

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

Form sections B through M: B Check if applicable; C Name of organization (YALE-NEW HAVEN HOSPITAL); D Employer identification number (06-0646652); E Telephone number (203-688-2069); F Name and address of principal officer (RICHARD D'AQUILA); G Gross receipts \$ (2006990513); H(a) Is this a group return for affiliates? (Yes No); H(b) Are all affiliates included? (Yes No); I Tax-exempt status (501(c)(3)); J Website (WWW.YNH.H.ORG); K Form of organization (Corporation); L Year of formation (1826); M State of legal domicile (CT)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission (TO PROVIDE HEALTH CARE SERVICES); 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature and Preparer information: Sign Here (JAMES STATEN, CFO); Preparer (CHRISTOPHER BOGGS); Firm (ERNST & YOUNG U.S., LLP); Date (08/15/2013); PTIN (P00032493); Firm's EIN (34-6565596); Phone no. (317-681-7000)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE HEALTH CARE SERVICES

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1406540204. including grants of \$ 3,106,979.) (Revenue \$ 1737310757.) SEE SCHEDULE O.

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

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

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

4e Total program service expenses 1,406,540,204.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	28	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **VINCENT TAMMARO - 203-688-2069**
20 YORK STREET, NEW HAVEN, CT 06504

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BISHOP THEODORE L. BROOKS TRUSTEE	1.00	X					0.	0.	0.	
(2) JOHN L. LAHEY TRUSTEE	1.00	X					0.	0.	0.	
(3) JOSEPH R. CRESPO CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) JULIA M. MCNAMARA VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) THOMAS M. HANSON TRUSTEE	1.00	X					0.	0.	0.	
(6) WILLIAM W. GINSBERG TRUSTEE	1.00	X					0.	0.	0.	
(7) CARLTON L. HIGHSMITH TRUSTEE	1.00	X					0.	0.	0.	
(8) SUSAN WHETSTONE TRUSTEE	1.00	X					0.	0.	0.	
(9) LINDA KOCH LORIMER TRUSTEE	1.00	X					0.	0.	0.	
(10) MARVIN K. LENDER TRUSTEE	1.00	X					0.	0.	0.	
(11) MICHAEL H. FLYNN TRUSTEE	1.00	X					0.	0.	0.	
(12) PEYTON R. PATTERSON TRUSTEE	1.00	X					0.	0.	0.	
(13) RICHARD C. LEVIN TRUSTEE	1.00	X					0.	0.	0.	
(14) ROBERT A. HAVERSAT TRUSTEE	1.00	X		X			0.	0.	0.	
(15) ROBERT J. ALPERN TRUSTEE	1.00	X					0.	0.	0.	
(16) HON. BARRINGTON D. PARKER JR TRUSTEE	1.00	X					0.	0.	0.	
(17) THOMAS B. KETCHUM TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THANASIS M. MOLOKOTOS TRUSTEE	1.00	X					0.	0.	0.	
(19) PETER N. HERBERT, MD SR. VP & CHIEF OF STAFF	24.00	X		X			962,767.	641,846.	35,999.	
(20) MARNA P. BORGSTROM CEO	20.00	X		X			1,036,989.	1,036,989.	626,750.	
(21) BRUCE ALEXANDER TRUSTEE	1.00	X					0.	0.	0.	
(22) MARY FARRELL TRUSTEE	1.00	X					0.	0.	0.	
(23) MILES LASATER TRUSTEE	1.00	X					0.	0.	0.	
(24) ANNEMARIE LINDSKOG TRUSTEE	1.00	X					0.	0.	0.	
(25) VINCENT CALARCO TRUSTEE	1.00	X					0.	0.	0.	
(26) LINDA MASCI TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							1,999,756.	1,678,835.	662,749.	
c Total from continuation sheets to Part VII, Section A							9,942,662.	1,504,740.	2,584,642.	
d Total (add lines 1b and 1c)							11942418.	3,183,575.	3,247,391.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,095**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NURSEFINDERS, INC, 524 EAST LAMAR BLVD, SUITE 300, ARLINGTON, TX 76011	EMPLOYMENT SERVICES	10,279,106.
UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550	LAUNDERING SERVICE	3,890,645.
NATIONWIDE ANESTHESIA SERVICE 104 MALONE DRIVE, SANDERSVILLE, GA 31082	MEDICAL	3,537,278.
MASON, INC 23 AMITY RD, BETHANY, CT 06524	ADVERTISING	3,013,818.
SHEPLEY BULFINCH RICHARDSON & ABBOT SHEPLEY 40 BROAD STREET, BOSTON, MA 02109	ARCHITECTURE	2,501,341.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **132**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SISTER ROSEMARY MOYNIHAN TRUSTEE	1.00	X					0.	0.	0.	
(28) JAMES P. TORGERSON TRUSTEE	1.00	X					0.	0.	0.	
(29) PAUL N. PATTON VP	40.00			X			448,269.	0.	150,667.	
(30) WILLIAM J. ASELTYN VP	10.00			X			477,387.	159,130.	216,015.	
(31) KEVIN F. WALSH VP	40.00			X			411,412.	0.	146,885.	
(32) THOMAS D. LEARY VP	38.00			X			393,632.	20,717.	152,784.	
(33) JAMES M. STATEN SR VP	20.00			X			532,683.	532,683.	323,316.	
(34) PATRICK M. LUDDY VP	40.00			X			1,296,608.	0.	78,673.	
(35) VINCENT PETRINI SR VP	40.00			X			482,814.	0.	149,559.	
(36) KEVIN A. MYATT SR VP	24.00			X			443,329.	295,553.	236,882.	
(37) THOMAS J. BALCEZAK VP	40.00			X			474,359.	0.	155,638.	
(38) STEPHEN M. MERZ VP	40.00			X			323,913.	0.	118,980.	
(39) RICHARD D'AQUILA PRESIDENT & COO	36.00			X			1,142,703.	126,967.	364,715.	
(40) PATRICIA S. FITZSIMONS SR VP	40.00			X			707,478.	0.	57,513.	
(41) DANIEL BARCHI SR VP	8.00			X			92,422.	369,690.	260,075.	
(42) ABE LOPMAN VP/EXEC DIRECTOR	40.00				X		573,123.	0.	33,634.	
(43) SUHER BAKER CHIEF DENTISTRY	40.00				X		402,164.	0.	31,973.	
(44) MARJORIE G. GUGLIN VP	40.00				X		396,160.	0.	38,328.	
(45) RICHARD S. STAHL VP	40.00				X		626,831.	0.	25,765.	
(46) CYTHIA SPARER SR VP OF OPS-CHILDREN'S HOSP.	40.00				X		504,721.	0.	43,240.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MICHAEL APKON FORMER VP	0.00						X	194,964.	0.	0.
(48) ALVIN R. JOHNSON FORMER VP	0.00						X	17,690.	0.	0.
(49) EDWARD J. DOWLING FORMER VP	0.00						X	0.	0.	0.
Total to Part VII, Section A, line 1c								9,942,662.	1,504,7402	,584,642.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	755,078.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	8325962.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,048,920.					
	g Noncash contributions included in lines 1a-1f: \$		44,111.					
	h Total. Add lines 1a-1f			24,129,960.				
	Program Service Revenue	2 a <u>INPATIENT SERVICES</u>	Business Code	612990	1,005,583,920.	1,005,583,920.		
b <u>OUTPATIENT SERVICES</u>			621400	704,705,996.	704,705,996.			
c <u>LABORATORY SERVICES</u>			621500	2981085.		2,981,085.		
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,713,271,001.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3160789.			3,160,789.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		242,279,421.						
		b Less: cost or other basis and sales expenses			236,195,148.			
		c Gain or (loss)			6,084,273.			
	d Net gain or (loss)			6084273.			6,084,273.	
	8 a Gross income from fundraising events (not including \$ <u>755,078.</u> of contributions reported on line 1c). See Part IV, line 18	a		109586.				
		b Less: direct expenses	b	282981.				
		c Net income or (loss) from fundraising events			-173,395.			-173395.
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a <u>OTHER ANCILLIARY SERVI</u>		900099		12,081,259.	12,081,259.			
	b <u>CAFETERIA/VENDING</u>		900099	7927102.	7927102.			
	c <u>PARKING</u>		900099	4031395.	4031395.			
	d All other revenue							
e Total. Add lines 11a-11d				24,039,756.				
12 Total revenue. See instructions.				1,770,512,384.	1,734,329,672.	2,981,085.	9,071,667.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,076,979.	3,076,979.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	30,000.	30,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,884,054.		22,884,054.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	551077957.	511011010.	38,951,115.	1,115,832.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	37,759,543.	34,228,270.	3,463,127.	68,146.
9 Other employee benefits	101589886.	96,130,824.	5,267,612.	191,450.
10 Payroll taxes	43,921,713.	39,814,153.	4,028,292.	79,268.
11 Fees for services (non-employees):				
a Management				
b Legal	2,639,318.		2,639,318.	
c Accounting	357,647.		357,647.	
d Lobbying	431,000.	431,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	396774220.	254238156.	141747671.	788,393.
12 Advertising and promotion	254,786.	948.	253,838.	
13 Office expenses	49,921,902.	40,843,392.	9,005,581.	72,929.
14 Information technology				
15 Royalties				
16 Occupancy	31,288,307.	27,386,134.	3,902,173.	
17 Travel	2,249,538.	1,526,895.	695,855.	26,788.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	17,719,698.	17,719,698.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,100,633.	45,066,540.	28,034,093.	
23 Insurance	15,328,235.	13,097,092.	2,231,143.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	275703133.	275703133.		
b BAD DEBT EXPENSE	32,622,083.	32,622,083.		
c PROPERTY TAXES	7,198,566.	6,028,079.	1,170,487.	
d LINEN & LAUNDERING SERV	4,325,265.	4,319,637.	5,628.	
e All other expenses	8,910,968.	3,266,181.	2,300,322.	3,344,465.
25 Total functional expenses. Add lines 1 through 24e	1,679,165,431.	1,406,540,204.	266937956.	5,687,271.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	598,263.	1	713,340.
	2	Savings and temporary cash investments	170,526,313.	2	179,102,229.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	227,495,768.	4	266,904,803.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	16,419,332.	8	28,005,656.
	9	Prepaid expenses and deferred charges	39,757,836.	9	70,504,713.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,591,925,689.		
	b	Less: accumulated depreciation	10b 601,857,976.	10c	990,067,713.
	11	Investments - publicly traded securities	293,103,644.	11	364,400,629.
	12	Investments - other securities. See Part IV, line 11	278,719,474.	12	361,549,934.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	103,784,858.	15	218,448,120.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,998,140,358.	16	2,479,697,137.	
Liabilities	17	Accounts payable and accrued expenses	220,390,187.	17	299,924,563.
	18	Grants payable		18	
	19	Deferred revenue	48,320,802.	19	53,625,335.
	20	Tax-exempt bond liabilities	479,206,567.	20	468,167,766.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	40,000,000.	23	252,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	535,610,583.	25	656,569,108.
	26	Total liabilities. Add lines 17 through 25	1,323,528,139.	26	1,730,286,772.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	604,710,244.	27	676,221,331.
	28	Temporarily restricted net assets	44,378,931.	28	46,444,699.
	29	Permanently restricted net assets	25,523,044.	29	26,744,335.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	674,612,219.	33	749,410,365.	
34	Total liabilities and net assets/fund balances	1,998,140,358.	34	2,479,697,137.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1770512384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1679165431.
3	Revenue less expenses. Subtract line 2 from line 1	3	91,346,953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	674,612,219.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-16,548,807.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	749,410,365.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **YALE-NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>27,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>9,237.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>14,286.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>56,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>160,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>6,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>105,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>22,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>43,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>201,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,239.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>19,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>12,773.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>64,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>138,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>333,023.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>53,505.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>98,170.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,775.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>380,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>45,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>9,331.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,800.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,080.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>201,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>78,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>110,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>50,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>72,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>87,726.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>24,859.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>19,993.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>26,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>7,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,340.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>51,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,140.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ <u>97,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	STOCKS; STOCKS; STOCKS _____ _____ _____	\$ 9,237.	02/20/12
106	GIFT BAGS, GIFT CARDS, DVD LEATHER CASES, PARKING VOUCHERS _____ _____ _____	\$ 9,331.	08/13/12
110	GIFT CARDS _____ _____ _____	\$ 6,800.	12/21/11
119	VARIOUS ASSORTED WINES _____ _____ _____	\$ 5,080.	05/31/12
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
--	---

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization **YALE-NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011
LHA

132041
01-27-12

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		500.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		292,599.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		137,901.
j Total. Add lines 1c through 1i			431,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF

PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2012. THE HEALTH

SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT

OFFICIALS, INCLUDING STATE LEGISLATURES AND THEIR STAFF TO DISCUSS

VARIOUS HEALTH CARE

Part IV Supplemental Information (continued)

REFORM PROPOSALS.

YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE
FOLLOWING LOBBYING EXPENSES:

GREENWICH HOSPITAL EIN 06-0646659 \$ 78,433

BRIDGEPORT HOSPITAL EIN 06-0646554 \$ 95,474

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL **Employer identification number** 06-0646652

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	62,861,000.	68,085,000.	70,535,000.	79,290,000.	
b Contributions	2,000.	2,000.			
c Net investment earnings, gains, and losses	7,683,000.	2,814,000.	5,501,000.	-575,000.	
d Grants or scholarships					
e Other expenditures for facilities and programs	7,124,000.	8,040,000.	7,951,000.	8,180,000.	
f Administrative expenses					
g End of year balance	63,422,000.	62,861,000.	68,085,000.	70,535,000.	

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	33,163,668.			33,163,668.
b Buildings	301969019.		68,137,976.	233831043.
c Leasehold improvements	18,971,376.		13,309,698.	5,661,678.
d Equipment	1,174,190,999.		520383276.	653807723.
e Other	63,630,627.		27,026.	63,603,601.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 990067713.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) YALE ENDOWMENT FUND	361,549,934.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	361,549,934.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS	5,181,779.
(2) OTHER ASSETS	137,297,397.
(3) GOODWILL	35,697,754.
(4) MALPRACTICE RECEIVABLE	40,271,190.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	218,448,120.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFITS	283,253,294.
(3) OTHER LONG TERM LIABILITIES	265,786,820.
(4) CAPITAL LEASES	107,528,994.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	656,569,108.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1770512384.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1679165431.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	91,346,953.
4	Net unrealized gains (losses) on investments	4	6,394,454.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-22,943,261.
9	Total adjustments (net). Add lines 4 through 8	9	-16,548,807.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	74,798,146.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,784,860,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	35,322,247.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	14,066,449.
	e Add lines 2a through 2d	2e	49,388,696.
3	Subtract line 2e from line 1	3	1,735,471,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	35,040,778.
	c Add lines 4a and 4b	4c	35,040,778.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,770,512,384.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,654,251,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.)	2d	282,981.
	e Add lines 2a through 2d	2e	282,981.
3	Subtract line 2e from line 1	3	1,653,968,505.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	25,196,925.
	c Add lines 4a and 4b	4c	25,196,925.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,679,165,430.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWED FUNDS' INTENDED USE IS TO GENERATE INCOME TO SUPPORT YALE-NEW HAVEN HOSPITAL PROGRAM SERVICE FUNCTIONS AND OTHER OPERATIONS IN ACCORDANCE WITH THE YALE-NEW HAVEN HOSPITAL POOLED INVESTMENT POLICY.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FUNDING OF CLINICAL PROGRAMS -12,803,853.
 BEQUESTS, GIFTS & GRANTS 11,846,729.

Part XIV Supplemental Information (continued)

NET ASSETS RELEASE FOR OPERATIONS	342,000.
INVESTMENT INCOME RELEASED FROM RESTRICTIONS	749,904.
AUXILIARY SERVICES	106,147.
PENSION & POST RETIREMENT ADJUSTMENTS	-54,174,000.
CHANGE IN INTEREST IN PERPETUAL TRUST	1,221,000.
TRANSFER TO YNHHS	-6,100,000.
TRANSFER TO YNH NETWORK CORP	456,000.
NET ASSETS RELEASE FOR OPERATIONS	-2,961,523.
RELEASE FOR WINCHESTER/MCFADDEN	6,754,894.
CPI ADJUSTMENTS	564,623.
SWAP MARKET VALUE ADJUSTMENTS	-12,609,904.
CHANGE IN MV OF INVESTMENTS	46,047,042.
RELEASE FOR FREE CARE	888,527.
INVESTMENT RESERVE	1,320,486.
OTHER CHANGES IN NET ASSETS- CLINICAL PROGRAMS	-4,591,333.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-22,943,261.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDING OF CLINICAL PROGRAMS	9,000,000.
NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER	7,643,422.
FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE	2,859,956.
UNREALIZED GAIN/LOSS ON INVESTMENTS	-5,613,756.
SPECIAL EVENTS	176,827.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	14,066,449.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BEQUESTS, GIFTS & GRANTS	11,846,729.
INVESTMENT INCOME RELEASE FROM RESTRICTIONS	749,904.

Part XIV Supplemental Information *(continued)*

AUXILIARY INCOME	340,794.
EXPENSE RECLASS FROM INVESTMENT INCOME	22,103,351.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	35,040,778.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS	282,981.
----------------	----------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES	233,618.
EXPENSE RECLASS FROM INVESTMENT INCOME	22,103,351.
FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE	2,859,956.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	25,196,925.

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

THE REPORTING ENTITY HAS DESIGNATED ITS INVESTMENTS AS TRADING IN ACCORDANCE WITH GAAP. ALL UNREALIZED GAINS AND LOSSES ARE RECOGNIZED THROUGH THE PROFIT AND LOSS STATEMENT. FOR 990 REPORTING, THIS ACTIVITY IS EXCLUDED PER THE INSTRUCTIONS PROVIDED BY THE INTERNAL REVENUE SERVICE FOR FY2012 RETURN.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INSURANCE	N/A	4,132,169.
3 a Sub-total	0	0			4,132,169.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,132,169.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 3: COST

PART 1, LINE 3, COLUMN F:

EXPENSES \$ 47,840

INVESTMENTS \$4,084,329

COST

PART 1, LINE 3, COLUMN F:

EXPENSES \$ 47,840

INVESTMENTS \$4,084,329

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ See separate instructions.

**Open To Public
Inspection**

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CLOSER TO FREE BIKE RIGOLF/TENNIS (event type)	(event type)	3 (total number)		
Revenue	1	Gross receipts	723,051.	66,852.	74,761.	864,664.
	2	Less: Charitable contributions	677,211.	34,017.	43,850.	755,078.
	3	Gross income (line 1 minus line 2)	45,840.	32,835.	30,911.	109,586.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	249,003.	24,886.	9,092.	282,981.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(282,981)
11	Net income summary. Combine line 3, column (d), and line 10				-173,395.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **YALE-NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		29,053	46,625,000.	16,644,000.	29,981,000.	1.82%
b Medicaid (from Worksheet 3, column a)		193,856	377,329,000.	238,641,000.	138,688,000.	8.42%
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs		222,909	423,954,000.	255,285,000.	168,669,000.	10.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	83,378	8,670,639.	88,783.	8,581,856.	.52%
f Health professions education (from Worksheet 5)	6	2,468	74,135,248.	14,777,618.	59,357,630.	3.60%
g Subsidized health services (from Worksheet 6)	1	14,932	5,325,748.	2,143,788.	3,181,960.	.19%
h Research (from Worksheet 7)	2		1,183,670.	0.	1,183,670.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	2,604	1,853,252.	0.	1,853,252.	.11%
j Total. Other Benefits	45	103,382	91,168,557.	17,010,189.	74,158,368.	4.49%
k Total. Add lines 7d and 7j	45	326,291	515,122,557.	272,295,189.	242,827,368.	14.73%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		263,722.		263,722.	.02%
2 Economic development	1		528,394.		528,394.	.03%
3 Community support	3	17,480	101,523.		101,523.	.01%
4 Environmental improvements	0		0.			
5 Leadership development and training for community members	0		0.			
6 Coalition building	1	14	36,763.		36,763.	.00%
7 Community health improvement advocacy	0	0	0.			
8 Workforce development	4	42	357,518.		357,518.	.02%
9 Other	1		1,816,329.		1,816,329.	.11%
10 Total	11	17,536	3,104,249.		3,104,249.	.19%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense	23,015,000.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	462572152.		
6 Enter Medicare allowable costs of care relating to payments on line 5	529159526.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-66587374.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE	NONE			

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address

1 YALE-NEW HAVEN HOSPITAL
 20 YORK STREET
 NEW HAVEN, CT 06504

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
X	X	X	X		X	X		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: YALE-NEW HAVEN HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) YALE-NEW HAVEN HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?		X
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) YALE-NEW HAVEN HOSPITAL

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?	X	
If "Yes," explain in Part VI.		

