwards Hospital Bed	φ3,000.00	(\$330.22)	φυ.υυ	(\$330.22)
	Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Henry Eld Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)
	Henry F. English Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	James E. English Hospital Bed Fund	\$30,854.68	(\$3,432.56)	\$0.00	(\$3,432.56)
	Henry Farnum Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)
	William Fitch Hospital Bed Fund	\$5,000.00	(\$556.25)	\$0.00	(\$556.25)
	Edwin Foote Hospital Bed Fund	\$611,184.53	(\$68,164.66)	\$0.00	(\$68,164.66)
	Grace Salisbury Foote Hospital Bed	70,10-1100	(400,707100)	\$0.00	(400,101100)
	Fund	\$10,000.00	(\$1,108.36)	\$0.00	(\$1,108.36)
	Levi Goodell Fox Hospital Bed Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Elizabeth Hamlin Fox Hospital Bed	Ţ.J,000.00	(4.,7.12.00)	\$5.55	(4.,112100)
	Fund	\$10,000.00	(\$1,112.50)	\$0.00	(\$1,112.50)
	Simeon & Arthur Ward Fox Hospital				
	Bed Fund	\$32,767.23	(\$3,646.00)	\$0.00	(\$3,646.00)
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-		YALE-NEW HAVEN	I HOSPITAL		
		ANNUAL REPO	RTING		
		FISCAL YEAR	R 2009		
	REPORT 17 - HOSPITAL	BED FUNDS HELD C	OR ADMINISTERED B	Y THE HOSPITAL	
B. BI	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
	Charles D. Hall Hospital Bed Fund	\$14,611.11	(\$1,625.40)	\$0.00	(\$1,625.40)
	Sylvia C. Hall Hospital Bed Fund	\$27,400.13	(\$3,048.12)	\$0.00	(\$3,048.12)
	Jessie A. Harmon Hospital Bed Fund	\$10,000.00	(\$1,112.45)	\$0.00	(\$1,112.45)
	Total Bed Funds :	\$9,993,532.02	(\$1,110,739.09)	\$0.00	(\$1,110,739.09)

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		See Policies and Procedures associated with Credit and Collections files as part of the Annual Reporting section 19(a)-167g-91(b)(22).
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	8.30%
**	SPECIFIC COLLECTION AGENT INFORMATION	
II.		
<u> </u>	Collection Agent	0
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
4	Related / Not Related Entity If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Related
		See Policies and Procedures associated with Credit and Collections files as part of the Annual Reporting section 19(a)-167g-91(b)(22).
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.00%
	Collection Agent	
1	_	Nair & Levin PC
2	Collection Agent Name Collection Agent Type	
_	Related / Not Related Entity	Attorney Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Not Related
		See Policies and Procedures associated with Credit and Collections files as part of the Annual Reporting section 19(a)-167g-91(b)(22).
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.80%
	Collection Agent	
1	Collection Agent Name	Tobin, Cerberry, OMallery, Riley, Selinger PC
	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		See Policies and Procedures associated with Credit and Collections files as part of the Annual Reporting section 19(a)-167g-91(b)(22).

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	
		Each collection agent is reimbursed for services rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.40%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO(repr YNHH & YNHHS)	\$1,869,103	\$743,792	\$2,612,895
2.	Exec VP, COO(repr YNHH & YNHHS)	\$1,273,080	\$352,573	\$1,625,653
3.	SR VP, Chief of Staff(repr YNHH & YNHHS)	\$1,034,605	\$304,997	\$1,339,602
4.	SR VP Finance, CFO(repr YNHH & YNHHS)	\$903,884	\$356,772	\$1,260,656
5.	Senior VP, CIO(repr YNHH & YNHHS)	\$716,028	\$269,580	\$985,608
6.	Senior VP HR(repr YNHH & YNHHS)	\$682,412	\$293,681	\$976,093
7.	Senior VP Administration	\$622,452	\$248,459	\$870,911
8.	VP & Exec Dir of Childrens Hospital	\$517,480	\$221,633	\$739,113
9.	Senior VP Patient Services	\$620,160	\$108,931	\$729,091
10.	VP Finance	\$487,132	\$231,455	\$718,587
	Grand Total:	\$8,726,336	\$3,131,873	\$11,858,209

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
Δ.	VALUE NETWORK CORPORATION	7		
A .	YNH NETWORK CORPORATION Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	and by the Hospital to Employees of the Entity Eisted Above	Ψ	ΨΟ	ΨΟ
В.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C .	COMMUNITY HEALTH CARE PHYSICIANS (CHCP)	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.	ro.	\$0	* C
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	and by the mospital to Employees of the Entity Listed Above	φυ	ΨΟ	ΨΟ
Ε.	MEDICAL CENTER REALTY, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	QUINNIPIAC MEDICAL P.C. (QMPC)	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G .	SHORELINE SURGERY CENTER, LLC	Φ0	# 0	ФО.
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
	Faid by the Hospital to Employees of the Entity Listed Above	φυ	ΨΟ	φυ
Н.	SSC II, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ι.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J .	YALE-NEW HAVEN AMBULATORY SERVICES CORP.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
			·	
Κ.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	00.001.100	*	
2	Paid by the Entity Listed Above to Hospital Employees(B) Paid by the Hospital to Employees of the Entity Listed Above	\$2,591,457 \$39,685,892	\$541,103 \$12,746,498	\$3,132,560 \$52,432,390
	i aid by the mospital to Employees of the Emitty Listed Above	ψυσ,000,082	ψ12,140,430	ψυ∠,4υ∠,υθυ
L.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
М.	YNH GERIATRIC SERVICES, P.C.	7		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
NI NI	VNIH MEDICAL SERVICES D.C.	_		
N .	YNH MEDICAL SERVICES, P.C. Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
0.	YNHH-PHYSICIANS CORPORATION		1 00	D.C.
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Ρ.	YNHHS-MSO, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q.	YORK ENTERPRISES, INC.	7		
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^c	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

- A Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.
- B A hospital employee is anyone who provides a service which incurs an expense for the hospital.
- C Indirect payments include but are not limited to payments made to related entities.