Part V Facility Information *(continued)***Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 52

Name and address	Type of Facility (describe)
2 TEMPLE MEDICAL CENTER CARDIOLOGY ASSO 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
4 TEMPLE MEDICAL CENTER 60 TEMPLE STREET NEW HAVEN, CT 06484	VARIOUS
6 YNHH PSYCHIATRIC HOSPITAL PSYCHIATRY 425 GEORGE STREET NEW HAVEN, CT 06511	GENERAL MEDICAL & SURGICAL
8 YNHH ADOLESCENT PSYCHIATRIC HOSPITAL 184 LIBERTY STREET NEW HAVEN, CT 06519	PSYCHIATRIC HOSPITAL
9 TEMPLE RADIOLOGY 2560 DIXWELL AVENUE HAMDEN, CT 06518	CANCER/LAB/DENTAL/EKG/GI/EDUCA
10 YNHH @ BRANFORD HIGH SCHOOL BASED HEA 185 EAST MAIN STREET BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
11 YNHH @ WALSH MIDDLE SCHOOL BASED HEAL 185 DAMASCUS ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
12 YNHH @ HILL REGIONAL CAREER HIGH SCHO 140 LEGION AVENUE NEW HAVEN, CT 06519	SCHOOL BASED HEALTH CENTER
13 YNHH @ MARY T. MURPH ELEMENTARY SCHOO 14 BRUSHY PLAIN ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
14 YNHH @ HILLHOUSE SCHOOL BASED HEALTH 480 SHERMAN PARKWAY NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER

Part V Facility Information *(continued)***Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
15 YNHH @ MAURA-SHERIDAN ACADEMY SCHOOL 191 FOUNTAIN STREET NEW HAVEN, CT 06515	SCHOOL BASED HEALTH CENTER
16 YNHH AT FOXON 317 FOXON ROAD EAST HAVEN, CT 06513	DI/OCC HEALTH/URGENT CARE/LAB/EKG
17 ASC AT GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SURGERY CENTER/PRIMARY CARE
18 YMG MATERNAL FETAL MEDICINE 150 SARGENT DR NEW HAVEN, CT 06468	CANCER/PHARM/WOMENS HEALTH/LAB/IVF
19 PEDIATRIC SPECIALTY CENTER 1 LONG WHARF NEW HAVEN, CT 06511	VARIOUS
20 YMG CARDIOLOGY 11 HARRISON AVENUE BRANFORD, CT 06405	CARDIAC/LAB/NUC. MED.
21 PEDIATRIC TREATMENT CENTER IN GUILFORD 405 CHURCH STREET GUILFORD, CT 06437	CANCER/PEDIATRICS
22 TEMPLE RADIOLOGY/EAST HAVEN BLOOD DRA 556 MAIN STREET EAST HAVEN, CT 06512	DI/LAB
23 YNHH TEMPLE RADIOLOGY 100 BROADWAY NORTH NORTH HAVEN, CT 06825	VARIOUS
24 YNHH TEMPLE RADIOLOGY 500 ELM STREET WEST HAVEN, CT 06516	VARIOUS

Part V Facility Information *(continued)***Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
25 SHORELINE MEDICAL CENTER OUTPATIENT S 1445 BOSTON POST ROAD GUILFORD, CT 06437	VARIOUS
26 PEDIATRICS 2 IVY BROOK SHELTON, CT 06484	PEDIATRICS
27 SMILOW CANCER CARE CENTER 1450 CHAPEL STREET NEW HAVEN, CT 06511	VARIOUS
28 YNHH BLOOD DRAW STATION 170 BOSTON POST ROAD MADISON, CT 06443	LAB
29 SCHOOL BASED CLINIC: BARNARD ENVIRONM 170 DERBY AVENUE NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER
30 YNHH TAKE HEART CARDIAC REHAB 175 SHERMAN AVENUE NEW HAVEN, CT 06511	VARIOUS
31 YNHH BRANFORD ADOLESCENT DAY HOSPITAL 21 BUSINESS PARK DRIVE BRANFORD, CT 06405	VARIOUS
32 SCHOOL BASED CLINIC: TROUP MAGNET ACA 295 EDGEWOOD AVENUE NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER
33 YNHH CHILD AND ADOLESCENT DAY HOSPITA 646 GEORGE STREET NEW HAVEN, CT 06511	VARIOUS
34 WEST HAVEN EMERGENCY ASSISTANCE TASKF 675 WASHINGTON STREET WEST HAVEN, CT 06516	VARIOUS

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
35 YNHH CARDIAC REHABILITATION CENTER - 84 NORTH MAIN STREET BRANFORD, CT 06405	VARIOUS
36 ORCHARD MEDICAL CENTER ORCHARD SURGIC 330 ORCHARD STREET NEW HAVEN, CT 06511	VARIOUS
37 BLOOD DRAW AND VARIOUS 6 DEVINE ST. NORTH HAVEN, CT 06473	VARIOUS
38 PRINCE PROFESSIONAL BUILDING-PHOTO THE 46 PRINCE STREET NEW HAVEN, CT 06519	VARIOUS
39 PEDIATRIC SPECIALTY CENTER AT NORWALK 747 BELDEN AVENUE NORWALK, CT 06850	PEDIATRICS
40 YNHH ADULT OUTPATIENT PSYCHIATRIC SER 1100 SHERMAN AVENUE HAMDEN, CT 06518	PSYCHIATRIC SERVICES
41 THE CENTER FOR WOUND HEALING & HYPERB 141 MILL HILL AVE. BRIDGEPORT, CT 06610	VARIOUS
42 YNHH BLOOD DRAW STATION 252 E. MAIN STREET CLINTON, CT 06413	LAB
43 YNHH DIALYSIS - NORTH HAVEN 266 STATE STREET NORTH HAVEN, CT 06473	DI
44 YNHH DIALYSIS - BRANFORD 34 EAST INDUSTRIAL ROAD BRANFORD, CT 06405	DI

Part V Facility Information *(continued)***Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
45 YNHHS DIALYSIS - MERIDEN 377 RESEARCH PARKWAY MERIDEN, CT 06450	DI
46 YNHHS DIALYSIS - MILFORD 50 COMMERCE PARK DR MILFORD, CT 06460	DI
47 YALE PHYSICIANS BUILDING 800 HOWARD AVENUE NEW HAVEN, CT 06611	VARIOUS
48 SRC ELDERCARE CLINIC 114 BRISTOL STREET NEW HAVEN, CT 06511	VARIOUS
49 SRC-ADULT OUT PSYCH SERVICES 1294 CHAPEL STREET NEW HAVEN, CT 06511	VARIOUS
50 SRC ELDERCARE CLINIC 135 SYLVAN AVENUE NEW HAVEN, CT 06511	VARIOUS
51 ST. RAPHAEL CAMPUS - AMITY PATIENT SE 1453 WHALLEY AVENUE NEW HAVEN, CT 06721	VARIOUS
52 SRC ELDERCARE CLINIC 18 TOWER LANE NEW HAVEN, CT 06511	VARIOUS
53 SRC ELDERCARE CLINIC 200 OAK STREET NEW HAVEN, CT 06510	VARIOUS
54 SRC ELDERCARE CLINIC 26 ATWATER STREET NEW HAVEN, CT 06511	VARIOUS

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
55 SRC SMILES 2 GO DENTAL VAN 60 COMMERCE STREET EAST HAVEN, CT 06512	DENTAL
56 ELDERCARE CLINIC SRC-OCCUPATIONAL HEA 2080 WHITNEY AVENUE HAMDEN, CT 06518	VARIOUS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART I, LN 7 COL(F):

BAD DEBT EXPENSES OF \$32,622,083 WERE EXCLUDED FROM TOTAL EXPENSES BEFORE CALCULATING % OF TOTAL EXPENSES IN PART I AND II, COLUMN (F).

PART II:

YALE-NEW HAVEN HOSPITAL (YNHH) IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 11,512 EMPLOYEES IN 2012. THE HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW HAVEN. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE, GUILFORD CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT CORPORATION OF NEW HAVEN, REGIONAL GROWTH PARTNERSHIP, REGIONAL LEADERSHIP COUNCIL, ARTS COUNCIL OF GREATER NEW HAVEN, INTERNATIONAL FESTIVAL OF ARTS AND

Part VI Supplemental Information

IDEAS, MARKET NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS FOUNDATION OF CONNECTICUT. THROUGH THESE ORGANIZATIONS, YNHH ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

YALE-NEW HAVEN HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

WHILE YNHH'S VISION IS TO PROVIDE HIGH-QUALITY HEALTHCARE AND SERVICES, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$3.1 MILLION IN

Part VI Supplemental Information

FINANCIAL AND IN-KIND DONATIONS TO SUPPORT AFFORDABLE HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND WORKFORCE DEVELOPMENT INITIATIVES.

REVITALIZING OUR NEIGHBORHOODS-

OVER THE PAST SEVERAL YEARS, YNHH HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 31.1 PERCENT OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 68.9 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE, WITH ONLY 77.3 PERCENT OF RESPONDENTS INDICATING THAT THEY HAD RESIDED IN THE SAME HOUSE A YEAR AGO COMPARED TO 88 PERCENT FOR THE STATE.

IN 2006, YALE-NEW HAVEN HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTI-YEAR PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVEN'S HILL NEIGHBORHOOD FOR LOW-INCOME FAMILIES. TO DATE, THIS COLLABORATION HAS JOINTLY BUILT FIVE HOMES WITH ONE MORE SCHEDULED FOR COMPLETION IN 2013. OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4,000 HOURS IN THIS PROJECT, WHILE YNHH SPONSORED THE BUILDING MATERIALS FOR EACH HOME. IN 2010, HABITAT PRESENTED THE HOSPITAL AND ITS MEDICAL STAFF WITH THE MASTER BUILDER AWARD, ITS HIGHEST RECOGNITION. IN ADDITION, DURING FY 2012, YNHH COMPLETED SIDEWALK AND OTHER LANDSCAPING IMPROVEMENT ALONG HOWARD AVENUE, DAVENPORT AVENUE AND VERNON STREET, ALL LOCATED IN THE HILL NEIGHBORHOOD.

Part VI Supplemental Information

THE HOME OWNERSHIP MADE EASIER (H.O.M.E.) PROGRAM AT YNHH PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 13 INDIVIDUALS. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 88 HOMES HAVE BEEN PURCHASED BY YNHH EMPLOYEES. NEARLY \$700,000 IN FINANCIAL ASSISTANCE HAS BEEN PROVIDED TO EMPLOYEES IN THE FORM OF DOWN PAYMENTS AND MORTGAGE PAYMENTS. AMONG THE HOMES PURCHASED THROUGH THE H.O.M.E. PROGRAM WAS ONE HABITAT FOR HUMANITY PROPERTY. IN DECEMBER 2011, THE H.O.M.E. PROGRAM WAS APPROVED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR HAVING MET ITS GUIDELINES AS A NON-PROFIT SECONDARY HOME AND FINANCING PROVIDER.

IN ITS 2009 COMMUNITY HEALTH SURVEY, CARE (COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT) POLLED 213 HILL NORTH RESIDENTS ABOUT THEIR HABITS RELATED TO DIET, EXERCISE AND TOBACCO USE. MORE THAN ONE QUARTER (27%) REPORTED "FOOD INSECURITY" - MEANING THAT THEY OR THEIR FAMILY DID NOT HAVE ENOUGH FOOD, OR MONEY TO BUY FOOD, IN THE PAST 30 DAYS. THAT FIGURE WAS MUCH HIGHER THAN IN ALL SIX NEW HAVEN NEIGHBORHOODS SURVEYED AND IT WAS MORE THAN TWICE THE NATIONAL AVERAGE. WHAT'S MORE, HILL RESIDENTS SAID THEY ATE ABOUT THREE SERVINGS OF FRUITS AND VEGETABLES PER DAY, WHICH WAS LESS THAN THE AVERAGE FOUND IN THE OTHER NEIGHBORHOODS (FOUR PER DAY) AND THE FEDERAL GOVERNMENT'S RECOMMENDATION OF FIVE A DAY. OVER THE PAST THREE YEARS, YNHH HAS BEEN A PROUD SPONSOR OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET, WHICH IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YNHH CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012.

Part VI Supplemental Information

INCREASING ACCESS TO SAFE AFFORDABLE PLACES FOR RECREATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASPECT OF REVITALIZING OUR NEIGHBORHOODS. IN 2012, YALE-NEW HAVEN HOSPITAL PROVIDED SPONSORSHIP TO THE ELM CITY PARKS CONSERVANCY FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE GREENWAY TRAIL. THE SHORELINE GREENWAY TRAIL - LIGHTHOUSE POINT CONNECTION IS A PLANNED HALF-MILE, MULTI-USE TRAIL INTENDED FOR NON-MOTORIZED RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW HAVEN. THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORELINE GREENWAY TRAIL.

YNHH EMPLOYEES ANNUALLY PARTICIPATE IN THE GREATER NEW HAVEN UNITED WAY'S DAYS OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF VOLUNTEER OPPORTUNITIES IN THE NEW HAVEN COMMUNITY. IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAPER DRIVES. THROUGH THE HOSPITAL'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAVEN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL. APPROXIMATELY 1,245 STUDENTS ATTEND THE TWO SCHOOLS. THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY. IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES.

REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF

Part VI Supplemental Information

NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES. THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT.

CREATING EDUCATIONAL OPPORTUNITIES-

SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE U.S. HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80.5 PERCENT OF INDIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE. ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECTICUT MASTERY TEST.

PART II: CONTINUES-

IN 2011, REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE-NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TOTALING \$2.0 MILLION OVER FOUR YEARS TO SUPPORT NEW HAVEN PROMISE. NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS. YALE-NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVES PARTNERSHIP COMPONENT. ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS. THE

Part VI Supplemental Information

PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN. THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, MORE THAN 230 SCHOLARSHIPS WERE PROVIDED FOR TUITION OVER THE FIRST TWO YEARS OF THE PROGRAM.

FOR A FOURTH YEAR, YALE-NEW HAVEN PROVIDED SCHOLARSHIP OPPORTUNITIES FOR STUDENTS ATTENDING ACHIEVEMENT FIRST'S NEW HAVEN SCHOOLS. ACHIEVEMENT FIRST OPERATES A NETWORK OF 17 PUBLIC CHARTER SCHOOLS IN NEW HAVEN, BRIDGEPORT AND HARTFORD, CT, AND BROOKLYN, NY. APPROXIMATELY 1,400 STUDENTS ATTEND THE ACHIEVEMENT FIRST NEW HAVEN SCHOOLS. THE 12-YEAR HISTORY OF ACHIEVEMENT FIRST PROVES THAT THE ACHIEVEMENT GAP CAN BE CLOSED.

OVER THE PAST SEVERAL YEARS, THE HOSPITAL HAS PROVIDED IN-KIND STAFF SUPPORT FOR THE CITY OF NEW HAVEN'S YOUTH @ WORK PROGRAM. YOUTH @ WORK IS A PUBLIC-PRIVATE PARTNERSHIP OF THE CITY OF NEW HAVEN, THE NEW HAVEN BOARD OF EDUCATION AND WORKFORCE ALLIANCE. THE PROGRAM PROVIDES SUMMER AND YEAR-ROUND OPPORTUNITIES, WORK PLACE EXPOSURE AND WORK READINESS ACTIVITIES TO YOUTH WHO MAY BE CHALLENGED BY SOCIO-ECONOMIC OR ACADEMIC BARRIERS TO WORKPLACE SUCCESS. THE PROGRAM TARGETS IN-SCHOOL YOUTH, AGES 14-21, WHO ARE NEW HAVEN RESIDENTS OR ATTEND NEW HAVEN PUBLIC SCHOOLS. THE YOUTH @ WORK INITIATIVE, AIMED AT PROVIDING YOUNG PEOPLE WORKPLACE EXPOSURE, MENTORING AND SCHOOL AND COMMUNITY-BASED ENRICHMENT ACTIVITIES. EARLY WORK EXPERIENCES SERVE AS THE FOUNDATION FOR FUTURE SUCCESS IN THE WORKPLACE AND HAVE PROVEN EFFECTIVE IN HELPING YOUTH ESTABLISH CONNECTIONS WITH EMPLOYERS, ENCOURAGE RESPONSIBILITY, FOSTER INDEPENDENCE, DEVELOP TECHNICAL SKILLS, DEVELOP COMMUNICATION AND INTERPERSONAL SKILLS, CLARIFY WORK VALUES AND FUTURE WORK PREFERENCES AND ALLOW FOR INTERACTION WITH CARING ADULTS.

Part VI Supplemental Information

THE YNHH SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS. COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YNHH AND ACES YOUTH EMPLOYABILITY PROGRAM. NEARLY 35 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2012. IN ADDITION TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS.

THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS. THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT. THE JOHN C. DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE. THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSE THEM TO CAREERS IN HEALTH CARE. IN ADDITION, HOSPITAL REPRESENTATIVES ALSO SERVE AS YOUTH MENTORS THROUGH THE GUILFORD PUBLIC SCHOOL'S YOUTH MENTORING PROGRAM.

IN FISCAL YEAR 2012, YALE-NEW HAVEN HONORED THE LEGACY OF REVEREND MARTIN LUTHER KING, JR. THROUGH AWARDS AND SCHOLARSHIPS TO ENCOURAGE THE NEXT GENERATION OF COMMUNITY LEADERS. THIS INCLUDED A \$1,000 COMMUNITY SERVICE

Part VI Supplemental Information

AWARD TO THREE HIGH SCHOOL STUDENTS IN NEW HAVEN WHO SET AN EXAMPLE IN THE COMMUNITY AND GRANTS TOTALING \$3,000 TO NEW HAVEN K - 8 SCHOOLS IN SUPPORT OF MARTIN LUTHER KING, JR. DAY ACTIVITIES THAT CARRY ON THE FALLEN CIVIL RIGHTS LEADER'S WORK AND PHILOSOPHY.

STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YNHH, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE. IN 2012, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST. MARTIN DE PORRES ACADEMY. AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, OVER THE PAST YEAR, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION. ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS. YALE-NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY.

IN ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME. IN FY 2012, THESE ORGANIZATIONS INCLUDED ACES, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE LEARNING, FAMILY CENTERED SERVICES OF CT, L.E.A.P., SOLAR YOUTH, AND MORE.

YALE-NEW HAVEN HOSPITAL ALSO PROVIDED SPONSORSHIP IN 2012 FOR THE BIG FOOD: HEALTH, CULTURE AND THE EVOLUTION OF EATING EXHIBITION AT THE YALE PEABODY MUSEUM OF NATURAL HISTORY. THE EXHIBIT WAS DESIGNED TO ENGAGE,

Part VI Supplemental Information

ENTERTAIN AND EDUCATE INDIVIDUALS ABOUT THE WIDE ARRAY OF ISSUES ASSOCIATED WITH THE CAUSES, CONSEQUENCES AND SOLUTIONS OF OBESITY. MORE THAN ONE-THIRD OF CHILDREN AND ONE-HALF OF ADULTS IN THE US ARE OVERWEIGHT OR OBESE. OVER 120,000 VISITORS ATTENDED THE EXHIBITION, BREAKING NUMEROUS ATTENDANCE RECORDS.

WORKFORCE DEVELOPMENT INITIATIVES-

LIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN. ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 11.3 PERCENT COMPARED TO 8.2 STATE-WIDE. AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH. AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW.

IN 2011, YALE-NEW HAVEN COMMITTED TO A MULTI-YEAR DONATION TOTALING \$500,000 OVER FOUR YEARS TO SUPPORT THE CONNECTICUT CENTER FOR ARTS AND TECHNOLOGY (CONNCAT) CONNCAT, WHICH OPENED THIS YEAR, PROVIDES TRAINING FOR APPROXIMATELY 100 LOCAL UNEMPLOYED AND UNDEREMPLOYED ADULTS A YEAR FOR PHLEBOTOMY, MEDICAL CODING AND BILLING JOBS. THE HOSPITAL ALSO PROVIDES INTERNSHIPS FOR STUDENTS BEING TRAINED AT CONNCAT. IN ADDITION TO FINANCIAL SUPPORT, STAFF MEMBERS FROM THE HOSPITAL SERVE ON THE CONNCAT BOARD OF DIRECTORS AND IN AN ADVISORY CAPACITY FOR THE DEVELOPMENT OF THE PROGRAM'S CURRICULUM.

IN FY 2012, YNHH PARTNERED WITH CAREER RESOURCES, INC., TO CONDUCT

Part VI Supplemental Information

PRESENTATIONS FOR EVERY EMPLOYABILITY TRAINING CLASS ON EFFECTIVE INTERVIEWING AND MOCK INTERVIEWS TO ASSIST WITH THEIR JOB READINESS TRAINING. THE RECRUITMENT AND STAFFING DEPARTMENT ALSO PARTNERED WITH IRIS, WHOSE MISSION IS TO ASSIST REFUGEES AND IMMIGRANTS WITH INTEGRATION INTO THE WORKFORCE. THE HOSPITAL ALSO HAS CONNECTIONS WITH JOB READINESS PROGRAMS ESTABLISHED FOR HARD TO EMPLOY INDIVIDUALS THROUGH LOCAL AGENCIES INCLUDING CONNECT-ABILITY AND BEULAH HEIGHTS SOCIAL INTEGRATIONS PROGRAM. HOSPITAL LEADERSHIP SERVES ON THE ADVISORY COMMITTEE FOR THE NEW HAVEN REENTRY ROUNDTABLE EMPLOYMENT COMMITTEE, FELLOWSHIP PLACE, JOB CORPS AND THE NEWLY FORMED STATE-WIDE HEALTH AND LIFE SCIENCES ADVISORY BOARD AS WELL AS THE GOVERNING BOARDS OF CAREER RESOURCES, INC. AND THE WORKFORCE ALLIANCE. YALE-NEW HAVEN IS ACTIVELY INVOLVED IN OTHER JOB FAIRS, SUCH THOSE HELD BY THE CITY OF NEW HAVEN, JOBCORPS, CAREER RESOURCES, INC. AND THE WORKFORCE ALLIANCE.

PART III, LINE 4: - BAD DEBT EXPENSE EXPLANATION

THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CLASSIFIED AS BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS

Part VI Supplemental Information

CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE.

THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$69.8

MILLION AND \$55.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011,

RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE

RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$47.8 MILLION AND \$32.3

MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE

ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES.

THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON

MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS

ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR

DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE

TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT

CHARGES, WAS \$32.6 MILLION AND \$26.4 MILLION, RESPECTIVELY. THE BAD DEBT

EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF

INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS

ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF

UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL

NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2012

AND 2011, THE HOSPITAL RECEIVED \$73.2 MILLION AND \$33.0 MILLION,

RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$51.9 MILLION

Part VI Supplemental Information

AND \$23.0 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$56.5 MILLION AND \$14.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

COSTING METHODOLOGY:

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS

Part VI Supplemental Information

ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 8: - MEDICARE EXPLANATION

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

PART III, LINE 9B: - COLLECTION PRACTICES EXPLANATION

IF, AT ANY TIME, THE HOSPITAL OR A COLLECTION AGENCY OR LAW FIRM, RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM, THE HOSPITAL, COLLECTION AGENCY, OR LAW FIRM SHALL, CONSISTENT WITH CONNECTICUT LAW, CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSISTANCE.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 19D: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES.

Part VI Supplemental Information

AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 21: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES.

AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

PART VI, LINE 2:

IN LATE 2010, YALE-NEW HAVEN HOSPITAL FORMED THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN, WHICH IS DEDICATED TO THE DEVELOPMENT AND IMPLEMENTATION OF A COMMUNITY HEALTH NEEDS ASSESSMENT AND A COORDINATED CITY-WIDE HEALTH IMPROVEMENT PLAN. PARTNERSHIP MEMBERS INCLUDE REPRESENTATIVES FROM THE NEW HAVEN HEALTH DEPARTMENT, FAIR HAVEN HEALTH CENTER, CORNELL-HILL SCOTT HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT (CARE).

OVER THE PAST TWO YEARS, THE PARTNERSHIP HAS DEVELOPED A UNIFIED COMMUNITY HEALTH NEEDS ASSESSMENT APPROACH, WHICH MEETS THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS VOLUNTARY ACCREDITATION REQUIREMENTS AND IRS REQUIREMENTS FOR NON-PROFIT HOSPITALS. THE PROPOSED ASSESSMENT BUILDS OFF OF EXISTING WORK WITHIN THE COMMUNITY, INCLUDING COMMITMENTS BY BOTH DATAHAVEN AND CARE TO CONDUCT COMMUNITY HEALTH AND WELL-BEING SURVEYS DURING CALENDAR YEAR 2012. THIS UNIFIED APPROACH PROVIDES THE OPPORTUNITY TO COMPARE THE CITY OF NEW HAVEN WITH THE TWELVE MUNICIPALITIES THAT

Part VI Supplemental Information

COMPRISE THE INNER AND OUTER SUBURBAN RINGS OF THE CITY. NEW HAVEN RESIDENTS EXPERIENCE HIGHER RATES OF MORBIDITY AND MORTALITY ACROSS THE LIFESPAN FROM PREMATURE BIRTH TO PREMATURE DEATH. CONDUCTING A HEALTH NEEDS ASSESSMENT THAT PROVIDES THE OPPORTUNITY TO LEARN MORE ABOUT THE EXISTING HEALTH INEQUITIES THROUGH A COMMUNITY ENGAGED PROCESS WILL LEAD TO THE DEVELOPMENT OF A ROBUST CITY-WIDE HEALTH IMPROVEMENT PLAN THAT INCLUDES EFFORTS FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH. IN 2012, THE FOCUS OF THE PARTNERSHIP WAS TO DEVELOP A COORDINATED SURVEY TOOL AND OUTREACH PLAN. PRIMARY DATA COLLECTION COMMENCED IN SEPTEMBER 2012. A BRIEF DESCRIPTION OF THE TWO SURVEYS AND THEIR METHODOLOGY ARE INCLUDED BELOW.

GREATER NEW HAVEN WELL-BEING SURVEY-

THE 2012 COMMUNITY WELLBEING SURVEY, A PROJECT OF DATAHAVEN, IS THOUGHT TO BE THE LARGEST SURVEY OF ITS TYPE EVER CONDUCTED IN OUR AREA. ALTHOUGH MANY QUESTIONS WERE DERIVED FROM OTHER NATIONAL SURVEYS TO ENABLE COMPARABILITY, THE PROJECT FOCUSED ON COLLECTING INFORMATION ON COMMUNITY WELLBEING THAT IS NOT AVAILABLE FROM ANY OTHER PUBLIC SOURCES. THE TELEPHONE-BASED (CELL AND LANDLINE) GREATER NEW HAVEN WELL-BEING SURVEY IS BEING CONDUCTED DURING THE MONTHS OF SEPTEMBER AND OCTOBER BY THE SEINA RESEARCH INSTITUTE AND MANAGED LOCALLY BY DATAHAVEN. RESEARCHERS WILL INTERVIEW RESIDENTS AGE 18 AND OVER FROM WITHIN A GROUP OF 13 MUNICIPALITIES INCLUDING THE CITY OF NEW HAVEN, ITS SURROUNDING INNER-RING (EAST HAVEN, HAMDEN, AND WEST HAVEN), AND OUTER-RING (ORANGE, MILFORD, NORTH HAVEN, GUILFORD, BRANFORD, NORTH BRANFORD, MADISON, WOODBRIDGE, BETHANY) MUNICIPALITIES. THE FOCUS OF THE SURVEY WILL BE ON GOVERNMENT SERVICES, EDUCATION, AND URBAN PLANNING AS WELL AS INDIVIDUAL QUESTIONS ABOUT CIVIC ENGAGEMENT, HEALTH AND FAMILY ECONOMICS. THE HEALTH QUESTIONS WERE COORDINATED TO MATCH THOSE OF THE SURVEY BEING CONDUCTED BY CARE IN

Part VI Supplemental Information

SIX NEW HAVEN NEIGHBORHOODS. THE 2012 COMMUNITY WELLBEING SURVEY IS BEING SPONSORED BY A CONSORTIUM OF FUNDERS INCLUDING THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, CAROLYN FOUNDATION, UNITED WAY OF GREATER NEW HAVEN, ANNIE E. CASEY FOUNDATION, YALE-NEW HAVEN HOSPITAL, NEW ALLIANCE FOUNDATION, AND GENEROUS INDIVIDUAL DONORS.

CARE: NEW HAVEN HEALTH SURVEY-

IN 2009, THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT (CARE) CONDUCTED AN ADULT HEALTH STATUS SURVEY OF SIX LOW RESOURCE NEW HAVEN NEIGHBORHOODS (FAIR HAVEN, WEST RIVER / DWIGHT, DIXWELL, NEWHALLVILLE, HILL NORTH AND WEST ROCK) FOCUSED ON CHRONIC DISEASE AND ASSOCIATED RISK FACTORS SUCH AS NUTRITION, PHYSICAL ACTIVITY AND TOBACCO USE. THESE THREE RISK FACTORS LEAD TO THE FOUR CHRONIC DISEASES THAT ACCOUNT FOR 70 PERCENT OF PREVENTABLE DEATHS IN THE UNITED STATES AND IN THE STATE OF CONNECTICUT. THE RESPONSE RATE FOR THE 2009 SURVEY WAS APPROXIMATELY 80 PERCENT. THE 2012 NEW HAVEN HEALTH SURVEY WILL UTILIZE THE SAME DOOR-TO-DOOR METHODOLOGY AS 2009, PROVIDING TRAINING AND TEMPORARY EMPLOYMENT FOR HAVEN RESIDENTS. IN ADDITION, TO PHYSICAL ACTIVITY, NUTRITION AND TOBACCO USE, THE SURVEY WILL ALSO INCLUDE QUESTIONS RELATED TO SOCIAL SUPPORT AND NEIGHBORHOOD SAFETY WHICH CORRELATE TO THE GREATER NEW HAVEN WELL-BEING SURVEY. IN 2009 THE RESPONSE RATE WAS APPROXIMATELY 80 PERCENT. CARE'S SURVEY PARTNERS FOR 2012 INCLUDE YALE-NEW HAVEN HOSPITAL, DATAHAVEN, DONAGHUE FOUNDATION, KRESGE FOUNDATION, NEW HAVEN HEALTH DEPARTMENT, FAIR HAVEN COMMUNITY HEALTH CENTER AND CORNELL-SCOTT HILL HEALTH CENTER.

IN ADDITION TO THE PRIMARY RESEARCH BEING CONDUCTED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE PARTNERSHIP WILL ALSO BE COLLECTING RELEVANT SECONDARY DATA AND IDENTIFYING BENCHMARKS BASED SUCH AS HEALTHY PEOPLE 2020 TO HELP GUIDE ITS WORK AND THE DEVELOPMENT OF A

Part VI Supplemental Information

CITY-WIDE HEALTH IMPROVEMENT PLAN. THIS EFFORT WILL INCLUDE A REVIEW OF EXISTING REPORTS AVAILABLE WITHIN THE COMMUNITY, HOSPITAL EMERGENCY DEPARTMENT UTILIZATION AND OTHER DATA RELATED TO PREVENTABLE HOSPITALIZATIONS.

PART VI, LINE 3:

THE YALE-NEW HAVEN HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS:

THE Y-NHH WEB SITE;

NEWSPAPER ADVERTISEMENTS;

THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT;

THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS;

VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES; AND

THROUGH THE FREE CARE DEPARTMENT.

IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE.

INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE

PACKAGE. APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION

PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE

EVERY THIRD MONDAY OF EACH MONTH.

IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO

RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY

MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE SLIDING

SCALE AND CATASTROPHIC SLIDING PROGRAM. SLIDING SCALE IS OFFERED TO

PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE

DENIAL.

Part VI Supplemental Information

ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME. CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME. IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

PART VI, LINE 4:

THE PRIMARY GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN HOSPITAL (YNHH) INCLUDES 25 CONNECTICUT MUNICIPALITIES ACROSS MIDDLESEX AND NEW HAVEN COUNTIES. THE ALPHABETICAL LISTING BELOW PROVIDES EACH MUNICIPALITY LOCATED WITHIN THE GEOGRAPHIC AREA, THE ASSOCIATED ZIP CODE(S) AND COUNTY.

ZIP CODE	MUNICIPALITY	COUNTY	STATE
06401	ANSONIA	NEW HAVEN	CT
06524	BETHANY	NEW HAVEN	CT
06405	BRANFORD	NEW HAVEN	CT
06408	CHESHIRE	NEW HAVEN	CT
06410	CHESHIRE	NEW HAVEN	CT
06411	CHESHIRE	NEW HAVEN	CT
06413	CLINTON	MIDDLESEX	CT
06417	DEEP RIVER	MIDDLESEX	CT
06418	DERBY	NEW HAVEN	CT

Part VI Supplemental Information

06512	EAST HAVEN	NEW HAVEN	CT
06409	ESSEX	MIDDLESEX	CT
06426	ESSEX	MIDDLESEX	CT
06442	ESSEX	MIDDLESEX	CT
06437	GUILFORD	NEW HAVEN	CT
06514	HAMDEN	NEW HAVEN	CT
06517	HAMDEN	NEW HAVEN	CT
06518	HAMDEN	NEW HAVEN	CT
06419	KILLINGWORTH	MIDDLESEX	CT
06443	MADISON	NEW HAVEN	CT
06450	MERIDEN	NEW HAVEN	CT
06451	MERIDEN	NEW HAVEN	CT
06454	MERIDEN	NEW HAVEN	CT
06460	MILFORD	NEW HAVEN	CT
06461	MILFORD	NEW HAVEN	CT
06501	NEW HAVEN	NEW HAVEN	CT
06502	NEW HAVEN	NEW HAVEN	CT
06503	NEW HAVEN	NEW HAVEN	CT
06504	NEW HAVEN	NEW HAVEN	CT
06505	NEW HAVEN	NEW HAVEN	CT
06506	NEW HAVEN	NEW HAVEN	CT
06507	NEW HAVEN	NEW HAVEN	CT
06508	NEW HAVEN	NEW HAVEN	CT
06509	NEW HAVEN	NEW HAVEN	CT
06510	NEW HAVEN	NEW HAVEN	CT
06511	NEW HAVEN	NEW HAVEN	CT
06513	NEW HAVEN	NEW HAVEN	CT
06515	NEW HAVEN	NEW HAVEN	CT

Part VI Supplemental Information

06519	NEW HAVEN	NEW HAVEN	CT
06520	NEW HAVEN	NEW HAVEN	CT
06521	NEW HAVEN	NEW HAVEN	CT
06530	NEW HAVEN	NEW HAVEN	CT
06531	NEW HAVEN	NEW HAVEN	CT
06532	NEW HAVEN	NEW HAVEN	CT
06533	NEW HAVEN	NEW HAVEN	CT
06534	NEW HAVEN	NEW HAVEN	CT
06535	NEW HAVEN	NEW HAVEN	CT
06536	NEW HAVEN	NEW HAVEN	CT
06537	NEW HAVEN	NEW HAVEN	CT
06538	NEW HAVEN	NEW HAVEN	CT
06540	NEW HAVEN	NEW HAVEN	CT
06471	NORTH BRANFORD	NEW HAVEN	CT
06472	NORTH BRANFORD	NEW HAVEN	CT
06473	NORTH HAVEN	NEW HAVEN	CT
06475	OLD SAYBROOK	MIDDLESEX	CT
06477	ORANGE	NEW HAVEN	CT
06478	OXFORD	NEW HAVEN	CT
06483	SEYMOUR	NEW HAVEN	CT
06492	WALLINGFORD	NEW HAVEN	CT
06493	WALLINGFORD	NEW HAVEN	CT
06494	WALLINGFORD	NEW HAVEN	CT
06495	WALLINGFORD	NEW HAVEN	CT
06516	WEST HAVEN	NEW HAVEN	CT
06498	WESTBROOK	MIDDLESEX	CT
06525	WOODBIDGE	NEW HAVEN	CT

Part VI Supplemental Information

IN 2011, THE TOTAL POPULATION OF THE HOSPITAL'S PRIMARY GEOGRAPHIC SERVICE AREA WAS ESTIMATED AT 715,241. THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2010 WAS 71.2% WHITE, 11.1% BLACK, 11.9% HISPANIC, 3.7% ASIAN PACIFIC AND 2.0% NATIVE AMERICAN, MULTI RACE OR OTHER. IN 2011, THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS \$77,095 IN MIDDLESEX COUNTY AND \$62,497 IN NEW HAVEN COUNTY.

IN ADDITION TO YNH, THERE ARE THREE ACUTE CARE HOSPITALS LOCATED IN THE REGION INCLUDING GRIFFIN HOSPITAL, MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL. GAYLORD HOSPITAL, A LONG-TERM ACUTE CARE HOSPITAL IS ALSO LOCATED WITHIN THE GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN. YNH IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

IN FISCAL YEAR 2012, THERE WERE 61,958 DISCHARGES FROM YNH. AN ESTIMATED THREE IN TEN INPATIENTS WERE MEDICAID BENEFICIARIES OR LACKED HEALTH INSURANCE. THE HOSPITAL'S EMERGENCY DEPARTMENT PROVIDES A HEALTHCARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR 2012, THERE WERE 141,422 VISITS TO YALE-NEW HAVEN'S ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD. OVER 60 PERCENT OF THESE VISITS WERE ATTRIBUTED TO THE ADULT EMERGENCY DEPARTMENT, WHICH ACCOUNTED FOR 87,924 OF THE TOTAL VISITS INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MADE UP 80 PERCENT OF THE TOTAL WITH OVER HALF, ROUGHLY 46,600 INDIVIDUALS IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE.

Part VI Supplemental Information

PATIENT ORIGIN DATA FOR FISCAL YEAR 2012 INDICATED THAT 48 PERCENT OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITAL'S ADULT EMERGENCY DEPARTMENT AND 44 PERCENT OF THE TREATED AND ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF NEW HAVEN. THE MEDIAN HOUSEHOLD INCOME FOR THE CITY OF NEW HAVEN IS \$39,094, WHICH IS \$30,149 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,243. IN 2011, AN ESTIMATED 26.3 PERCENT OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO 9.5 PERCENT STATE-WIDE.

PART VI, LINE 5:

YALE-NEW HAVEN HOSPITAL (YNHH) IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL, WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S HOSPITAL, YALE-NEW HAVEN PSYCHIATRIC HOSPITAL AND SMILOW CANCER HOSPITAL. FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT AND THE FOURTH VOLUNTARY HOSPITAL IN THE NATION, IT SERVES AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOLS OF MEDICINE AND NURSING. YNHH HAS TWO INPATIENT CAMPUSES IN NEW HAVEN, THE MAIN YORK STREET CAMPUS AND THE SAINT RAPHAEL CAMPUS ON CHAPEL STREET. YNHH'S YORK STREET CAMPUS AND ASSOCIATED AMBULATORY SITES ARE MAGNET-DESIGNATED BY THE AMERICAN NURSES CREDENTIALING CENTER. YNHH IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN HOSPITAL REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION. IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING OUR MEDICAL STAFF BY PROVIDING AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. RELYING ON THE SKILL AND EXPERTISE OF

Part VI Supplemental Information

MORE THAN 4,000 UNIVERSITY AND COMMUNITY PHYSICIANS AND ADVANCED PRACTITIONERS, INCLUDING MORE THAN 600 RESIDENT PHYSICIANS, YALE-NEW HAVEN HOSPITAL PROVIDES COMPREHENSIVE, MULTIDISCIPLINARY, FAMILY-FOCUSED CARE IN MORE THAN 100 MEDICAL SPECIALTY AREAS. YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR MORE THAN 774,000 OUTPATIENT AND EMERGENCY VISITS AND 62,000 DISCHARGES IN FISCAL YEAR 2012.

EVERY YEAR, AS PART OF OUR VITAL MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE GREATER NEW HAVEN REGION, YALE-NEW HAVEN HOSPITAL SPONSORS, DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2012, YNHH MANAGED \$242.8 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5.

GUARANTEEING ACCESS TO CARE-

YALE-NEW HAVEN RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING 2012, YNHH PROVIDED SERVICES FOR 193,856 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$138.7 MILLION (AT COST).

YNHH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS, AND EVEN FUNDS THE SALARIES OF THREE ON-SITE STATE DEPARTMENT OF SOCIAL SERVICES EMPLOYEES. DURING 2012, THE HOSPITAL

Part VI Supplemental Information

DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO OVER 29,000 PERSONS AT A TOTAL EXPENSE OF \$30.0 MILLION (AT COST).

YALE-NEW HAVEN ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE HOSPITAL'S PRIMARY CARE CENTERS, WHICH INCLUDES ADULT, ADOLESCENT, PEDIATRIC AND WOMEN'S SERVICES.

THE HOSPITAL'S PRIMARY CARE CENTER PROVIDES OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION. IT IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT. IN FISCAL YEAR 2012, THE PRIMARY CARE CENTER HAD 32,377 VISITS TO THE ADULT MEDICINE CLINIC, 26,664 VISITS TO THE PEDIATRICS CLINIC AND 19,148 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 78,189 PATIENT VISITS. ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS, WITH VISITS NUMBERING 1,900 ANNUALLY.

YNHH ALSO PROVIDED OUTREACH SERVICES TO PATIENTS RECEIVING CARE IN THE PRIMARY CARE CENTER AND THE WOMEN'S CENTER TO FOLLOW UP ON MISSED APPOINTMENTS, IMMUNIZATIONS AND OTHER HEALTHCARE NEEDS VITAL TO QUALITY OF LIFE AND THE HEALTH STATUS OF THE PATIENT. IN 2012, MORE THAN 1,097 PATIENTS RECEIVED OUTREACH SERVICES AND APPROXIMATELY 620 PATIENTS RECEIVED A HOME VISIT. OVER 1,000 REFERRALS WERE MADE FOR RESOURCES WITHIN THE HOSPITAL AND IN THE COMMUNITY.

YALE-NEW HAVEN PROVIDES ONGOING FINANCIAL AND IN-KIND SUPPORT FOR PROJECT ACCESS OF NEW HAVEN, WHICH PROVIDES TIMELY HIGH QUALITY SPECIALTY CARE FOR UNINSURED INDIVIDUALS WHO RESIDE IN THE GREATER NEW HAVEN AREA WITH THE

Part VI Supplemental Information

USE OF AN INTENSIVE PATIENT NAVIGATION MODEL. MORE THAN 300 COMMUNITY PHYSICIANS DONATE THEIR SERVICES TO PROJECT ACCESS PATIENTS AND A TEAM OF FOUR PATIENT NAVIGATORS ASSIST ENROLLED PATIENTS WITH ACCESSING AND MANAGING CARE. SINCE SEEING THEIR FIRST PATIENT IN AUGUST 2010, PROJECT ACCESS HAS ENROLLED AND NAVIGATED MORE THAN 550 PATIENTS. THE NO-SHOW RATE FOR MEDICAL APPOINTMENTS IS 2% AND THE VALUE OF DONATED CARE IS OVER \$5 MILLION. PATIENTS ARE REFERRED TO PROJECT ACCESS FROM THE EMERGENCY DEPARTMENTS AND PRIMARY CARE CENTERS ON BOTH THE YORK STREET AND ST. RAPHAEL CAMPUSES OF YALE-NEW HAVEN HOSPITAL, THE FAIR HAVEN COMMUNITY HEALTH CENTER, THE CORNELL SCOTT-HILL HEALTH CENTER AND COMMUNITY PRIVATE PRACTICES. PROJECT ACCESS CELEBRATED ITS TWO-YEAR ANNIVERSARY IN AUGUST 2012.

THE HOSPITAL'S ME & MY BABY PROGRAM PROVIDES INCREASED ACCESS TO CARE FOR AN UNDER-SERVED POPULATION THAT IS EITHER UNINSURED OR UNDERINSURED; OUTREACH EFFORTS FOSTER EARLY ENTRY INTO CARE, SCREENING AND DETECTION, AND ALLOW PRENATAL CARE TO BEGIN AS EARLY AS POSSIBLE IN THE FIRST TRIMESTER. THE PROGRAM FEATURES MONTHLY "SHOWERS" TO PROVIDE PARTICIPANTS WITH INFORMATION ON THE HOSPITAL'S MATERNITY PROGRAMS, BASIC CHILDBIRTH PREPARATION AND TO ANSWER ANY QUESTIONS. ME & MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE. IN 2012, ME & MY BABY GAVE 306 NEWLY ENROLLED MOTHERS ACCESS TO PRENATAL AND PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERAGE. DURING THIS TIME, 271 ENROLLED MOTHERS GAVE BIRTH, A NUMBER THAT DECREASES ANNUALLY DUE TO CONTINUING OUTREACH AND EDUCATION EFFORTS. NEARLY 100 PERCENT OF PROGRAM ENROLLEES ARE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WERE ADMITTED ON NONIMMIGRANT (TEMPORARY) VISAS AND

Part VI Supplemental Information

OVERSTAYED.

THE PRESCRIPTION ASSISTANCE PROGRAM HELPS YNHH PATIENTS WHO HAVE LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS. THE 340B PROGRAM ASSISTS PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT, OR ANY HOSPITAL-BASED CLINIC RECEIVE DISCOUNTED PRESCRIPTIONS. STUDIES SHOW THAT PATIENTS WHO CANNOT AFFORD OUTPATIENT MEDICATIONS HAVE HIGHER HOSPITAL ADMISSION, RE-ADMISSIONS, AND EMERGENCY ROOM VISIT RATES THAN THEIR COUNTERPARTS. THE HOSPITAL QUALIFIES FOR THESE FEDERAL PHARMACEUTICAL PRICING DISCOUNTS BECAUSE IT TREATS A DISPROPORTIONATELY LARGE SHARE OF UNINSURED AND UNDER INSURED PATIENTS.

THE HOSPITAL ALSO SERVES AS A KEY PARTNER IN THE NEW HAVEN ORAL HEALTH COALITION. THE COALITION WAS FORMED TO ADDRESS THE SERIOUS ORAL HEALTH NEEDS OF THE UNDER-SERVED, AND PARTICULARLY CHILDREN COVERED THROUGH HUSKY A. THIS NETWORK ALLOWS PARTNERS TO CONTINUOUSLY COLLABORATE AND DEVELOP STRATEGIC PLANS IN A MORE COHESIVE AND COMPREHENSIVE MANNER.

PROMOTING HEALTH AND WELLNESS-

DURING FY 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$8.6 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

CONNECTICUT WAS ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO ADMINISTER THE WISEWOMAN (WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION) PROJECT. YNHH WAS SELECTED AS ONE OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM.

Part VI Supplemental Information

WISEWOMAN IS INTEGRATED WITHIN THE EXISTING YNHH CONNECTICUT BREAST AND CERVICAL CANCER AND EARLY DETECTION PROGRAM TO ASSESS CARDIOVASCULAR RISK FACTORS AND PROVIDE CARDIOVASCULAR DISEASE PREVENTIVE HEALTH SERVICES FOR ELIGIBLE MEDICALLY UNDERSERVED CONNECTICUT WOMEN OVER THE AGE OF 40.