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YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2009 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each	
1.	Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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		VEN HOSPITAL REPORTING			
	REPORT 23 - CHARITY CARE AND REDUCED (EAR 2009	DDOVIDED BY	THE HOSBITAL	
	REPORT 23 - CHARITT CARE AND REDUCED	COST SERVICES	PROVIDED B1	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
(.,	(-)	FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENC
Α.	Hospital Charity Care (see Hospital Audited Financial St	atement Notes)			
<u> </u>	Treephar enancy eare (eee treephar / taakea / maneral et	acomonic reoccy			
1.	Number of Applicants	31,204	30,997	(207)	-
2.	Number of Approved Applicants	29,851	29,434	(417)	
3.	Total Charges (A)	\$66,398,486	\$72,686,385	\$6,287,899	
	Average Charges	\$2,224	\$2,469	\$245	1
				(2.22-1.2)	
4.	Ratio of Cost to Charges (RCC)	0.33911	0.331598	(0.007512)	
	Total Cost	\$22,516,391	\$24,102,660	\$1,586,269	
	Average Cost	\$754	\$819	\$65	
E	Charity Care - Inpatient Charges	\$32,276,304	¢25 222 052	\$2.0E6.E40	
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department Charges	28,212,717	\$35,332,852	\$3,056,548 2,671,728	
6. 7.	Charity Care - Outpatient Emergency Department Charges Charity Care - Outpatient Charges (Excludes ED Charges)	5,909,465	30,884,445 6,469,088	, ,	
7.	Total Charges (A)	\$66,398,486	\$72,686,385	559,623 \$6,287,899	
	Total Charges (A)	\$66,396,466	\$12,000,303	\$6,267,699	
8.	Charity Care - Number of Patient Days	22,723	24,875	2,152	
9.	Charity Care - Number of Discharges	4,929	5,396	467	
	Charity Care - Number of Outpatient ED Visits	25,209	27,596	2,387	
10					
10.		20,200	21,000	2,007	
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	5,284	5,784	500	
11.	Charity Care - Number of Outpatient Visits (Excludes ED	5,284	5,784	500	
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in	5,284 the Hospital Audi	5,784	500	
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	5,284 the Hospital Audi	5,784	500	
11. A) The	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	5,284 the Hospital Audi	5,784 ited Financial St	500 atement Notes.	
11. A) The B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants	5,284 the Hospital Audi	5,784 ited Financial St	500 atement Notes.	
11. A) The	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re	5,284 the Hospital Audi	5,784 ited Financial St	500 atement Notes.	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	5,284 the Hospital Audi eport 17)	5,784 ited Financial St 95 95	500 atement Notes. (806) (806)	
11. A) The B. 1.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514	5,784 ited Financial St 95 95 95 \$813,615	(806) (83,087,899)	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants	5,284 the Hospital Audi eport 17)	5,784 ited Financial St 95 95	500 atement Notes. (806) (806)	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Approved Applicants Total Charges (B) Average Charges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514	5,784 ited Financial St 95 95 95 \$813,615 \$8,564	(806) (83,087,899)	
11. A) The B. 1. 2.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598	(806) (806) (83,087,899) \$4,234 (0.007512)	
11. A) The B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the second of the s	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330	5,784 ited Financial St 95 95 95 \$813,615 \$8,564	(806) (806) (83,087,899) \$4,234	-
11. A) The B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the second of the s	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840	(806) (806) (806) (\$3,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372	-
11. A) The B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526	95 95 95 8813,615 \$8,564 0.331598 \$269,793 \$2,840	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029)	
11. A) The B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823)	-
11. A) The B. 1. 2. 3.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047)	-
11. A) The B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823)	-
11. A) The B. 1. 2. 3. 4.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B)	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753 \$3,901,514	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706 \$813,615	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047) (\$3,087,899)	-
11. A) The B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753 \$3,901,514 3,642	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706 \$813,615	(806) (806) (\$3,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047) (\$3,087,899)	-
11. B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753 \$3,901,514 3,642 531	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706 \$813,615 759 111	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047) (\$3,087,899) (2,883) (420)	- - - - - -
11. A) The B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753 \$3,901,514 3,642	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706 \$813,615	(806) (806) (\$3,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047) (\$3,087,899)	-
11. A) The B. 1. 2. 3. 4. 5. 6. 7.	Charity Care - Number of Outpatient Visits (Excludes ED Visits) e total amount must agree with the total amount listed in the spital Bed Funds (see Hospital Reporting System - Reference of Applicants Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges) Total Charges (B) Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	5,284 the Hospital Audi eport 17) 901 901 \$3,901,514 \$4,330 0.33911 \$1,323,042 \$1,468 \$1,896,526 347,235 1,657,753 \$3,901,514 3,642 531	5,784 ited Financial St 95 95 95 \$813,615 \$8,564 0.331598 \$269,793 \$2,840 \$395,497 72,412 345,706 \$813,615 759 111	(806) (806) (83,087,899) \$4,234 (0.007512) (\$1,053,249) \$1,372 (\$1,501,029) (274,823) (1,312,047) (\$3,087,899) (2,883) (420)	- - - - - -

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