WISEWOMAN SERVICES INCLUDE ASSESSING CARDIOVASCULAR RISK FACTORS THROUGH HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL, BLOOD GLUCOSE AND PERSONAL LIFESTYLE HISTORIES. IN FY 2012, 184 WOMEN WERE SCREENED THROUGH THE PROGRAM.

PART VI, LINE 5: CONTINUES-

THE HOSPITAL IS ONE OF 18 SITES IN CONNECTICUT OFFERING A COMPREHENSIVE BREAST, CERVICAL AND COLORECTAL CANCER SCREENING PROGRAM FOR MEDICALLY UNDERSERVED WOMEN. SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN THE AGES OF 19 AND 64, AND MAMMOGRAMS ARE OFFERED TO WOMEN WHO ARE AGE 40 TO 64. IN FY 2012, OVER 1,000 WOMEN RECEIVED SCREENINGS THROUGH THE PROGRAM.

YNHH IS A GRANT RECIPIENT OF THE KOMEN FOUNDATION PATIENT NAVIGATION FOR BREAST CANCER SCREENING. THIS COLLABORATIVE OUTREACH INITIATIVE IS FOCUSED ON OFFERING BREAST HEALTH EDUCATION AND SCREENING SERVICES TO AFRICAN AMERICAN, HISPANIC AND ANY UNDERSERVED WOMEN (AGE 50+) IN THE GREATER NEW HAVEN COMMUNITY AND HELPING THEM NAVIGATE THROUGH THE HEALTH CARE SYSTEM. THE GOAL IS TO INCREASE AWARENESS OF EARLY DETECTION TO THESE HIGH-RISK POPULATIONS, TEACH BREAST SELF-EXAMS, PROVIDE SCREENINGS AND TO PARTNER AND FACILITATE ACCESS TO APPROPRIATE DIAGNOSTIC FOLLOW UP WHEN NECESSARY. IN FISCAL YEAR 2012, PARTICIPATION IN 45 OUTREACH ACTIVITIES RESULTED IN HEALTH EDUCATION AND AWARENESS ACTIVITIES TO 5,629 WOMEN IN THE GREATER NEW HAVEN AREA.

Part VI Supplemental Information

IN A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, THE HOSPITAL'S DIGITAL MAMMOGRAPHY VAN PROVIDES SCREENING MAMMOGRAPHY SERVICES IN THE COMMUNITY WHERE WOMEN LIVE AND WORK, IMPROVING ACCESS FOR THE ELDERLY AND UNDERSERVED POPULATIONS WHO MIGHT NOT OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS. IN FISCAL YEAR 2012, THE MAMMOGRAPHY VAN PERFORMED 1,615 SCREENING MAMMOGRAMS AT 40 LOCATIONS THROUGHOUT SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAPHY SERVICES.

THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE. THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES. THE SICKLE CELL TEAM WORKS DILIGENTLY WITH THE PEDIATRIC TEAM TO ENSURE SMOOTH TRANSITION OF SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL APPROACH. IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CONNECTICUT, YNNH OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS. LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT. ANNUALLY THERE ARE MORE THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS.

YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THEIR CHILDREN. THE WIC PROGRAM STAFF REACHES OUT INTO THE COMMUNITY TO PROVIDE NUTRITIONAL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFANTS AND CHILDREN WHO ARE AT NUTRITIONAL RISK. WIC IS FUNDED

Part VI Supplemental Information

BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE.

THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT YALE-NEW HAVEN HOSPITAL WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCHING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS. FORMULA STRETCHING IS WHERE PARENTS OR GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED INFANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES. THIS OFTEN OCCURS DURING TIMES OF FINANCIAL HARDSHIP IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THOSE THEY LOVE. IN 2011, 26.3 PERCENT OF FAMILIES LIVING IN NEW HAVEN WERE CONSIDERED BELOW THE POVERTY LEVEL, A RATE WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE. SINCE ITS IMPLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 200 INFANTS AT NO COST TO FAMILIES.

THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN. THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER. TWO CASE MANAGERS ASSESS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATED SERVICES. THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTHY START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES. IN FISCAL YEAR 2012, THE PROGRAM SERVED 337 WOMEN.

PEDIATRIC DENTISTRY WAS IDENTIFIED AS A CRITICAL ISSUE IN THE GREATER NEW

Part VI Supplemental Information

HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT CONDUCTED IN THE LATE 1990S. SINCE 2004, THE HOSPITAL HAS OPERATED A DEDICATED PEDIATRIC DENTISTRY CENTER, WHICH OFFERS A PEDIATRIC DENTISTRY RESIDENCY PROGRAM. IN FY 2012, THE PEDIATRIC DENTISTRY CENTER WAS RELOCATED TO A, 8,700 SQUARE FOOT STATE-OF-THE-ART FACILITY WITH 10 TREATMENT ROOMS, ONE RECOVERY ROOM FOR POST SEDATION PATIENTS AND A STERILIZATION CENTER. THE PEDIATRIC DENTISTRY CENTER MAINTAINS NEARLY 2,000 ACTIVE PATIENTS AND HAS THE SINGULAR CAPACITY IN THE COMMUNITY TO TREAT CHILDREN WITH EARLY CHILDHOOD CARIES IN THE OPERATING ROOM.

SINCE 1992, THE HOSPITAL HAS PROVIDED COMPREHENSIVE CARE TO LEAD-POISONED CHILDREN AND THEIR FAMILIES. THE YALE-NEW HAVEN LEAD POISONING REGIONAL TREATMENT CENTER IS ONE OF TWO REGIONAL TREATMENT CENTERS IN CONNECTICUT PROVIDING MEDICAL TREATMENT AND SOCIAL SERVICE PROGRAMS. IN FY 2012, THE LEAD PROGRAM PROVIDED 4,195 PATIENT SCREENINGS, 492 IN-HOME VISITS AND 73 INFORMATIONAL PRESENTATIONS.

THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW HAVEN HOSPITAL. THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS, ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND SIGNIFICANT OTHERS. THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING, COUNSELING, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH TRIALS AND COMMUNITY SUPPORT. THE AIDS CARE PROGRAM IS STAFFED BY A MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS, SOCIAL WORKERS AND CLINICAL RESEARCHERS. IN FISCAL YEAR 2012 THE AIDS CARE PROGRAM ASSISTED 878 PATIENTS IN THE NATHAN SMITH CLINIC WITH A TOTAL OF 7,713 VISITS. THE PROGRAM PROVIDED HIV COUNSELING AND TESTING FOR 326

Part VI Supplemental Information

CLIENTS FOR A TOTAL OF 579 VISITS. ADDITIONALLY, THE PEDIATRIC SERVICE CARED FOR CHILDREN AND ADOLESCENTS WITH A TOTAL OF 149 VISITS.

YNHH OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 25 AREAS, INCLUDING MANY CANCER AND TRANSPLANT SPECIALTY AREAS. THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES. IN FISCAL YEAR 2012, NEARLY 3,800 PEOPLE WERE SERVED.

ADVANCING CAREERS IN HEALTH CARE-

AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING ITS MEDICAL STAFF WITH AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. IN ADDITION THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING, DIETARY PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. IN 2012, THE COST TO YNHH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$59.4 MILLION, AND BENEFITED 2,468 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR OVER 580 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, ALLIED HEALTH EDUCATION, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM.

THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL EDUCATIONAL

Part VI Supplemental Information

OPPORTUNITIES FOR STUDENT DENTAL HYGIENISTS. DURING THEIR ROTATIONS, THE STUDENTS UNDER THE DIRECTION AND SUPERVISION OF THEIR INSTRUCTORS PERFORM PROCEDURES APPROPRIATE AND APPLICABLE TO THEIR ROLES AS A DENTAL HYGIENIST. STUDENTS FROM THE UNIVERSITY OF NEW HAVEN DENTAL HYGIENE PROGRAM AND THE UNIVERSITY OF BRIDGEPORT, INCLUDING SENIOR BACCALAUREATE CANDIDATES WHO ARE LICENSED DENTAL HYGIENISTS, INTERN IN THE DENTAL DEPARTMENT BY PROVIDING DIRECT PATIENT CARE. FOUR OF THESE HYGIENISTS ARE ASSIGNED IN THE CLINIC EACH SEMESTER AND THROUGH THEIR PATIENT CARE EXPERIENCE INTERACT WITH RESIDENT AND ATTENDING PHYSICIANS, HOSPITAL STAFF AND THE COMMUNITY. IN FY 2012, 49 SUCH HYGIENISTS ROTATED THROUGH THE DEPARTMENT.

PART VI, LINE 5: CONTINUES-

DURING 2012, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 1,335 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, DIETARY PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPY, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. YALE-NEW HAVEN HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING GATEWAY COMMUNITY COLLEGE, FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, MANCHESTER COMMUNITY COLLEGE, UNIVERSITY OF CONNECTICUT, GOODWIN COLLEGE AND NAUGATUCK COMMUNITY COLLEGE.

YALE-NEW HAVEN'S TRAUMA SERVICES DEPARTMENT THROUGH A CONTRACT WITH THE PENTAGON PROVIDES US NAVY CORPSMAN MEDICAL TRAINING FOR SERVICE MEMBERS AT THE GROTON / NEW LONDON SUBMARINE BASE. THE TRAINING INCLUDES BASIC MEDICAL PROCEDURES AND SKILLS FOR SURVIVAL WHILE THE SUBMARINE IS OUT TO SEA IN SERVICE. IN 2012, FOUR CORPSMAN RECEIVED THIS NECESSARY TRAINING.

RESEARCH-

Part VI Supplemental Information

TEACHING HOSPITALS, LIKE YALE-NEW HAVEN HOSPITAL, ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE. EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY'RE AVAILABLE ELSEWHERE. CLINICAL TRIALS AT YALE-NEW HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE INCLUDE PHASE ONE TRIALS, WHICH TEST A NEW DRUG'S SAFETY IN THE HUMAN BODY, PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT. CLINICAL TRIALS ARE AVAILABLE IN SEVERAL DIFFERENT AREAS INCLUDING ADDICTIVE BEHAVIOR, BRAIN, SPINAL CORD, AND NERVOUS SYSTEM, CANCER, CHILDREN'S HEALTH, DIABETES AND ENDOCRINE SYSTEM, HEART AND CARDIOVASCULAR, HIV/AIDS AND INFECTIOUS DISEASE, AND WOMEN'S HEALTH.

YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHHS IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING OUR CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER. IN 2012, SMILOW CANCER HOSPITAL AND THE YALE CANCER CENTER ENTERED INTO KEY CLINICAL PARTNERSHIPS WITH BOTH THE SARAH CANNON RESEARCH INSTITUTE TO SCIENTIFICALLY COLLABORATE TO ADVANCE CANCER

Part VI Supplemental Information

RESEARCH, AND WITH GILEAD SCIENCES, INC., TO BEGIN A MULTI-YEAR RESEARCH COLLABORATION FOCUSED ON THE DISCOVERY OF NOVEL CANCER THERAPIES. YALE-NEW HAVEN HOSPITAL'S ANNUAL SUPPORT OF THIS WORK IS CAPTURED UNDER CREATING HEALTHIER COMMUNITIES.

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FY 2012, THE TOTAL COST ASSOCIATED WITH THE YALE-NEW HAVEN HOSPITAL CANCER REGISTRY WAS \$1.2 MILLION.

CREATING HEALTHIER COMMUNITIES-

THE CITY OF NEW HAVEN AND THE SURROUNDING COMMUNITY IS HOME TO A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES. IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-FOR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$1.9 MILLION. ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED THE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W. BEERS GUIDANCE CLINIC, COLUMBUS HOUSE,

Part VI Supplemental Information

CONNECTICUT SPORTS FOUNDATION: HELPING CANCER PATIENTS, CONNECTICUT STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MANAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, JUNTA FOR PROGRESSIVE ACTION, LEAP, LEEWAY, LIFE HAVEN, LITERACY VOLUNTEERS OF GREATER NEW HAVEN, MONTESSORI SCHOOL OF EDGEWOOD, NAMI, NEW LIFE CORPORATION AND RONALD MCDONALD HOUSE.

DURING A SINGLE DAY REGISTRATION DRIVE IN APRIL 2012, YNHH HOSTED AN ORGAN DONOR REGISTRATION EVENT DESIGNED TO RAISE AWARENESS ABOUT THE IMPORTANCE OF ORGAN DONATION. THE EVENT RESULTED IN REGISTERING 544 MORE ORGAN DONORS. THE EVENT WAS SUPERVISED BY A GUINNESS WORLD RECORD JUDGE AS YNHH ATTEMPTED TO BEAT THE PREVIOUS RECORD FOR ONE-DAY DONOR REGISTRATIONS; WHILE IT FELL SHORT OF BREAKING THE RECORD, THE EVENT WAS SUCCESSFUL IN CALLING ATTENTION TO THE VITAL NEED FOR ORGAN DONORS.

IN ADDITION, YALE-NEW HAVEN HOSPITAL AND ITS EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS FOR VARIOUS HEALTH ADVOCACY ORGANIZATIONS. ORGANIZATIONS INCLUDE AIDS WALK NEW HAVEN, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, ALZHEIMER'S ASSOCIATION, CHROHN'S AND COLITIS FOUNDATION OF AMERICA, JUVENILE DIABETES RESEARCH ASSOCIATION, KOMEN CT AFFILIATE RACE FOR THE CURE, LUPUS FOUNDATION OF AMERICA, MARCH OF DIMES, MUSCULAR DYSTROPHY ASSOCIATION, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN, CT, INC.

SUPPLEMENTAL INFORMATION-

YNHH ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE

Part VI Supplemental Information

MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS OVER 3,600 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS.

YALE-NEW HAVEN HOSPITAL CELEBRATED ITS FIRST YEAR OF NURSE MAGNET RECOGNITION BY THE AMERICAN NURSE CREDENTIALING CENTER IN MAY AND REMAINS AMONG ONLY SIX PERCENT OF THE NATION'S HOSPITALS TO EARN THIS PRESTIGIOUS HONOR FOR EXCELLENCE IN NURSING CARE. NURSES AT YNHH CONTINUE TO EXCEED THE EXPECTED PATIENT OUTCOMES BY OUTPERFORMING IN ALL AREAS INCLUDING FALLS. THE NURSE RESEARCH PROGRAM CONTINUED TO GROW WITH OVER 27 STUDIES LED BY STAFF NURSES. THROUGH ENCULTURATION OF THE NURSING PROFESSIONAL PRACTICE MODEL, NURSING IS ABLE TO COLLABORATE WITH INTERDISCIPLINARY PARTNERS THROUGH ITS STAFF NURSE COUNCIL AND PATIENT SERVICE MANAGER COUNCILS TO MAINTAIN A HIGH RELIABILITY ORGANIZATION.

DURING FY 2012, YALE-NEW HAVEN HOSPITAL ACQUIRED THE HOSPITAL OF SAINT RAPHAEL. WITH A COMMITMENT TO INCREASE EFFICIENCY, BROADEN ACCESS AND ENHANCE THE ALREADY HIGH QUALITY OF CARE PROVIDED AT BOTH CAMPUSES, THE ACQUISITION RECEIVED THE NECESSARY SUPPORT OF THE FEDERAL TRADE COMMISSION, CONNECTICUT ATTORNEY GENERAL AND APPROVALS FROM THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS AND THE VATICAN. BOLSTERED BY STRONG COMMUNITY SUPPORT, THE TRANSACTION CLOSED SUCCESSFULLY ON SEPTEMBER 12, 2012. THE ACQUISITION PROVIDES CRITICALLY IMPORTANT ACCESS TO NEW CAPACITY FOR YALE-NEW HAVEN HOSPITAL, WHOSE BED LICENSE INCREASED BY 511 GENERAL MEDICINE BEDS AND 22 BASSINETS TO 1,541 BEDS AND BASSINETS, MAKING IT THE 4TH LARGEST HOSPITAL IN THE COUNTRY.

Part VI Supplemental Information

THE GREATER NEW HAVEN COALITION FOR SAFE TRANSITIONS AND READMISSION REDUCTIONS, WHICH INCLUDES COLLABORATION BETWEEN THE AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT AND YALE-NEW HAVEN HOSPITAL, RECEIVED A MONETARY AWARD FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES TO IMPROVE THE QUALITY OF CARE FOR MEDICARE PATIENTS AND KEEP THEM FROM BEING READMITTED. SPECIAL TRANSITION TEAMS USING REGISTERED NURSES AS CARE COORDINATORS AND SOCIAL WORKERS HAVE BEEN PUT IN PLACE TO REDUCE THE NUMBER OF PATIENTS WHO ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS.

PART VI, LINE 5: CONTINUES-

IN FY 2012, YALE-NEW HAVEN HOSPITAL MADE SIGNIFICANT INVESTMENTS IN AMBULATORY SITE DEVELOPMENT TO ENSURE ACCESS TO KEY HEALTH SERVICES FOR ITS PATIENTS IN THEIR COMMUNITIES. THESE INCLUDED THE NORTH HAVEN AMBULATORY CARE CENTER, A FOUR-STORY, 121,500 SQUARE-FOOT OUTPATIENT MEDICAL CENTER. SERVICES PROPOSED FOR THE SITE, WHICH WILL BE COMPLETED IN JANUARY 2013, INCLUDE A SMILOW CANCER CENTER; A MULTIDISCIPLINARY INTERVENTIONAL IMMUNOLOGY UNIT WITH SPECIALIST IN MULTIPLE SCLEROSIS, ALLERGY AND IMMUNOLOGY, AND RHEUMATOLOGY; MRI UNIT, DIGITAL X-RAY DEVICES; PHARMACY; BLOOD DRAW STATION AND AN URGENT / PRIMARY CARE CENTER. THE HOSPITAL'S URGENT CARE CENTER IN EAST HAVEN ADDED OCCUPATIONAL HEALTH SERVICES TO ITS COMPLEMENT OF SERVICES. THE SITE IS OPEN 7 DAYS PER WEEK AND IS STAFFED BY A BOARD CERTIFIED FAMILY PRACTICE AND EMERGENCY MEDICINE PHYSICIANS WHO TREAT NON-LIFE THREATENING MEDICAL CONDITIONS, INJURIES AND ILLNESSES. RADIOLOGY AND PHYSICAL THERAPY SERVICES WERE OPENED IN VARIOUS LOCATIONS TO SUPPORT THE YALE MEDICAL GROUP ORTHOPEDIC PRACTICE.

THE NEWLY CONSTRUCTED 12-BED CRISIS INTERVENTION UNIT AND CHEST PAIN CENTER IN THE YALE-NEW HAVEN HOSPITAL EMERGENCY DEPARTMENT OPENED IN 2012 ON THE HOSPITAL'S YORK STREET CAMPUS. THE EMERGENCY DEPARTMENT ALSO

Part VI Supplemental Information

OPENED ITS SPACIOUS NEW PATIENT-CENTRIC DESIGNED WAITING ROOM THAT FACES YORK STREET. THE EMERGENCY DEPARTMENT RENOVATION AND EXPANSION PROJECT, WHICH WILL CONTINUE IN 2013, WILL ADD 32 EXAM ROOMS AND NEARLY 20,000 SQUARE FEET.

IN ADDITION TO YNHH'S RECERTIFICATION AS AN ADVANCED PRIMARY STROKE CENTER, YNHH CREATED AN INTENSIVIST MODEL IN ITS NEUROSURGICAL INTENSIVE CARE UNITS, MAKING IT THE FIRST FULLY INTENSIVIST UNIT IN CONNECTICUT AND ITS COMPREHENSIVE EPILEPSY CENTER WAS RECOGNIZED AS A LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS. LEVEL 4 EPILEPSY CENTERS ARE RECOGNIZED AS HAVING THE PROFESSIONAL EXPERTISE AND FACILITIES TO PROVIDE THE HIGHEST LEVEL MEDICAL AND SURGICAL EVALUATION AND TREATMENT FOR PATIENTS WITH COMPLEX EPILEPSY.

IN 2012, SMILOW CANCER HOSPITAL AND THE YALE CANCER CENTER WERE RENEWED AS A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE (NCI), AND THE BREAST CENTER WAS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS (NAPBC), MAKING IT THE ONLY NAPBC ACCREDITED, NCI-DESIGNATED COMPREHENSIVE CANCER CENTER IN THE NORTHEAST. IN ADDITION TO THE ACQUISITION OF NINE NEW SMILOW CANCER HOSPITAL AMBULATORY CARE CENTERS, A SMILOW SATELLITE WAS OPENED AT GREENWICH HOSPITAL AND A CO-DEVELOPMENT AGREEMENT WITH THE CHARLOTTE HUNGERFORD HOSPITAL WAS FORMED.

YALE-NEW HAVEN CHILDREN'S HOSPITAL'S MEDICAL FOUNDATION PARTNERSHIP WITH THE CONNECTICUT CHILDREN'S MEDICAL CENTER, THE NORTHEAST PEDIATRIC SPECIALISTS, INC. RECRUITED THE NEW CHIEF OF PEDIATRIC CARDIAC SURGERY FOR BOTH YNHH AND CONNECTICUT CHILDREN'S MEDICAL CENTER. THIS INNOVATIVE

Part VI Supplemental Information

ALIGNMENT ALLOWS CONNECTICUT'S TWO LEADING CHILDREN'S INSTITUTIONS TO ADDRESS KEY PEDIATRIC SUBSPECIALTY PHYSICIAN SHORTAGES AND TO MAINTAIN THEIR TERTIARY LEVELS OF CARE. IN ADDITION, YALE-NEW HAVEN CHILDREN'S HOSPITAL, WAS DESIGNATED AS AN EXTRACORPOREAL LIFE SUPPORT ORGANIZATION CENTER OF EXCELLENCE IN LIFE SUPPORT. THIS DESIGNATION SIGNIFIES TO PATIENTS AND FAMILIES A COMMITMENT TO EXCEPTIONAL PATIENT CARE AND DEMONSTRATES TO THE HEALTH CARE COMMUNITY AN ASSURANCE OF HIGH QUALITY STANDARDS, SPECIALIZED EQUIPMENT AND SUPPLIES, DEFINED PATIENT PROTOCOLS, AND ADVANCED STAFF EDUCATION.

IN 2012, BRIDGEPORT HOSPITAL'S 42 PEDIATRIC AND NEONATAL INTENSIVE CARE BEDS AND ITS PEDIATRIC CLINIC WERE INTEGRATED INTO YALE-NEW HAVEN CHILDREN'S HOSPITAL, ENHANCING REGIONAL ACCESS TO SPECIALTY PEDIATRIC SERVICES.

FOR THE 13TH YEAR, YNHHS WAS SELECTED AS ONE OF THE MOST WIRED HOSPITALS IN THE NATION BY HOSPITALS AND HEALTH NETWORKS, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION. THIS RECOGNITION IS BASED ON TECHNOLOGY ADVANCEMENTS MADE BY HEALTHCARE ORGANIZATIONS TO ENHANCE PATIENT SAFETY, CLINICAL QUALITY AND CUSTOMER SERVICE.

EACH YEAR, THOUSANDS OF MEMBERS OF THE COMMUNITY SUPPORT YNHHS THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2012, 2,175 VOLUNTEERS DEDICATED A TOTAL OF 165,803 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN OVER 50 AREAS THROUGHOUT THE HOSPITAL INCLUDING ADMITTING, ADULT EMERGENCY DEPARTMENT, CHILD PSYCHIATRY, COMMUNITY HEALTH, DENTAL CLINIC, HEART CENTER, LABORATORY MEDICINE, OCCUPATIONAL HEALTH, REHABILITATION SERVICES, RELIGIOUS MINISTRIES, SHORELINE MEDICAL CENTER, SOCIAL WORK AND WOMEN'S

Part VI Supplemental Information

SERVICES.

PART VI, LINE 6:

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN HOSPITAL EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY. EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLAN INCORPORATES THE CONCEPTS OF WORKING WITH ITS COMMUNITY TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTH, PROVIDE SERVICE THAT PROMOTE HEALTH AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CANNOT AFFORD NECESSARY SERVICES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

Name of the organization **YALE-NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN, CT 06511		GOV	1,817,829.	0.			COMMUNITY BENEFIT DEV
COMMUNITY FOUNDATION OF GREATER NEW HAVEN - 28 LINCOLN WAY - NEW HAVEN, CT 06510	06-6032106	C-3	525,000.	0.			SUPPORT MISSION
GATEWAY COMMUNITY COLLEGE 60 SARGENT DRIVE NEW HAVEN, CT 06511	22-3135128	C-3	205,000.	0.			SUPP NURSING CAREER
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511	06-1178712	C-3	160,000.	450.	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION
NAACP NEW HAVEN BRANCH 545 WHALLEY AVE NEW HAVEN, CT 06511	06-6099313	C-4	30,250.	0.			SPONSORSHIP
NEW HAVEN INTERNATIONAL FESTIVAL 195 CHURCH STREET NEW HAVEN, CT 06511	06-1444222	C-3	20,000.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06511	65-1203744	C-3	12,000.	0.			SUPPORT MISSION
VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	C-3	11,300.	0.			SUPPORT MISSION
ANTI DEFAMATION LEAGUE WHITNEY AVE NEW HAVEN, CT 06511	13-1818723	C-3	10,000.	0.			SPONSORSHIP
BEULAH HEIGHT SOCIAL INTEGRATION 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	C-3	10,000.	0.			SPONSORSHIP
GREATER NEW HAVEN CHAMBER OF COMMER - 900 CHAPEL STREET - NEW HAVEN, CT 06510	06-0646890	C-6	10,000.	0.			SPONSORSHIP
NEW HAVEN SYMPHONY ORCHESTRA 70 AUDUBON STREET NEW HAVEN, CT 06510	06-6000592	C-3	10,000.	0.			SUPPORT MISSION
PROMISING SCHOLARSHIP FUND INC 44 UPPER STATE STREET NORTH HAVEN, CT 06473	80-0112325	C-3	10,000.	0.			SUPPORT MISSION
WOMEN & FAMILY LIFE CENTER 96 FAIR STREET GUILFORD, CT 06437	22-2093815	C-3	10,000.	0.			SUPPORT MISSION
RONALD MCDONALD HOUSE 501 GEORGE STREET NEW HAVEN, CT 06511	06-1063758	C-3	8,500.	0.			SUPPORT MISSION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHUBERT THEATRE 247 COLLEGE STREET NEW HAVEN, CT 06510	06-1625278	C-3	7,750.	0.			SUPPORT MISSION
CT STATE MISSIONARY BAPTIST CONVENT - 10 CHERRY DRIVE - DANBURY, CT 06812	06-1421410	C-3	6,500.	0.			SUPPORT MISSION
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN, CT 06511	23-7431264	C-3	5,350.	0.			SUPPORT MISSION
CITY SEED 817 GRAND AVENUE NEW HAVEN, CT 06511	83-0397621	C-3	5,000.	0.			SUPPORT MISSION
AMERICAN DIABETES ASSOCIATION P O BOX 13050 ALEXANDRIA, VA 22312	13-1623888	C-3	5,000.	0.			SPONSORSHIP
BREAST CANCER EMERGENCY AID P O BOX 616 WESTPORT, CT 06881	03-0600624	C-3	5,000.	0.			SUPPORT MISSION
JUVENILE DIABETES RESEARCH 2969 WHITNEY AVE HAMDEN, CT 06514	23-1907729	C-3	5,000.	0.			SUPPORT MISSION
KOMEN CT RACE FOR THE CURE 350 CHURCH STREET HARTFORD, CT 06102	75-2844629	C-3	5,000.	0.			SPONSORSHIP
LEEWAY INC 40 ALBERTS ST NEW HAVEN, CT 06511	22-3065487	C-3	5,000.	0.			SUPPORT MISSION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CORPORATION 540 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	06-1443579	C-3	5,000.	0.			SUPPORT MISSION
SHORELINE ARTS ALLIANCE 725 BOSTON POST ROAD GUILFORD, CT 06437	06-1027403	C-3	5,000.	0.			SUPPORT MISSION
STRIVE-NEW HAVEN 746 CHAPEL STREET NEW HAVEN, CT 06510	38-3667019	C-3	5,000.	450.	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS 70 AUDUBON STREET NEW HAVEN, CT 06510	45-1257955	C-3	100,000.	1,769.	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION
COLUMBUS DAY COMMITTEE INC 105 ROBINWOOD ROAD HAMDEN, CT 06517	06-1055636	C-3	5,000.	0.			SUPPORT MISSION
COORDINATING COUNCIL FOR CHILDREN IN CRISIS - 131 DWIGHT STREET - NEW HAVEN, CT 06510	06-0972684	C-3	5,000.	643.	COMPARABLE RATE	HOURS DONATED	SUPPORT MISSION
FIRST CALVARY BAPTIST CHURCH 609 DIXWELL AVE NEW HAVEN, CT 06511	06-1173497	C-3	10,000.	0.			SUPPORT MISSION
MARCH OF DIMES FOUNDATION 500 WINDING BROOK DR GLASTONBURY, CT 06033	13-1846366	C-3	5,000.	0.			SUPPORT MISSION
NATIONAL KIDNEY FOUNDATION 30 EAST 33 ST NEW YORK, NY 10016	13-1673104	C-3	6,000.	0.			SUPPORT MISSION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATRONS OF THE NEW HAVEN 133 ELM STREET NEW HAVEN, CT 06510	06-1283798	C-3	5,000.	0.			SUPPORT MISSION
READ TO GROW 53 SCHOOL GROUND RD UNIT 3 BRANFORD, CT 06405	06-1572185	C-3	5,000.	0.			SUPPORT MISSION
WALLINGFORD CHAMBER OF COMMERCE 100 SOUTH TURNPYKE RD WALLINGFORD, CT 06492	06-0684642	C-6	6,500.	0.			SUPPORT MISSION
WEST INDIAN FOUNDATION INC 32 WINTONBURY AVENUE BLOOMFIELD, CT 06002	06-0976022	C-2	5,000.	0.			SPONSORSHIP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NURSING SCHOLARSHIPS	15	30,000.	0.	FMV	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 1, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS. THESE

AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO ASSIST

IN THE FURTHERANCE OF THEIR CHARITABLE MISSION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER N. HERBERT, MD	(i)	484,172.	133,923.	344,672.	11,590.	984,366.	9,542.
	(ii)	322,782.	89,282.	229,782.	7,727.	656,246.	6,362.
2 MARNA P. BORGSTROM	(i)	675,318.	335,832.	25,839.	267,117.	1,350,364.	0.
	(ii)	675,318.	335,832.	25,839.	267,117.	1,350,364.	0.
3 PAUL N. PATTON	(i)	304,014.	93,115.	51,140.	118,318.	598,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 WILLIAM J. ASELTYN	(i)	326,984.	98,084.	52,319.	109,031.	639,398.	0.
	(ii)	108,995.	32,695.	17,440.	36,344.	213,134.	0.
5 KEVIN F. WALSH	(i)	285,210.	73,593.	52,609.	111,824.	558,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 THOMAS D. LEARY	(i)	286,973.	72,625.	34,034.	124,505.	538,777.	3,341.
	(ii)	15,104.	3,822.	1,791.	6,553.	28,356.	176.
7 JAMES M. STATEN	(i)	373,179.	121,224.	38,280.	140,812.	694,341.	0.
	(ii)	373,179.	121,224.	38,280.	140,812.	694,341.	0.
8 PATRICK M. LUDDY	(i)	294,145.	63,579.	938,884.	61,385.	1,375,281.	219,343.
	(ii)	0.	0.	0.	0.	0.	0.
9 VINCENT PETRINI	(i)	324,636.	104,580.	53,598.	126,197.	632,373.	3,056.
	(ii)	0.	0.	0.	0.	0.	0.
10 KEVIN A. MYATT	(i)	272,649.	109,673.	61,007.	118,042.	585,458.	0.
	(ii)	181,766.	73,116.	40,671.	78,695.	390,306.	0.
11 THOMAS J. BALCEZAK	(i)	335,122.	81,958.	57,279.	132,010.	629,997.	7,427.
	(ii)	0.	0.	0.	0.	0.	0.
12 STEPHEN M. MERZ	(i)	209,489.	55,777.	58,647.	90,946.	442,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.
13 RICHARD D'AQUILA	(i)	749,634.	256,017.	137,052.	282,130.	1,470,946.	0.
	(ii)	83,293.	28,446.	15,228.	31,348.	163,439.	0.
14 PATRICIA S. FITZSIMONS	(i)	344,435.	129,907.	233,136.	19,164.	764,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.
15 DANIEL BARCHI	(i)	84,820.	0.	7,602.	35,952.	144,437.	0.
	(ii)	339,282.	0.	30,408.	143,807.	577,750.	0.
16 ABE LOPMAN	(i)	344,235.	158,670.	70,218.	15,736.	606,757.	8,117.
	(ii)	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUHER BAKER	(i)	329,829.	48,930.	23,405.	13,758.	18,215.	434,137.
	(ii)	0.	0.	0.	0.	0.	0.
2 MARJORIE G. GUGLIN	(i)	268,187.	71,807.	56,166.	17,150.	21,178.	434,488.
	(ii)	0.	0.	0.	0.	0.	0.
3 RICHARD S. STAHL	(i)	404,264.	141,017.	81,550.	22,050.	3,715.	652,596.
	(ii)	0.	0.	0.	0.	0.	10,614.
4 CYTHIA SPARER	(i)	337,914.	125,000.	41,807.	7,350.	35,890.	547,961.
	(ii)	0.	0.	0.	0.	0.	0.
5 MICHAEL APKON	(i)	0.	0.	194,964.	0.	0.	194,964.
	(ii)	0.	0.	0.	0.	0.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 4B:	SEVERANCE	NONQUALIFIED	EQUITY-BASED
MARNA P. BORGSTROM	\$0	\$268,096	\$0
RICHARD D'AQUILA	0	161,328	0
JAMES M. STATEN	0	139,024	0
KEVIN A. MYATT	0	91,936	0
DANIEL BARCHI	0	87,008	0
WILLIAM J. ASELTINE	0	78,224	0
THOMAS J. BALCEZAK	0	62,960	0
VINCENT PETRINI	0	61,088	0
PAUL N. PATTON	0	59,168	0
THOMAS D. LEARY	0	57,008	0
KEVIN F. WALSH	0	55,088	0
STEPHEN M. MERZ	0	46,896	0

THE INDIVIDUALS LISTED ABOVE ARE PARTICIPANTS IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN. THESE ACCRUALS ARE INCLUDED IN THE AMOUNTS

REPORTED IN PART II, COLUMN C (DEFERRED COMPENSATION) AND REPRESENTS BOTH

THE REPORTING ENTITY'S AND RELATED ENTITY'S COMBINED AMOUNTS THAT HAVE NOT

YET BEEN VESTED CONSISTENT WITH THE COMPENSATION REPORTING PER IRS.

Part III Supplemental Information

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

INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION

II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2011 CALENDAR YEAR THAT

WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2011

CALENDAR YEAR FORM W-2S.

PATRICK LUDDY \$ 901,753

PETER HERBERT \$ 486,005

PATRICIA FITZSIMONS \$ 175,451

TWO FORMER OFFICERS, EDWARD J. DOWLING AND ALVIN R. JOHNSON AND ONE CURRENT

OFFICER, PATRICK LUDDY RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN. THESE

AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C. THE FOLLOWING PAYMENTS WERE

MADE DIRECTLY TO THEM FROM THE TRUST:

EDWARD DOWLING \$172,934

ALVIN JOHNSON \$ 65,635

PATRICK LUDDY \$ 3,566

PART I, LINE 7:

THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH

PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION

OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE

Part III Supplemental Information

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

OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL MISSION AND VALUES.

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. See separate instructions.

2011
Open to Public Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA- SERIES J-1	06-080618620774UFP5		09/26/06	184,574,131.	CANCER HOSPITAL CONSTRUCTION		X		X		X
B CHEFA- SERIES K-1	06-080618620774UVY8		05/14/08	54,555,000.	REFUND OF SERIES I		X		X		X
C CHEFA- SERIES K-2	06-080618620774UVZ5		05/14/08	54,550,000.	REFUND OF SERIES I-2		X		X		X
D CHEFA- SERIES L-1	06-080618620774UWA9		05/14/08	53,730,000.	REFUND OF SERIES J-2		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue			203,907,795.	54,555,000.	54,550,000.		53,754,048.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			3,297,523.	291,973.	291,973.		286,645.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			200,610,272.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009		2008		2008		2008	
14 Were the bonds issued as part of a current refunding issue?		X	X	X	X	X	X	X
15 Were the bonds issued as part of an advance refunding issue?		X	X	X	X	X	X	X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

ENTITY 2

OMB No. 1545-0047

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. See separate instructions.

2011
Open to Public Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased of issuer		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES L - 2	06-080618620774UWB7		05/14/08	53,730,000.	REFUND OF SERIES J-3					X	X
B CHEFA - SERIES M	06-080618620774U5T8		12/22/10	105,436,335.	CONSTRUCTION PROJECT					X	X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		54,754,048.		105,436,335.				
4 Gross proceeds in reserve funds				13,343,981.				
5 Capitalized interest from proceeds				5,030,954.				
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		286,645.		1,861,661.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				95,171,677.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2006		2012				
14 Were the bonds issued as part of a current refunding issue?	X			X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X				

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		2.56 %		.51 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5 .....		.00 %		.00 %		2.56 %		.51 %
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2 Is the bond issue a variable rate issue?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider		MORGAN STANLEY						
c Term of GIC		2.0000000						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	<input checked="" type="checkbox"/>							
5 Were any gross proceeds invested beyond an available temporary period?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6 Did the bond issue qualify for an exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00		.00		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government						%		%
6 Total of lines 4 and 5 .....		.00		.00		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
5 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
6 Did the bond issue qualify for an exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

PART III, LINE 3B

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAURA LOMBARDO-BOYLE	SEE SCHEDULE O	101,325.	SEE PART V		X
CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	675,026.	SEE PART V		X
UNITED ILLUMINATING CO.	SEE SCHEDULE O	3,475,480.	SEE PART V		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV, COLUMN D

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

NAME OF INTERESTED PERSON: LAURA LOMBARDO-BOYLE

THE HOSPITAL EMPLOYS LAURA LOMBARDO-BOYLE, THE DAUGHTER OF TRUSTEE

ANNEMARIE LINDSKOG, AS A REGISTERED NURSE. MS. LOMBARDO-BOYLE HAD BEEN

AN EMPLOYEE OF THE HOSPITAL BEFORE MS. LINDSKOG'S APPOINTMENT TO THE

HOSPITAL'S BOARD OF TRUSTEES DURING THE HOSPITAL'S TAX YEAR.

AMOUNT OF TRANSACTION: \$101,325.

NAME OF INTERESTED PERSON: CENTURY FINANCIAL SERVICES, INC.

OFFICER JOHN SKELLY IS A DIRECTOR OF CENTURY FINANCIAL SERVICES, INC.

CENTURY FINANCIAL SERVICES, INC. PROVIDES BILLING AND COLLECTION

SERVICES FOR THE HOSPITAL. A PORTION OF CENTURY FINANCIAL SERVICES,

INC. IS INDIRECTLY OWNED BY THE HOSPITAL'S CORPORATE PARENT.

AMOUNT OF TRANSACTION: \$657,025.74.

NAME OF INTERESTED PERSON: UNITED ILLUMINATING CO.

TRUSTEES JOHN L. LAHEY AND JAMES P. TORGERSON ARE DIRECTORS OF UIL

HOLDINGS CORPORATION, THE PARENT COMPANY OF UNITED ILLUMINATING CO.

THE HOSPITAL PURCHASED ELECTRICITY AND GAS SERVICES FROM UNITED

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

ILLUMINATING CO., THE ONLY SUPPLIER OF ELECTRICITY AND GAS AVAILABLE TO THE HOSPITAL. RATES CHARGED BY UNITED ILLUMINATING CO. ARE REVIEWED AND APPROVED BY THE CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL.

AMOUNT OF TRANSACTION: \$3,475,480.40.

SOME OF THE HOSPITAL'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF RELATED ORGANIZATIONS OR AFFILIATES WITHIN THE HOSPITAL'S CORPORATE SYSTEM. THE HOSPITAL ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE RELATED ORGANIZATIONS AND AFFILIATES. THESE TRANSACTIONS HAVE BEEN REPORTED AND DISCLOSED ON SCHEDULE R. THEY ARE NOT BEING REPORTED AGAIN HERE BECAUSE THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE RELATED ORGANIZATIONS OR AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE HOSPITAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **YALE-NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	15,094.	STOCK EXCHANGE QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	5,080.	CAMPARABLE MARKET PR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFTCARDS/BAG</u>)	X	2	16,131.	COMPARABLE MARKET PR
26 Other ▶ (<u>EVENT TICKETS</u>)	X	1	4,015.	COMPARABLE MARKET PR
27 Other ▶ (<u>ELECTRONICS</u>)	X	1	3,791.	COMPARABLE MARKET PR
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

YALE-NEW HAVEN HOSPITAL IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL, WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S HOSPITAL, YALE-NEW HAVEN PSYCHIATRIC HOSPITAL AND SMILOW CANCER HOSPITAL. FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT AND THE FOURTH VOLUNTARY HOSPITAL IN THE NATION, IT SERVES AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOLS OF MEDICINE AND NURSING. YNHH HAS TWO INPATIENT CAMPUSES IN NEW HAVEN, THE MAIN YORK STREET CAMPUS AND THE SAINT RAPHAEL CAMPUS ON CHAPEL STREET. YNHH'S YORK STREET CAMPUS AND ASSOCIATED AMBULATORY SITES ARE MAGNET-DESIGNATED BY THE AMERICAN NURSES CREDENTIALING CENTER. YNHH IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN PROVIDED SERVICES FOR NEARLY 62,000 INPATIENTS AND MORE THAN 774,000 OUTPATIENT VISITS LAST YEAR, RELYING ON THE SKILLS OF NEARLY 12,000 EMPLOYEES. NEARLY 4,000 UNIVERSITY AND COMMUNITY PHYSICIANS AND 600 RESIDENT PHYSICIANS PRACTICE IN MORE THAN 100 MEDICAL SPECIALTIES. YNHH IS AFFILIATED WITH THE NATIONALLY DESIGNATED YALE CANCER CENTER. IN ADDITION TO ITS TWO NEW HAVEN INPATIENT CAMPUSES, YALE-NEW HAVEN ALSO INCLUDES THE GRIMES CENTER, YALE-NEW HAVEN SHORELINE MEDICAL CENTER, EAST HAVEN URGENT CARE AT FOXON, TEMPLE RECOVERY CARE CENTER AND NUMEROUS OUTPATIENT RADIOLOGY AND BLOOD-DRAWING SERVICES IN NEW HAVEN AND SURROUNDING TOWNS.

DURING FISCAL YEAR 2012, YNHH PROVIDED \$242.8 MILLION DOLLARS IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$168.7 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$59.4

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

MILLION IN HEALTH PROFESSIONS EDUCATION, AND \$14.8 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$3.1 MILLION DOLLARS WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY, COALITION BUILDING AND PHYSICAL IMPROVEMENTS AND HOUSING. YALE-NEW HAVEN HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

FORM 990, PART VI: PART I, LINE 4 & PART VI, LINE 1B

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

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

BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE HOSPITAL AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE HOSPITAL WAS ABLE TO CONFIRM THAT 22 VOTING MEMBERS ARE INDEPENDENT. THE ORGANIZATION HAS NO REASON TO BELIEVE THAT THE REMAINING VOTING MEMBER IS NOT INDEPENDENT,

FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES:

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THOSE TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

ORGANIZATION. THE TAXABLE AFFILIATES FOR WHICH SOME OF THE ORGANIZATION'S OFFICERS SERVE ALSO AS OFFICERS AND/OR DIRECTORS INCLUDE: MEDICAL CENTER REALTY, INC.; MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.; YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION; AND YORK ENTERPRISES, INC.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YNH NETWORK CORP, WHICH IS THE PARENT OF THE HOSPITAL

FORM 990, PART VI, SECTION A, LINE 7A:

THE YNH NETWORK CORPORATION SHALL HAVE THE RIGHT TO ELECT THE ORGANIZATION'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE YNH NETWORK CORPORATION, AS THE ORGANIZATIONS' SOLE MEMBER, HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES:

A.) TO ACCEPT OR REJECT, AFTER APPROVAL OF THE BOARD OF TRUSTEES, THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION.

B.) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, ANY PROGRAMS OR EXPENDITURES REQUIRING CERTIFICATE OF NEED APPROVAL BY GOVERNMENTAL BODIES AND PLANS WHICH MATERIALLY AFFECT THE GROWTH AND THE DEVELOPMENT OF THE ORGANIZATION.

C.) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, SIGNIFICANT AFFILIATION AGREEMENTS BETWEEN THE HOSPITAL AND OTHER INSTITUTIONS, SIGNIFICANT FUND RAISING PROGRAMS PROPOSED TO BE CONDUCTED BY THE ORGANIZATION, THE SALE OR DISPOSITION OF ANY ASSETS OF THE ORGANIZATION NOT IN THE USUAL COURSE OF BUSINESS, AND THE INCURRING OF INDEBTEDNESS FOR BORROWED MONEY EXCEPT IN ACCORDANCE WITH AN APPROVED OPERATING OR CAPITAL

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

BUDGET.

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

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

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

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

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR

(1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS,

(2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND

(3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS.

IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS.

THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

PART VI, LINE 15B

THE EXECUTIVE COMPENSATION COMMITTEE OF THE YNHHS STRIVES TO TAKE THE STEPS NECESSARY TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL TAX LAW. THE EXECUTIVE COMPENSATION COMMITTEE IS AUTHORIZED UNDER THE YNHHS BYLAWS AND IS RESPONSIBLE FOR

(1) DETERMINING THE OVERALL TOTAL COMPENSATION STRATEGY FOR ALL CORPORATE OFFICERS,

(2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND

(3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS.

IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF BOARD MEMBERS WHO DO NOT HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS.
 THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE
 CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE
 COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

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

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

PART VII, COLUMN B

OFFICERS WORK AN AVERAGE OF 40 HOURS SPREAD OVER THE FILING ENTITY AND
 THE ENTITIES LISTED IN SCHEDULE R.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	6,394,454.
FUNDING OF CLINICAL PROGRAMS	-12,803,853.
BEQUESTS, GIFTS & GRANTS	11,846,729.
NET ASSETS RELEASE FOR OPERATIONS	342,000.
INVESTMENT INCOME RELEASED FROM RESTRICTIONS	749,904.
AUXILIARY SERVICES	106,147.
PENSION & POST RETIREMENT ADJUSTMENTS	-54,174,000.
CHANGE IN INTEREST IN PERPETUAL TRUST	1,221,000.
TRANSFER TO YNHHC	-6,100,000.

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
TRANSFER TO YNH NETWORK CORP	456,000.
NET ASSETS RELEASE FOR OPERATIONS	-2,961,523.
RELEASE FOR WINCHESTER/MCFADDEN	6,754,894.
CPI ADJUSTMENTS	564,623.
SWAP MARKET VALUE ADJUSTMENTS	-12,609,904.
CHANGE IN MV OF INVESTMENTS	46,047,042.
RELEASE FOR FREE CARE	888,527.
INVESTMENT RESERVE	1,320,486.
OTHER CHANGES IN NET ASSETS- CLINICAL PROGRAMS	-4,591,333.
TOTAL TO FORM 990, PART XI, LINE 5	-16,548,807.

DISCLOSURE STATEMENT RELATED TO FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN COPORATIONS, FILED ON BEHALF OF THE TAXPAYER:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS). THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: YALE-NEW HAVEN HOSPITAL

ADDRESS: 20 YORK STREET NEW HAVEN, CT 06504

IDENTIFYING NUMBER OF U.S. TAX RETURN WITH WHICH THE FORMS 5471 WERE OR WILL BE FILED: 06-0646652

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CONNECTICUT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES, INC		X
GREENWICH HEALTH CARE SRVS. INC - 22-2593399 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II INC	YALE NEW HAVEN HEALTH SERVICES INC		X
GREENWICH HOSPITAL ENDOW FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11B, II INC	GREENWICH HEALTH CARE SERVICES, INC		X
BRIDGEPORT HOSP & HEALTHCARE SRVS. - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I INC	YALE NEW HAVEN HEALTH SERVICES INC		X

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

Schedule R (Form 990) 2011

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 3	BRIDGEPORT HOSP & HEALTHCARE SRVS		X
SCHS PROPERTIES, INC - 06-1297708 267 GRANT STREET BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		BRIDGEPORT HOSP & HEALTHCARE SRVS		X
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSP & HEALTHCARE SRVS		X
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	BRIDGEPORT HOSP & HEALTHCARE SRVS		X
NORMA F PFREIM BREAST CANCER INC - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL		X
NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES INC		X
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP		X
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	N/A		X
YNH NETWORK CORP - 06-1513687 789 HOWARD AVE NEW HAVEN, CT 06519	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES INC		X
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME/HEALTHCARE	CONNECTICUT	501C3	LINE 3	YNHNETWORK		X
CARITAS INSURANCE - 03-0322238 30 MAIN STREET BURLINGTON, VT 05401	INSURANCE	VERMONT	501C3	LINE 11A, I	YALE-NEW HAVEN HOSPITAL		X
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	GREENWICH HEALTH CARE SERVICES, INC		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
ORTHOPAEDIC & NEUROSURGERY CENTER - 27-3411797, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP		0.	.00%
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526 40 TEMPLE STREET NEW HAVEN, CT 06510	HEALTHCARE	CT	YNH NETWORK CORP	C CORP		0.	.00%
QUINNIPIAC MEDICAL PC - 06-1405531 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C CORP	45,704.	1,000.	100.00%
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	YORK ENTERPRISES, INC	C CORP		0.	.00%
YNH GERIATRICS SERVICES, PC - 06-1561581 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C CORP	4,681.	5,790.	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
YNH MEDICAL SERVICES PC - 06-1561583							
789 HOWARD AVE							
NEW HAVEN, CT 06519	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C CORP	4,270.	3,016.	100.00%
CHC PHYSICIANS, P.C. - 06-1436530							
789 HOWARD AVE							
NEW HAVEN, CT 06519	HEALTHCARE	CT	YALE-NEW HAVEN HOSPITAL	C CORP	0.	17,030.	100.00%
GREENWICH HEALTH SERVICES INC - 06-1233643							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTHCARE SERVICES, INC	C CORP	0.		.00%
GREENWICH PEDIATRIC SERVICES PC - 74-3054409							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES, INC	C CORP	0.	0.	.00%
GREENWICH INTEGRATIVE MEDICINE - 26-0236411							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES, INC	C CORP	0.	0.	.00%
GREENWICH FERTILITY & IVF PC - 30-0145464							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	CT	GREENWICH HEALTH SERVICES, INC	C CORP	0.	0.	.00%
YORK ENTERPRISES INC - 06-1110937							
50 YORK STREET							
NEW HAVEN, CT 06511	TITLE HOLDING	CT	YNH NETWORK CORP	C CORP	0.	0.	.00%
YNHH-PHYSICIANS CORP - 06-1202305							
789 HOWARD AVE	ADMINISTRATIVE SERVICES	CT	YALE NEW HAVEN HEALTH SERVICES CORP	C CORP	0.	0.	.00%
NEW HAVEN, CT 06519							
MEDICAL CENTER PHARMACY - 06-1087673							
50 YORK STREET	PHARMACY	CT	YORK ENTERPRISES, INC	C CORP	0.	0.	.00%
NEW HAVEN, CT 06511							
GREENWICH OCCUP HEALTH SERV INC-NY - 06-1540101							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	NY	GREENWICH HEALTH SERVICES, INC	C CORP	0.	0.	.00%
LUKAN IMDEMUNITY CO, LTD - 98-1072793							
VALLIS BLDG 58 PAR LA VILLE RD	INSURANCE	BERMUDA	YALE-NEW HAVEN HOSPITAL	C CORP	0.	0.	100.00%
HAMILTON, BERMUDA							
GREENWICH OCCUP HEALTH SERV INC-NJ - 45-3833883							
5 PERRYRIDGE ROAD							
GREENWICH, CT 06830	HEALTHCARE	NJ	GREENWICH HOSPITAL	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Sale of assets to related organization(s)	1f	X
g	Purchase of assets from related organization(s)	1g	X
h	Exchange of assets with related organization(s)	1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n	Sharing of paid employees with related organization(s)	1n	X
o	Reimbursement paid to related organization(s) for expenses	1o	X
p	Reimbursement paid by related organization(s) for expenses	1p	X
q	Other transfer of cash or property to related organization(s)	1q	X
r	Other transfer of cash or property from related organization(s)	1r	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	YALE NEW HAVEN HEALTH SERVICES CORP	I	2,883.	COMPARABLE MARKET VALUE
(2)	YALE NEW HAVEN HEALTH SERVICES CORP	O	20,948,812.	TRANSACTION REVIEW
(3)	YALE NEW HAVEN HEALTH SERVICES CORP	L	115,716,530.	COMPARABLE MARKET VALUE
(4)	YALE NEW HAVEN HEALTH SERVICES CORP	Q	9,000,000.	CASH
(5)	MEDICAL CENTER REALTY INC	L	71,370.	COMPARABLE MARKET VALUE
(6)	MEDICAL CENTER PHARMACY	R	72,625.	TRANSACTION REVIEW

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	YALE NEW HAVEN MEDICAL CENTER INC	R	422,625.	TRANSACTION REVIEW
(8)	NORTHEAST MEDICAL GROUP, INC	K	3,252,320.	TRANSACTION REVIEW
(9)	YALE NEW HAVEN AMBULATORY SERVICES CORP	D	12,539,721.	TRANSACTION REVIEW
(10)	YNH NETWORK CORP	Q	613,000.	CASH
(11)	YALE NEW HAVEN CARE CONTINUUM CORP	D	3,592,710.	TRANSACTION REVIEW
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

THE FOLLOWING ENTITIES LISTED AS RELATED ORGANIZATION IN PART IV:

QUINNIPIAC MEDICAL PC, YNH GERIATRICS PC, YNH MEDICAL SERVICES PC AND

CHC PHYSICIANS CORP. ARE ALL CONTROLLED BY YALE-NEW HAVEN HOSPITAL

CHIEF OF STAFF. IN ACCORDANCE WITH STATE LAWS, PROFESSIONAL

CORPORATIONS SUCH AS THESE MUST BE OWNED BY A PHYSICIAN. THEREFORE THE

CHIEF OF STAFF OF Y-NHH IS THE APPOINTED NOMINEE SHAREHOLDER OF THESE

ENTITIES.



CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Yale-New Haven Hospital, Inc. and Subsidiaries
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2012 and 2011

Contents

Report of Independent Auditors.....	1
Consolidated Balance Sheets	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	7
Supplementary Information	
Report of Independent Auditors on Supplementary Information	52
Consolidating Balance Sheet	53
Consolidating Statement of Operations and Changes in Net Assets	55

Report of Independent Auditors

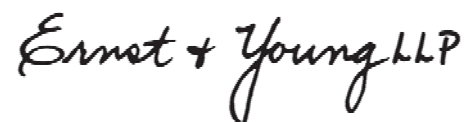
Board of Trustees
Yale-New Haven Hospital, Inc.

We have audited the accompanying consolidated balance sheets of Yale-New Haven Hospital, Inc. and Subsidiaries (the “Hospital”) as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital’s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standard applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital’s internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital’s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Yale-New Haven Hospital, Inc. and Subsidiaries at September 30, 2012 and 2011, and the consolidated results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles in the U.S.

As discussed in Notes 1 and 9 to the accompanying consolidated financial statements, in 2012 the Hospital changed its method of accounting for estimated insurance claims receivable and insurance claims liabilities with the adoption of Accounting Standards Update 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*.

A handwritten signature in black ink that reads 'Ernst & Young LLP'.

December 21, 2012

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 64,557	\$ 65,883
Short-term investments	613,360	402,559
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$59,610,000 in 2012 and \$43,206,000 in 2011	202,909	167,383
Other receivables	48,641	56,201
Professional liabilities insurance recoveries receivable – current portion	15,739	13,514
Other current assets	47,394	24,630
Amounts on deposit with trustee in debt service fund	6,619	6,320
Total current assets	<u>999,219</u>	<u>736,490</u>
Assets limited as to use	105,688	129,997
Long-term investments	164,238	141,525
Deferred financing costs, less accumulated amortization	5,182	5,488
Professional liabilities insurance recoveries receivable – non-current	40,271	50,081
Goodwill	35,685	—
Other assets	177,199	129,845
Property, plant, and equipment:		
Land and land improvements	33,191	19,467
Buildings and fixtures	1,068,530	952,346
Equipment	426,413	419,565
	<u>1,528,134</u>	<u>1,391,378</u>
Less accumulated depreciation	601,670	566,850
	<u>926,464</u>	<u>824,528</u>
Construction in progress	63,603	43,207
	<u>990,067</u>	<u>867,735</u>
Total assets	<u><u>\$ 2,517,549</u></u>	<u><u>\$ 2,061,161</u></u>

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 134,051	\$ 99,381
Accrued expenses	168,508	120,959
Professional liabilities- current portion	15,739	13,514
Current portion of long-term debt	45,198	10,185
Current portion of capital lease obligation	55,292	2,862
Other current liabilities	2,926	3,848
Total current liabilities	<u>421,714</u>	250,749
Long-term debt, net of current portion	674,969	509,022
Capital lease obligation, net of current portion	52,237	107,529
Accrued pension and postretirement benefit obligations	280,718	240,901
Professional liabilities	105,313	75,533
Other long-term liabilities	180,195	155,019
Deferred revenue	53,625	48,321
Total liabilities	<u>1,768,771</u>	1,387,074
Commitments and contingencies		
Net assets:		
Unrestricted	676,008	604,617
Temporarily restricted	46,026	43,947
Permanently restricted	26,744	25,523
Total net assets	<u>748,778</u>	674,087
Total liabilities and net assets	<u><u>\$2,517,549</u></u>	<u><u>\$2,061,161</u></u>

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Operating revenue:		
Net patient service revenue	\$ 1,713,271	\$ 1,442,057
Other revenue	47,684	46,640
Total operating revenue	1,760,955	1,488,697
Operating expenses:		
Salaries and benefits	757,263	690,314
Supplies and other expenses	758,058	620,912
Depreciation	73,101	67,948
Insurance	15,680	13,376
Bad debts	32,622	26,390
Interest	17,720	16,867
Total operating expenses	1,654,444	1,435,807
Income from operations	106,511	52,890
Non-operating gains and losses, net	24,098	14,272
Excess of revenue over expenses	130,609	67,162
Unrestricted net assets:		
Other changes in net assets	342	(273)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9,000)	(12,000)
Transfer from Yale-New Haven Health Services Corporation	2,900	2,900
Net transfer from Yale-New Haven Network Corporation	456	6,250
Net assets released from restrictions for purchases of fixed assets	258	1,774
Pension and other postretirement liability adjustments	(54,174)	(28,727)
Increase in unrestricted net assets	71,391	37,086

(Continued on next page.)

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Temporarily restricted net assets:		
Income from investments	\$ 280	\$ 512
Net realized gains on investments	471	3,065
Change in net unrealized gains and losses on investments	6,394	319
Bequests, contributions, and grants	11,847	15,280
Net assets released from restrictions for purchases of fixed assets	(258)	(1,774)
Net assets released from restrictions for free care	(889)	(782)
Net assets released from restrictions for operations	(2,962)	(5,003)
Net assets released from restrictions for clinical programs	(12,804)	(16,195)
Increase (decrease) in temporarily restricted net assets	<u>2,079</u>	<u>(4,578)</u>
Permanently restricted net assets:		
Change in beneficial interest in perpetual trusts	1,221	(733)
Increase (decrease) in permanently restricted net assets	<u>1,221</u>	<u>(733)</u>
Increase in net assets	<u>74,691</u>	<u>31,775</u>
Net assets at beginning of year	<u>674,087</u>	<u>642,312</u>
Net assets at end of year	<u>\$ 748,778</u>	<u>\$ 674,087</u>

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Cash flows from operating activities		
Increase in net assets	\$ 74,691	\$ 31,775
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	73,101	67,948
Net realized and change in net unrealized gains and losses on investments	(60,465)	(21,801)
Change in fair value of interest rate swap agreements	7,318	4,421
Amortization of long-term debt premium	(854)	(885)
Amortization of deferred financing costs	306	317
Bad debts	32,622	26,390
Change in perpetual trusts	(1,221)	733
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	9,000	12,000
Transfer from Yale-New Haven Health Services Corporation	(2,900)	(2,900)
Transfer from YNH- Network Corporation	(456)	(6,250)
Bequests, contributions and grants, net of restricted pledges	(14,807)	(16,941)
Pension and other postretirement liability adjustments	54,174	28,727
Changes in operating assets and liabilities:		
Accounts receivable, net	(68,148)	(58,328)
Other receivables	14,960	(20,152)
Other assets	7,593	(56,621)
Accounts payable	34,670	(1,597)
Accrued expenses	1,130	12,574
Professional insurance recoveries and liabilities	39,590	2,103
Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue	(32,851)	27,019
Net cash provided by operating activities	<u>167,453</u>	<u>28,532</u>
Cash flows from investing activities		
Net acquisitions of property, plant, and equipment	(97,254)	(79,667)
Capitalized interest	1,977	3,054
Cash paid for acquisition, net of cash acquired	(133,800)	—
Net change in investments	(173,049)	(27,189)
Increase in debt service fund	(299)	(1,696)
Assets whose use is limited	25,530	(65,079)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9,000)	(12,000)
Transfer from YNH Network Corporation	456	6,250
Transfer from Yale-New Haven Health Services Corporation	2,900	2,900
Net cash used in investing activities	<u>(382,539)</u>	<u>(173,427)</u>
Cash flows from financing activities		
Proceeds from issuance of debt	—	105,436
Proceeds from note payable	212,000	40,000
Payments on capital lease obligation	(2,862)	(2,622)
Repayments of long-term debt	(10,185)	(13,577)
Deferred financing costs	—	(1,956)
Bequests, contributions and grants, net of pledges	14,807	16,941
Net cash provided by financing activities	<u>213,760</u>	<u>144,222</u>
Net decrease in cash and cash equivalents	<u>(1,326)</u>	<u>(673)</u>
Cash and cash equivalents at beginning of year	65,883	66,556
Cash and cash equivalents at end of year	<u>\$ 64,557</u>	<u>\$ 65,883</u>

See accompanying notes.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2012

1. Organization and Significant Accounting Policies

Organization

Yale-New Haven Hospital, Inc. (the “Hospital”) is a voluntary association incorporated under the General Statutes of the State of Connecticut. YNH Network Corporation (“YNHNC”), a Connecticut not-for-profit corporation, is the sole member of the Hospital, and serves as the sole member/parent for a delivery network of regional healthcare providers and related entities.

Yale-New Haven Health Services Corporation (“YNHHSC”) is the sole member of YNHNC and two similar organizations. Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional healthcare providers and related entities. The Hospital continues to operate with a separate Board of Trustees, management staff and medical staff; however, YNHNC approves the Hospital’s strategic plans, operating and capital budgets, and Board of Trustees appointments.

Acquisition

On September 12, 2012, the Hospital, Yale-New Haven Ambulatory Services Corporation (“ASC”), a wholly-owned subsidiary of YNHNC, Yale-New Haven Care Continuum Corporation (“YNHCCC”), a wholly owned subsidiary of YNHNC, and Medical Center Pharmacy and Home Care Center, Inc., a subsidiary of York Enterprise, Inc. (“York”) which is a wholly owned subsidiary of YNHNC, acquired substantially all of the business, assets, and operations and assumed certain liabilities of the Saint Raphael Healthcare System, Inc. (“SRHS”), including substantially all of the assets of its wholly-owned subsidiary, the Hospital of Saint Raphael (“HSR”), a 511-bed acute care hospital located in New Haven, CT. Other affiliates of SRHS whose assets were acquired in connection with the transaction include the following:

- Saint Regis Health Center, Inc. d/b/a Sister Anne Virginie Grimes Health Center (“Grimes”), a tax-exempt, skilled nursing facility that operated with 120 licensed beds which was a wholly-owned subsidiary of SRHS. In connection with the transaction, YNHCCC acquired substantially all of the land, buildings, equipment and bed licenses associated with Grimes.
- Caritas Insurance Company, Ltd. (“Caritas”) a Vermont-domiciled, captive insurance company licensed under Chapter 141 of Title 8 of the Vermont Statutes Annotated. Caritas is a tax-exempt supporting organization having the Hospital as its sole shareholder. Caritas provides excess professional liability coverage and general liability coverage. Caritas was a wholly-owned subsidiary of HSR.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

- Lukan Indemnity Company, Ltd. (“Lukan”) a Bermuda-domiciled captive insurance company that provides primary professional liability coverage. Lukan was a wholly-owned subsidiary of HSR. In connection with the transaction, the Hospital acquired 100% of the stock of Lukan.
- DePaul Health Services Corporation (“DePaul”) a Connecticut nonstock corporation which held interests in joint ventures and other assets on behalf of HSR. In connection with the transaction, ASC acquired certain interests in investments from DePaul.
- Saint Raphael Foundation, Inc. (the “Foundation”) a tax-exempt fundraising foundation of HSR which was a subsidiary of SRHS. In connection with the transaction, certain assets of the Foundation were acquired by the Hospital.

The total consideration transferred by the Hospital, ASC, YNHCCC and York was approximately \$237.9 million, including \$160.0 million in cash and an installment payable plus the assumption of liabilities totaling \$77.9 million, as follows (in thousands).

Cash consideration	\$ 150,000
Installment payments	10,000
Assumption of liabilities	<u>77,927</u>
Total consideration transferred	<u>\$ 237,927</u>

The acquisition of substantially all of the business, assets, and operations and assumption of liabilities of HSR included installment payments in the amount of \$10 million payable in two equal installments in October 2012 and March 2013. The first installment payment of \$5 million was made on October 12, 2012.

The Hospital and its affiliates have accounted for the business combination applying the acquisition method of accounting in accordance with Accounting Standards Codification Topic 805, *Business Combinations*.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes the estimated fair value of the assets acquired and liabilities assumed at the acquisition date. Determining the fair value of the assets acquired and liabilities assumed requires judgment and involves the use of significant accounting estimates and assumptions, including assumptions with respect to future cash inflows and outflows and discount rates, among others.

	Hospital	ASC	YNHCCC	York	Total
Assets acquired:					
Cash	\$ 16,200	\$ –	\$ –	\$ –	\$ 16,200
Other current assets	7,240	–	–	187	7,427
Other receivables	7,400	–	–	–	7,400
Goodwill	35,685	–	–	–	35,685
Other long-term assets	53,771	12,500	700	–	66,971
Property, plant and equipment	100,156	–	4,075	13	104,244
	<u>220,452</u>	<u>12,500</u>	<u>4,775</u>	<u>200</u>	<u>237,927</u>
Liabilities assumed:					
Accrued expenses	36,419	–	775	–	37,194
Other long-term liabilities	40,733	–	–	–	40,733
Total	<u>77,152</u>	<u>–</u>	<u>775</u>	<u>–</u>	<u>77,927</u>
Assets and liabilities acquired	<u>\$ 143,300</u>	<u>\$ 12,500</u>	<u>\$ 4,000</u>	<u>\$ 200</u>	<u>\$ 160,000</u>
Cash paid for acquisition	\$ 150,000	\$ –	\$ –	\$ –	\$ 150,000
Installment payments	\$ 10,000	\$ –	\$ –	\$ –	10,000
Change in net assets					<u>\$ –</u>

The Hospital recorded goodwill in the amount of \$35.7 million. In determining the amount of goodwill, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date. Factors contributing to goodwill that resulted from the acquisition include, but are not limited to, the efficiencies that will result from the combination of the campuses and their proximity.

YNHCCC, ASC and York each respectively paid amounts equal to the fair values for assets acquired, net of liabilities assumed, with cash provided by the Hospital.

The results of the business, assets, and operations acquired for the period September 12, 2012 through September 30, 2012 have been combined with the Hospital and included in the consolidated financial statements.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The following table summarizes amounts attributed to HRS since the acquisition date that are included in the accompanying consolidated financial statements (in thousands):

	Period From September 12, 2012 to September 30, 2012
Total operating revenue	\$ 22,260
Total operating expense	23,532
Loss from operations	(1,272)
Non-operating gains and losses, net	71
Deficiency of revenue over expenses	<u>\$ (1,201)</u>
Change in net assets:	
Unrestricted net assets	\$ (1,201)
Temporarily restricted net assets	-
Permanently restricted net assets	-
Total change in net assets	<u>\$ (1,201)</u>

The following table represents pro forma financial information, assuming the acquisition of HRS had taken place October 1, 2010. The pro forma information includes adjustments for the amortization of intangible assets. The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the acquisition date (in thousands).

	Year Ended September 30	
	2012	2011
Total operating revenue	\$ 2,257,918	\$ 1,993,214
Total operating expense	2,162,129	1,937,853
Gain from operations	95,789	55,361
Non-operating gains and losses, net	25,465	14,665
Excess of revenue over expenses	<u>\$ 121,254</u>	<u>\$ 70,026</u>
Change in net assets:		
Unrestricted net assets	\$ 74,634	\$ (1,616)
Temporarily restricted net assets	(2,389)	(2,507)
Permanently restricted net assets	921	(2,712)
Total change in net assets	<u>\$ 73,166</u>	<u>\$ (6,835)</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Principles of Consolidation

The accompanying consolidated financial statements present the accounts and transactions of the Hospital and its wholly-owned subsidiaries Caritas and Lukan. All significant intercompany revenue and expenses and intercompany balance sheet accounts have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated net settlements with third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

During fiscal 2012 and 2011, the Hospital recorded a change in estimate of approximately \$10.2 million and \$10.6 million, respectively. Included in the change are amounts related to favorable third-party payor settlements at September 30, 2012 and 2011, respectively.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose and appreciation on permanently restricted net assets. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital is a partial beneficiary to various perpetual trust agreements. Assets recorded under these agreements are recognized at fair value. The investment income generated from these trusts is unrestricted and the assets are classified as permanently restricted.

The restricted funds investments are pooled with unrestricted investments to facilitate their management. Investment income is allocated to the restricted funds using the market value unit method. The Board of Trustees approves spending for certain pooled funds based on total return. Realized gains and losses from the sale of securities are computed using the average cost method.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met.

Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor imposed restrictions, if any, on the contributions.

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2012 and 2011, are expected to be received as follows (in thousands):

	September 30	
	2012	2011
Less than one year	\$ 1,596	\$ 1,187
One to five years	2,054	1,662
	3,650	2,849
Less unamortized discount on contributions receivable (0.2% to 4.2%)	(108)	(174)
	3,542	2,675
Allowance for uncollectible contributions	(106)	(80)
	\$ 3,436	\$ 2,595

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as assets limited as to use and which are not maintained in the short-term or long-term investment portfolios.

Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators. See Note 2 for additional information relative to third-party payor programs.

Investments

The Hospital has designated its investment portfolio as trading. Investment income or loss (including realized gains and losses on investments, interest and dividends) and the change in net unrealized gains and losses are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law.

Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value (quoted market prices) in the accompanying consolidating balance sheets.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital participates in the Yale New Haven Health System Investment Trust (the “Trust”), a unitized Delaware Investment Trust created to pool assets for investment by the Health System non-profit entities. The Trust is comprised of two pools: the Long-Term Investment Pool (“L-TIP”) and the Intermediate-Term Investment Pool (“I-TIP”). Governance of the Trust is performed by the Yale New Haven Health System Investment Committee.

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital’s investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2012, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2013. Withdrawals of the Hospital’s investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

Certain alternative investments (non-traditional, not-readily-marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for under the equity method and utilizing Yale University’s (the “University”) reported net asset value per unit for measurement of the units’ fair value for the Yale University investment.

Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Valuations of those investments and, therefore, the Hospital’s holdings may be determined by the investment manager or general partner. Fund of funds investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital’s risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. The Hospital has made investment commitments of approximately \$80.9 million in these alternative investments, of which approximately \$77.4 million has been funded as of September 30, 2012.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Trust has an agreement with the University's investment office (the "Investment Management Agreement") which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the "Pool"). Under the terms of the agreement for the years ended September 30, 2012 and 2011, the Trust transferred \$50.0 million and \$100.0 million, respectively, to the University in exchange for units in the Pool. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real estate, fixed income and cash.

Under the terms of the investment management agreement with the University, withdrawals of the Trust's investment in the Pool can be made annually by the Trust on July 1. For withdrawals of amounts less than \$150.0 million or 75% of the Trust's investment in the Pool, \$100.0 million or 50% of the Trust's investment in the Pool, and \$50.0 million or 25% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 180 days, 90 days, and 30 days, respectively, prior to the University's fiscal year ending June 30. For withdrawals greater than \$150.0 million or more than 75% of the Trust's investment in the Pool, the advance notice period is set to a maximum of 270 days prior to the University's fiscal year end of June 30.

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital. These Board-designated assets are commingled in the University's endowment pool. At September 30, 2012 and 2011, the carrying value of assets managed by the University under this arrangement was approximately \$8.5 million and \$8.6 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

In 2011, the investment management agreement between the Trust and the University was modified to allow the Trust to obtain a cash advance, up to a maximum of \$75 million, on a monthly basis. For these advances interest of U.S. Prime rate, plus two percent (2%) will be paid by the Trust. Repayments on the advances are made by the Trust by way of redemptions of a sufficient number of Trust's units in the Endowment using the June 30th unit valuation. No advances have been requested or taken by the Trust.

Short-term investments represent those securities that are available for the Hospital's operations and can be converted to cash within one year.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method with the exception of pharmacy inventories, which are valued at average cost.

Assets Limited as to Use

Assets so classified represent assets held by trustees under indenture agreements, beneficial interest in perpetual trusts and designated assets set aside by the Board of Trustees for future capital improvements and other Board approved uses. The Board of Trustees retains control and, at its discretion, may use for other purposes assets limited as to use for plant improvements and expansion. Amounts required to meet current liabilities are reported as current assets. These funds primarily consist of U.S. government securities, mutual funds, and money market funds.

Perpetual Trusts

The Hospital is the beneficiary of certain perpetual trusts held and administered by others. The present values of the estimated future cash receipts, which are measured based on the fair value of the assets held by the trust, are recognized as assets and contribution revenues at the dates the trusts are established. Distributions from the trusts related to earnings and investment income are recorded as contributions and the carrying value of the assets is adjusted for changes in the fair value.

Interest Rate Swap Agreements

The Hospital utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. Interest rate swap agreements are reported at fair value. The Hospital is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Hospital is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable rate payments do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, and prescription drug benefits provided to employees. The Hospital makes annual contributions to the YNHHSC Voluntary Employee Beneficiary Association (“VEBA”) plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits. Annually, premiums are set to reflect the estimated cost of benefits. During the years ended September 30, 2012 and 2011, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$102.4 million and \$89.3 million, respectively.

The Hospital is self-insured for workers’ compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported (“IBNR”) and are based on Hospital-specific experience. At September 30, 2012 and 2011, the estimated discounted liabilities for self-insured workers’ compensation claims and IBNR aggregated approximately \$13.3 million, discounted at 3.0%, and \$13.4 million, discounted at 3.5%, respectively, and are included in accrued expenses in the accompanying consolidated balance sheets.

Professional Liability Insurance

The Hospital participates in the YNHHSC coordinated professional liability program. Based on the terms of the agreement with YNHHSC, the Hospital records the actuarially determined liabilities for IBNR professional and general liabilities and has recorded a deposit (asset) for liabilities transferred in the year ended September 30, 1998.

Property, Plant, and Equipment

Property, plant, and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at date of contribution. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in income from operations. Depreciation of property, plant, and equipment is computed by the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives ranging from 3 to 50 years. The cost of additions and improvements are capitalized and expenditures for repairs and maintenance, including the cost of replacing minor items not considered substantial enhancements, are expensed as incurred.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The Hospital and the Housing Authority of New Haven (“HANH”) have entered into an agreement to swap parcels of land on the Legion/Howard/Sylvan/Ward block located in New Haven, Connecticut. As part of the key terms of the agreement, HANH has pledged an account to the Hospital in the amount of \$5.7 million. The pledged account was established at the time the Hospital conveyed the land to HANH in July 2010. In the event that HANH fails to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital has the right to withdraw from the pledged account in the amount of \$5.2 million, unless the pledged account is extended with an annual increase of approximately \$180,000. As of September 30, 2012, no events have occurred that would require an increase to the pledged account or that would require the Hospital to withdraw funds from the pledged account.

Goodwill

Goodwill is not amortized but instead tested at least annually for impairment or more frequently when events or changes in circumstances indicate that the assets might be impaired. This impairment test is performed annually at the reporting unit level. The Hospital evaluates goodwill at the entity level as management has determined that the Hospital’s operation comprise a single reporting entity. Goodwill is considered to be impaired if the carrying value of the reporting unit, including goodwill, exceeds the reporting unit’s fair value. Reporting unit fair value is estimated using both income (discounted cash flows) and market approaches.

The discounted cash flow approach requires the use of assumptions and judgments including estimates of future cash flows and the selection of discount rates. The market approach relies on comparisons to publicly traded stocks or to sales of similar companies. The Hospital has determined that no goodwill impairment exists at September 30, 2012.

Deferred Revenue

Deferred revenue includes amounts which have been received that relate to future years. Amounts will be reduced as revenue is earned.

Excess of Revenue Over Expenses

In the accompanying statements of operations and changes in net assets, excess of revenue over expenses is the performance indicator. Peripheral or incidental transactions are included in excess of revenue over expenses. Those gains and losses deemed by management to be closely

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

related to ongoing operations are included in other revenue; other gains and losses are classified as non-operating gains and losses. Included in non-operating gains and losses are expenses incurred related to the acquisition of the Saint Raphael.

Consistent with industry practice, contributions of, or restricted to, property, plant, and equipment, transfers of assets to and from affiliates for other than goods and services, and pension and other post-retirement liability adjustments are excluded from the performance indicator but are included in the changes in net assets.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital also is exempt from state income tax.

Operating Expenses

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses. For the years ended September 30, 2012 and 2011, the Hospital recorded approximately \$52.9 million as reductions to expenses.

Deferred Financing Costs

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method.

Impairment of Assets

The Hospital reviews property, equipment and intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If such impairment indicators are present, the Hospital recognizes a loss on the basis of whether these amounts are fully recoverable.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Change in Accounting Principle

In August 2010, the Financial Accounting Standards Board (“FASB”) issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which provides clarification to companies in the health care industry on the accounting for and presentation of professional and similar contingent liabilities. Under the new guidance, these liabilities should not be presented net of insurance recoveries and an insurance recovery receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. The new guidance became effective for the Hospital as of October 1, 2011. The Hospital elected to retrospectively adopt the guidance as of October 1, 2010. The adoption resulted in an increase to current assets and liabilities of approximately \$13.5 million and an increase to long-term assets and liabilities of approximately \$50.1 million as of September 30, 2011. The adoption did not affect the Hospital’s financial condition, net results of operations, or cash flows.

New Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update No. 2011-07, “Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities” (“ASU 2011-07”). Under ASU 2011-07, provision for bad debts related to patient service revenue will be presented as a deduction from patient service revenue (net of contractual allowances and discounts) on the statement of operations with enhanced footnote disclosure on the policies for recognizing revenue and assessing bad debts. The Hospital will adopt the presentation changes to the statement of operations for periods beginning after December 15, 2011.

In August 2010, the FASB issued Accounting Standards Update (“ASU”) 2010-23, *Measuring Charity Care for Disclosure*. The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed. The new disclosure requirements became effective for the Hospital on October 1, 2011 and are included in the accompanying consolidated financial statements for all periods presented.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2011 balances previously reported in the balance sheets in order to conform with the year ended September 30, 2012 presentation.

2. Accounts Receivable for Services to Patients and Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program, includes premium revenue and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

Third-party payor receivables included in other receivables were \$28.4 million and \$31.1 million at September 30, 2012 and 2011, respectively. Third-party payor receivables included in other long-term assets were \$16.7 million and \$12.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other current liabilities were \$2.8 million and \$1.3 million at September 30, 2012 and 2011, respectively. Third-party payor liabilities included in other long-term liabilities were \$28.6 million and \$28.3 million at September 30, 2012 and 2011, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying balance sheets.

Additionally, certain payors' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**2. Accounts Receivable for Services to Patients and Net Patient Service Revenue
(continued)**

Revenue from Medicare and Medicaid programs accounted for approximately 27% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012 and approximately 29% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 30% and 29%, respectively, for the year ended September 30, 2012 and approximately 31% and 28%, respectively, for the year ended September 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in Note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement through 2006 for Medicare and 1995 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 28% from Medicare, 11% from Medicaid, and 61% from non-governmental payors at September 30, 2012 and 30% from Medicare, 8% from Medicaid, and 62% from non-governmental payors at September 30, 2011.

Net patient service revenue is comprised of the following for the years ended September 30, 2012 and 2011 (in thousands):

	<u>2012</u>	<u>2011</u>
Gross revenue from patients	\$ 5,740,304	\$ 4,443,296
Deductions:		
Contractual allowances	3,948,050	2,939,940
Charity and free care (at charges)	78,983	61,299
Net patient service revenue	<u>\$ 1,713,271</u>	<u>\$ 1,442,057</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

The Hospital makes available free care programs for qualifying patients. In accordance with the established policies of the Hospital, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by the Hospital, care given but not paid for, is classified as charity care.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$69.8 million and \$55.9 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

The estimated cost of charity care provided was \$47.8 million and \$32.3 million for the years ended September 30, 2012 and 2011, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between bad debt and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2012 and 2011, bad debt expense, at charges, was \$32.6 million and \$26.4 million, respectively. The bad debt expense is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

The Connecticut Disproportionate Share Hospital Program ("CDSHP") was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. During the years ended September 30, 2012 and 2011, the Hospital received \$73.2 million and \$33.0 million, respectively, in CDSHP distributions, of which approximately \$51.9 million and \$23.0 million was related to charity care. The Hospital made payments into the CDSHP of \$56.5 million and \$14.1 million for the years ended September 30, 2012 and 2011, respectively, for the 1% assessment.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

Additionally, the Hospital provides benefits for the broader community which includes services provided to other needy populations that may not qualify as poor but need special services and support. Benefits include the cost of health promotion and education of the general community, interns and residents, health screenings, and medical research. The benefits are provided through the community health centers, some of which service non-English speaking residents, disabled children, and various community support groups. The Hospital voluntarily assists with the direct funding of several City of New Haven programs, including an economic development program and a youth initiative program.

In addition to the quantifiable services defined above, the Hospital provides additional benefits to the community through its advocacy of community service by employees. The Hospital's employees serve numerous organizations through board representation, membership in associations and other related activities. The Hospital also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

4. Investments and Assets Limited as to Use

The composition of investments, including investments held by the Trust, amounts on deposit with trustee in debt service fund and assets limited as to use is set forth in the following table (in thousands):

	<u>2012</u>	<u>2011</u>
Money market funds	\$ 156,663	\$ 108,579
U.S. equity securities	28,378	11,113
U.S. equity securities –common collective trusts	6,331	33,319
International equity securities (a)	40,019	37,523
Fixed income:		
U.S. government	87,329	41,719
U.S. government – common collective trusts	82,872	58,205
International government (b)	43,236	31,704
Commodities	676	1,010
Hedge funds:		
Absolute return (c)	48,614	44,783
Long/short equity (d)	12,205	12,653
Real estate (e)	9,905	10,168
Interest in Yale University endowment pool (f)	361,550	278,719
Perpetual trusts (g)	12,127	10,906
Total	<u>\$ 889,905</u>	<u>\$ 680,401</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Investments and Assets Limited as to Use (continued)

- (a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.
- (b) Investments with external commodities futures manager.
- (c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions.
- (d) Investment with an external long-short equity fund of funds manager with underlying portfolio investments consisting of publicly traded equity positions.
- (e) Investments with external direct real estate managers and fund of funds managers. Investment vehicles include both closed end REITs and limited partnerships.
- (f) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to non-traditional asset classes such as an absolute return, private equity, and real assets.
- (g) Investments consist of several domestic and international equity and fixed income mutual funds, REITs, commodities and money market funds. There is also an investment in a hedge fund of funds.

The Hospital's ownership percentage of the Trust was approximately 85.8% and 85.2% as of September 30, 2012 and 2011, respectively. The Hospital's prorata portion of the Trust's investments are included above in the table.

Included in assets limited as to use at September 30, 2012 are funds to be used for the various renovations and expansion at the Hospital which was funded by the Series M bond (see Note 7). These funds consisted of money market funds of approximately \$13.3 million and \$60.7 million at September 30, 2012 and 2011, respectively.

5. Endowment

The Hospital's endowment includes donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

The Hospital has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (“CUPMIFA”) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment related to the Hospital’s beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of the Hospital and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of the Hospital; and (7) the investment and spending policies of the Hospital.

Changes in endowment net assets for the year ended September 30, 2012 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 37,338	\$ 25,523	\$ 62,861
Investment return:			
Investment income	249	–	249
Net appreciation (realized and unrealized)	6,213	–	6,213
Total investment return	6,462	–	6,462
Contributions	2	–	2
Appropriation of endowment assets for expenditure	(7,124)	–	(7,124)
Other changes:			
Change in value of beneficial interest trusts	–	1,221	1,221
Endowment net assets, end of year	<u>\$ 36,678</u>	<u>\$ 26,744</u>	<u>\$ 63,422</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

Changes in endowment net assets for the year ended September 30, 2011 are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 41,829	\$ 26,256	\$ 68,085
Investment return:			
Investment income	443	–	443
Net appreciation (realized and unrealized)	3,104	–	3,104
Total investment return	3,547	–	3,547
Contributions	2	–	2
Appropriation of endowment assets for expenditure	(8,040)	–	(8,040)
Other changes:			
Change in value of beneficial interest trusts	–	(733)	(733)
Endowment net assets, end of year	<u>\$ 37,338</u>	<u>\$ 25,523</u>	<u>\$ 62,861</u>

	September 30	
	2012	2011
	<i>(in thousands)</i>	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA:		
Without purpose restrictions	\$ 8,297	\$ 8,478
With purpose restrictions	28,381	28,860
Total endowment funds classified as temporarily restricted net assets	<u>\$ 36,678</u>	<u>\$ 37,338</u>

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity.

Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation. Actual returns in any given year may vary from this amount.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Hospital has a policy of appropriating for distribution each year based on a combination of the weighted average of the prior year spending adjusted for inflation and the amount that would have been spent using a predetermined percentage of the current market value of the endowment fund. In establishing this policy, the Hospital considered the long-term expected return on its endowment.

6. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes (in thousands):

	September 30	
	2012	2011
Plant improvement and expansion	\$ 568	\$ 441
Specific hospital operations, teaching, research, free care, and training	<u>45,458</u>	<u>43,506</u>
	<u>\$ 46,026</u>	<u>\$ 43,947</u>

Permanently restricted net assets of approximately \$26.7 million and \$25.5 million at September 30, 2012 and 2011, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care, and other services.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt

A summary of debt is as follows (in thousands):

	September 30	
	2012	2011
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority (“CHEFA”):		
Series J (5.12% effective interest rate)	\$ 159,110	\$ 164,295
Series K (3.11% effective interest rate)	94,955	98,305
Series L (3.68% effective interest rate)	107,460	107,460
Series M (5.24% effective interest rate)	100,175	101,825
Bank line of credit payable	187,000	–
Bank line of credit payable	25,000	–
Capital lease obligation – November 2010	53,827	55,309
Capital lease obligation – December 2010	53,702	55,082
Bank note payable (0.08% effective interest rate)	40,000	40,000
	821,229	622,276
Add: premium	6,467	7,322
Less: current portion	(100,490)	(13,047)
	\$ 727,206	\$ 616,551

In September 2006, the Hospital issued Series J revenue bonds totaling approximately \$280.9 million. The proceeds, including a premium of approximately \$10.1 million, were used to finance a portion of the construction costs of the Cancer Hospital, and to pay for bond issuance costs. The bond premium was being amortized and was included in capitalized interest through March 2010. As of the opening of the Cancer Hospital, the bond premium was amortized in the statement of operations. The Series J revenue bonds were issued in three sub-series as follows: (1) Series J-1, approximately \$174.4 million, consisting of approximately \$83.7 million of serial bonds and approximately \$90.7 million in term bonds bearing interest at 5% per annum; (2) Series J-2, approximately \$40.0 million of revenue bonds bearing interest at 3.65% at September 30, 2007; (3) Series J-3, approximately \$66.5 million of revenue bonds bearing interest 3.70% at September 30, 2007. Series J-2 and J-3 revenue bonds were refunded during the year ended September 30, 2008 by the issuance of Series L revenue bonds.

In May 2008, the Hospital issued Series K and Series L revenue bonds totaling approximately \$216.6 million. The Series K revenue bonds were issued as Variable Rate Demand Bonds (“VRDBs”) in two sub-series, Series K-1 and K-2, approximately \$54.6 million each, with an effective rate of 1.1% in 2011 and 2010. The proceeds from the Series K issuance were used to

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

refund the Series I revenue bonds. The Series L revenue bonds were issued as VRDBs in two sub-series, Series L-1 and L-2, approximately \$53.7 million each, with an effective rate of 0.8% in 2012 and 2011. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

Both the Series K and Series L VRDBs are required to be supported by letter of credit facilities (“LOCs”) which have been executed with two financial institutions. These LOCs are scheduled to expire on May 2, 2016 and May 14, 2016.

In December 2010, the Hospital issued Series M revenue bonds totaling approximately \$104.4 million. The proceeds, including a premium of approximately \$1.0 million, are being used to finance costs for the expansion and renovations to the Adult Emergency Department, the purchase and installation of machinery and equipment, various renovations and improvements to the Hospital’s infrastructure, and to pay for bond issuance costs. The bond premium is being amortized and is included in capitalized interest. The Series M revenue bonds were issued as one series consisting of approximately \$33.9 million of serial bonds bearing interest at 4.69%, and approximately \$17.6 million, \$17.8 million, and \$35.1 million in term bonds bearing interest at 5.25%, 5.75%, and 5.50%, respectively, per annum.

On August 30, 2011, the Hospital entered into a loan agreement with Bank of America, N.A. (the “Bank”) for \$40.0 million. The Hospital agreed to repay the Bank the aggregate principal amount in five equal annual payments of \$8.0 million, beginning on October 1, 2012. The loan bears interest at a rate equal to LIBOR plus 0.50% per annum with an option to convert to a fixed rate loan upon formal notification to the Bank, which may include a portion of or the total outstanding loan balance at the time notification is made.

In July 2012, the Hospital entered into a line of credit with the Bank in the amount of \$27.0 million which was subsequently increased to \$187.0 million upon the execution of the HSR asset purchase agreement. In July 2012, the Hospital drew the unconditional loan of \$27.0 million to outfit a new facility. In September 2012, the Hospital drew the remaining \$160.0 million to fund the acquisition of HSR. The line of credit requires the Hospital to repay the Bank in 24 equal monthly installments commencing on August 1, 2013. The full amount of the remaining balance is due on July 12, 2015. This obligation bears interest at a rate equal to LIBOR plus 0.45% per annum.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

In September 2012, the Hospital drew on its \$50.0 million line of credit with the U.S. Bank, established in January 2012, in the amount of \$25.0 million. The U.S. Bank line of credit requires repayment of the aggregate principal amount on the 364th day subsequent to the advance. This obligation bears interest at a rate equal to LIBOR plus 0.50% per annum.

The terms of the various financing arrangements between CHEFA and the Hospital, the financial institutions providing the LOCs and the Hospital, and the Bank and the Hospital provide for financial covenants regarding the Hospital's debt service coverage ratio, liquidity ratio, and debt to capitalization ratio, among others. As of September 30, 2012 and 2011, the Hospital was in compliance with these covenants.

Sinking fund installment amounts are to be made in accordance with the Series J, K, L, and M financing agreements. Required monthly payments on the revenue bonds by the Hospital to a trustee are in amounts sufficient to provide for the payments of principal, interest, and sinking fund installments, in accordance with the terms of the agreements, and certain other annual costs of CHEFA.

Scheduled principal payments on all debt, including capital lease obligations, are as follows (in thousands):

	<u>Debt</u>	<u>Capital Lease Obligations</u>
2013	\$ 45,198	\$ 58,757
2014	204,512	4,647
2015	19,445	4,821
2016	19,945	4,879
2017	20,425	4,879
Thereafter	404,175	63,810
	<u>\$ 713,700</u>	141,793
Less interest		(34,264)
Total capital lease obligation		<u>\$ 107,529</u>

Capitalized interest at September 30, 2012 and 2011 totaled \$26.9 million and \$24.9 million, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

The Hospital has entered into interest rate swap agreements with financial institutions related to the Hospital's Series K and Series L debt, and future obligations. The Series K and Series L swaps were carried over as part of the refunding of the Series I and Series J debt. On September 20, 2012, the Hospital entered into a Forward Starting Interest Rate swap, a LIBOR Swap Rate Lock and a SIFMA Rate Lock swap with two different counterparties. The agreements require the Hospital to pay a fixed rate and receive a floating rate based on LIBOR or SIFMA. The change in market value, as well as the net interest paid or received under the swap agreement, for the Series J/Series L swap has been capitalized as part of the interest costs related to construction of the Cancer Hospital until construction was complete. Once the Cancer Hospital became operational these amounts were recorded in the statements of operations.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of non-performance by the counterparties, some of which is collateralized. At September 30, 2012 and 2011, the fair value of all swap agreements based on current interest rates was approximately \$39.3 million and \$31.9 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

For the Series K swap, there was an unfavorable change in fair value of approximately \$0.9 million for the years ended September 30, 2012 and 2011 which was recorded in the excess of revenue over expenses. As a result of the unfavorable change in market value of the Series K swap, \$4.6 million and \$4.2 million has been collateralized by the Hospital and is being held by the financial institution as of September 30, 2012 and 2011, as required by the swap agreement.

For the Series L swaps, there was an unfavorable change in fair value of approximately \$2.0 million and \$3.5 million for the years ended September 30, 2012 and 2011, respectively, which was recorded in excess of revenue over expenses. No collateral was required under the Series L swap agreement for the years ended September 30, 2012 and 2011.

For the Forward Starting Interest Rate swap, the LIBOR Swap Rate Lock and the SIFMA Rate Lock swaps, there was an unfavorable change in fair value of \$1.0 million, \$1.9 million, and \$1.6 million, respectively, for the year ended September 30, 2012, which was recorded in excess of revenue over expenses.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

The following table summarizes the Hospital's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Hospital Receives	Hospital Pays	Notional Amount at	
				September 30, 2012	September 30, 2011
Series K – Fixed to Floating	July 1, 2025	LIBOR	3.11%	\$ 63,977	\$ 66,269
Series L – Fixed to Floating	July 1, 2036	LIBOR	3.68%	44,505	44,505
Forward Starting Interest Rate Swap		67% of LIBOR			
	July 1, 2053	LIBOR	2.84%	50,000	–
LIBOR Swap Rate Lock	July 1, 2043	LIBOR	2.73%	92,000	–
SIFMA Rate Lock	July 1, 2048	SIFMA	2.66%	50,000	–
				\$ 300,482	\$ 110,774

For the years ended September 30, 2012 and 2011, the Hospital paid approximately \$16.5 million and \$15.8 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

Arbitrage rules apply for Series J-1 and Series M tax-exempt debt. The rules require that, in specified circumstances, earnings from the investment of tax-exempt bond proceeds which exceed the yield on the bonds must be remitted to the Federal government.

The Hospital has entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced December 2009. This lease has a term of twenty years from the commencement date with the option to extend the lease for four successive terms of ten years. Rental payments will increase by 5% every five years. The Hospital is also subject to additional rent for its share of expenses, as defined in the contract. The Hospital has the option to purchase the property at the end of the fifth, tenth, or twentieth years or at the end of each of the first three ten-year extension periods.

The Hospital has entered into an agreement to lease space in a building located at 2 Howe Street, New Haven, Connecticut. The Hospital's rental obligation commenced during the first quarter of fiscal 2010. The Hospital will lease these spaces for three years after which the Hospital has the obligation to purchase the property for approximately \$53.6 million.

Assets recorded under the capital lease obligations totaled \$115.1 million as of September 30, 2012 and 2011. Accumulated depreciation for the capital lease obligations totaled \$8.0 million and \$4.2 million at September 30, 2012 and 2011, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits

The Hospital has qualified and non-qualified defined benefit pension plans covering substantially all employees and executives. The benefits provided are based on age, years of service and compensation. The Hospital's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

The employees formerly employed by SRHS will receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the qualified defined benefit pension plan and vesting under this plan, but not for purposes of establishing an opening accumulation account or for any other purpose under this plan.

The Hospital also sponsors a contributory 403(b) plan, covering substantially all employees. The Hospital's contributions for the 403(b) plan are determined based on employee contributions and years of service. The Hospital contributed approximately \$11.9 million and \$10.9 million for the years ended September 30, 2012 and 2011, respectively. The Hospital maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2012 and 2011 in other assets and other long-term liabilities were \$21.7 million and \$18.4 million, respectively. The employees formerly employed by SRHS shall receive credit for such past service solely for purposes of determining such employee's eligibility to participate in the contributory 403(b) plan and vesting under this plan but not for any other purpose under this plan.

The Hospital also provides certain health care and life insurance benefits upon retirement to substantially all its employees. The Hospital's policy is to fund these annual costs as they are incurred from the general assets of the Hospital. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

Included in unrestricted net assets at September 30, 2012 and 2011 are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of \$0.1 million and \$0.3 million, respectively, and unrecognized actuarial losses of \$183.6 million and \$129.7 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2013 are \$0.6 million and \$9.6 million, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of the Hospital's defined benefit plans as of September 30, 2012 and 2011 (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Change in benefit obligation:				
Benefit obligation at prior measurement date	\$ 405,642	\$ 374,050	\$ 63,687	\$ 58,103
Service cost	22,106	18,385	3,442	3,092
Interest cost	18,803	17,407	3,183	3,014
Actuarial loss	53,111	13,409	10,588	818
Benefits paid	(24,189)	(17,609)	(1,270)	(1,340)
Benefit obligation at current measurement date	475,473	405,642	79,630	63,687
Change in plan assets:				
Fair value of assets at prior measurement date	225,895	228,281	–	–
Actual return on plan assets	25,511	2,338	–	–
Employer contributions	44,735	12,885	1,270	1,340
Benefits paid	(24,189)	(17,609)	(1,270)	(1,340)
Fair value of assets at current measurement date	271,952	225,895	–	–
Accrued benefit cost	\$ (203,521)	\$ (179,747)	\$ (79,630)	\$ (63,687)

Benefit Obligation and Assumptions

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets for the defined benefit plans were as follows (in thousands):

	September 30	
	2012	2011
Projected benefit obligation	\$ (475,473)	\$ (405,642)
Accumulated benefit obligation	(398,939)	(342,050)
Fair value of plan assets	271,952	225,895

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

At September 30, 2012 and 2011, the underfunded status of the qualified defined benefit pension plan was approximately \$154.1 million and \$136.8 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$49.4 million and \$43.0 million, respectively. Additionally, there are assets limited as to use of approximately \$64.7 million and \$58.4 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2012 and 2011, respectively.

The net periodic benefit cost for the years ended September 30, 2012 and 2011 is as follows (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Service cost	\$ 22,106	\$ 18,385	\$ 3,442	\$ 3,092
Interest cost	18,803	17,407	3,183	3,014
Expected return on plan assets	(20,521)	(19,350)	—	—
Amortization of prior service cost	(462)	(462)	259	264
Recognized net actuarial loss	4,738	2,711	—	—
Net periodic benefit cost	<u>\$ 24,664</u>	<u>\$ 18,691</u>	<u>\$ 6,884</u>	<u>\$ 6,370</u>

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2012 and 2011 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Discount rate for determining benefit obligations at year-end, qualified plan	3.60%	4.80%	4.00%	5.10%
Discount rate for determining benefit obligations at year end, non-qualified plan	4.00	5.10	—	—
Rate of compensation increase	5.00	5.00	—	—

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2012 and 2011 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefits Plan	
	2012	2011	2012	2011
Discount rate for determining net periodic benefit cost at year-end, qualified plan	4.80%	4.80%	5.10%	5.30%
Discount rate for determining net periodic benefit cost at year end, non-qualified plan	5.10	5.30	—	—
Expected rate of return on plan assets	7.75	7.75	—	—
Rate of compensation increase	5.00	5.00	—	—

For measurement purposes relating to the postretirement benefits plan, a 7.0% and 8.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2012 and fiscal 2011, respectively. Rates are assumed to decline to 4.0% through fiscal 2014.

Assumed health care cost trend rate assumptions have a significant effect on the amounts reported. A 1% change in the assumed healthcare cost trend rate would have the following effects (in thousands):

	1% Increase	1% Decrease
Effect on total of service and interest cost components	\$ 13	\$ (15)
Effect on postretirement benefit obligation	142	(144)

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The asset allocation of the Hospital's qualified pension plan at September 30, 2012 and 2011 was as follows:

Asset Category	Target Allocation	Percentage of Plan Assets	
	2013	2012	2011
Equity securities	36%	42%	41%
Debt securities	26	27	28
Real assets	14	11	12
All other assets	24	20	19
Total	100%	100%	100%

The pension assets carried at fair value, as of September 30, 2012 and 2011 are classified in the following tables (see Footnote 14 for description) (in thousands):

	September 30, 2012			Total
	Level 1	Level 2	Level 3	
Money market funds	\$ 18,306	\$ -	\$ -	\$ 18,306
U.S. equity securities	53,150	-	-	53,150
International equity securities	58,819	-	-	58,819
Fixed income:				
U.S. government	53,392	-	-	53,392
International government	12,985	6,425	-	19,410
Commodities	5,469	-	6,127	11,596
Private Equity	-	-	509	509
Hedge funds:				
Absolute return	-	32,115	-	32,115
Long/short equity	-	7,871	-	7,871
Real estate	-	-	16,784	16,784
Total investments	\$ 202,121	\$ 46,411	\$ 23,420	\$ 271,952

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

	September 30, 2011			Total
	Level 1	Level 2	Level 3	
Money market funds	\$ 4,673	\$ –	\$ –	\$ 4,673
U.S. equity securities	47,070	–	–	47,070
International equity securities	45,118	–	–	45,118
Fixed income:				
U.S. government	51,551	–	–	51,551
International government	13,260	–	–	13,260
Commodities	4,923	–	5,745	10,668
Private Equity	–	–	331	331
Hedge funds:				
Absolute return	–	29,362	–	29,362
Long/short equity	–	8,235	–	8,235
Real estate	–	–	15,627	15,627
Total investments	<u>\$ 166,595</u>	<u>\$ 37,597</u>	<u>\$ 21,703</u>	<u>\$ 225,895</u>

The following is a rollforward of the pension assets classified as level 3 of the valuation hierarchy as described in Note 15:

	Commodities	Private Equity	Real Estate	Total
Fair value at September 30, 2010	\$ 5,852	\$ –	\$ 14,599	\$ 20,451
2011 Realized and unrealized gains and losses	686	–	3,049	3,735
2011 Purchases, sales, transfers, issuances and settlements, net	(793)	331	(2,021)	(2,483)
Fair value at September 30, 2011	<u>5,745</u>	<u>331</u>	<u>15,627</u>	<u>21,703</u>
2012 Realized and unrealized gains and losses	18	(57)	206	167
2012 Purchases, sales, transfers, issuances and settlements, net	364	235	951	1,550
Fair value at September 30, 2012	<u>\$ 6,127</u>	<u>\$ 509</u>	<u>\$ 16,784</u>	<u>\$ 23,420</u>

The Hospital's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. The Hospital's pension portfolio

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

return assumption of 7.75% is based on the targeted weighted-average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan for the years ended September 30, 2012 and 2011 was 11.1% and 2.7 %, respectively.

The future cash flows of the Hospital relative to retirement benefits are expected to be as follows (in thousands):

	Defined Benefit Pension Plans	Postretirement Benefits Plan
Estimated benefit payments related to years ending September 30:		
2013	\$ 35,244	\$ 2,521
2014	35,199	2,832
2015	36,398	3,063
2016	36,570	3,316
2017	38,078	3,646
2018 to 2022	202,611	24,096

The Hospital expects to contribute approximately \$41.6 million for pension benefits and \$2.5 million for postretirement benefits payments in fiscal 2013.

9. Professional Liability Insurance

In 1978, the Hospital and a number of other academic medical centers formed the Medical Centre Insurance Company, Ltd (the “Captive”) to insure for professional and comprehensive general liability risks. In 1997, the Captive formed MCIC Vermont, Inc. to write direct insurance for the professional and general liability risks of the shareholders. Since 1997, the Captive has acted as a reinsurer for varying levels of per claim limit exposure. MCIC Vermont, Inc. has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on modified claims made coverage and are actuarially determined based on actual experience of the Hospital, the Captive and MCIC Vermont, Inc.

In fiscal 1998, the Hospital entered into a purchase and sales management agreement with YNHHS that transferred the Hospital’s participation in the Captive to YNHHS for its book value as calculated by the Captive. Under the terms of the agreement, the Hospital retains certain elements of control and assumes limited risk associated with the ongoing operation of the Captive. The Hospital pays insurance premiums to YNHHS.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

Additionally, because the purchase and sales management agreement entered into with YNHHS in 1998 meet criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately \$11.8 million).

The estimate for modified claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$84.5 million and \$89.0 million at September 30, 2012 and 2011, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$29.7 million and \$30.4 million for the Hospital at September 30, 2012 and 2011, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$28.5 million and \$25.4 million, respectively, based on a discount rate of 3.0% and 3.5% for the years ended September 30, 2012 and 2011, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$56.0 million and \$63.6 million at September 30, 2012 and 2011, respectively, in consideration of the expected insurance recoveries for the total discounted modified claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Lukan, the Hospital sponsored professional liability program, continues to manage all incidents and claims reported to Lukan prior to the acquisition of SRHS, as well as extending professional liability coverage for post acquisition risks to certain affiliated community clinicians.

Prior to the acquisition of SRHS, Caritas provided excess professional liability and general liability insurance to SRHS and their employed clinicians. Caritas continues to manage all incidents and claims reported prior to the acquisition of SRHS.

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately \$36.6 million at September 30, 2012 and are included in professional liabilities in the accompanying consolidated statements of financial position.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

The Hospital's estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

10. Commitments and Contingencies

Leases

The Hospital leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2013 through 2024. Future minimum lease payments under these leases are as follows (in thousands):

2013	\$ 12,419
2014	10,929
2015	8,180
2016	7,448
2017	6,350
Thereafter	18,018
	<u>\$ 63,344</u>

The Hospital incurred net rent and parking expense under these leases of approximately \$10.9 million and \$10.1 million for each of the years ended September 30, 2012 and 2011, respectively.

Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue. Deferred revenue, from this agreement, at September 30, 2012 and 2011 was \$46.6 million and \$48.3 million, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in Note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these will not have a material adverse effect on the financial position or changes in net assets of the Hospital.

The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

11. Functional Expenses

The Hospital provides general acute health care services to residents within its geographic area. Net expenses related to providing these services are as follows (in thousands):

	Year Ended September 30	
	2012	2011
Health care services	\$ 1,422,822	\$ 1,234,794
General and administrative	231,622	201,013
	<u>\$ 1,654,444</u>	<u>\$ 1,435,807</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions

The Hospital provided facility space and certain services to related parties as follows (in thousands):

	Year Ended September 30	
	2012	2011
Recovery of expenses:		
YNHHSC:		
Facility rental	\$ 2,883	\$ 2,736
Shared services	230	2,322
Other	–	1,190
	<u>\$ 3,113</u>	<u>\$ 6,248</u>
Bridgeport Hospital:		
Resident fees	\$ 2,379	\$ 2,444
Other	1,107	1,000
	<u>\$ 3,486</u>	<u>\$ 3,444</u>
Ambulatory Services Corporation:		
Salaries and benefits	\$ 5,654	\$ 4,993
Other	336	185
	<u>\$ 5,990</u>	<u>\$ 5,178</u>

YNHHSC is the sole member of Bridgeport Hospital Healthcare Services, Inc., which is the sole member of Bridgeport Hospital.

YNHNC is the parent organization of Yale-New Haven Ambulatory Services Corporation, a Connecticut, non-stock taxable corporation.

The Hospital purchased certain services from YNHHSC as follows (in thousands):

	Year Ended September 30	
	2012	2011
Operating expenses:		
Professional and general liability insurance	\$ 20,948	\$ 20,654
Information systems	37,673	18,805
System business office	17,739	15,198
Other business services	67,613	47,529
	<u>\$ 143,973</u>	<u>\$ 102,186</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions (continued)

Amounts receivable from and payable to related organizations included in other receivables, other assets, accounts payable and other long-term liabilities, respectively, in the accompanying balance sheets are as follows (in thousands):

	September 30	
	2012	2011
Other receivables:		
YNHHSC	\$ 2,283	\$ 2,974
Bridgeport Hospital	–	362
York Enterprises, Inc.	482	133
Ambulatory Services Corporation	369	894
Greenwich Hospital	560	23
Northeast Medical Group, Inc.	–	340
Other assets:		
YNH Care Continuum Corporation	4,000	–
Ambulatory Services Corporation	12,500	–
	<u>\$ 20,194</u>	<u>\$ 4,726</u>
Accounts payable:		
YNHHSC	\$ 28,503	\$ 23,960
Greenwich Hospital	–	51
Bridgeport Hospital	1,501	–
YNH Network Corporation	613	–
York Enterprises, Inc.	16	19
Northeast Medical Group Inc.	2,912	–
YNH Care Continuum Corporation	407	–
Other long-term liabilities:		
YNHHSC	42,385	38,162
	<u>\$ 76,337</u>	<u>\$ 62,192</u>

The Hospital maintains certain investments for YNHHSC employees that participate in the Hospital's sponsored benefit plans. The costs associated with the YNHHSC employees that participate in benefit plans are recovered by the Hospital.

The Hospital funds certain capital assets purchased by YNHHSC. Included in prepaid expenses and other assets were approximately \$13.9 million and \$49.8 million, respectively, at September 30, 2012 and approximately \$2.7 million and \$30.7 million, respectively, at September 30, 2011.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related Party Transactions (continued)

Additionally, for the years ended September 30, 2012 and 2011, the Hospital funded YNHHSO approximately \$9.0 million and \$12.0 million, respectively, as part of its participation in the New Clinical Program Development Corporation (“NCPDC”). The NCPDC was established for the purpose of funding and supporting clinical research and clinical programs. The NCPDC Board approves the funding of initiatives.

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2012	2011
Cafeteria and vending	\$ 7,756	\$ 7,129
Contributions	2,960	2,667
Parking income	4,087	3,555
Net assets released from restrictions for operations	2,962	5,003
Net assets released from restrictions for free care	889	782
Net assets released from restrictions for medical research and clinical programs	12,804	16,195
Grants	8,314	7,432
Electronic health records incentive payment	2,649	–
Other	5,263	3,877
	\$ 47,684	\$ 46,640

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (“HITECH”). The provisions were designed to increase the use of electronic health record (“EHR”) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Other Revenue (continued)

use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. EHR incentive payment revenue totaling \$2.6 million for Medicaid for the year ended September 30, 2012, is included in other revenue in the accompanying 2012 consolidated statement of operations. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

14. Non-Operating Gains and Losses, Net

Non-operating gains and losses consisted of the following (in thousands)

	Year Ended September 30	
	2012	2011
Income from investments, donations and other, net	\$ 5,959	\$ 21,138
Change in unrealized gains and losses on investments	47,932	(1,949)
Change in fair value of swaps, including counterparty payments	(12,610)	(9,781)
Acquisition costs related to Saint Raphael Healthcare System	(22,103)	(6,051)
Medical residents FICA tax refund	4,920	10,915
	\$ 24,098	\$ 14,272

15. Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

ASC 820-10, *Fair Value Measurements*, establishes a three tier valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The three levels are defined as follows:

- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets carried at fair value as of September 30, 2012 are classified in the following table in two of the three categories described above (in thousands):

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 64,557	\$ —	\$ —	\$ 64,557
Money market funds	156,663	—	—	156,663
U.S. equity securities	28,378	—	—	28,378
International equity securities	40,019	—	—	40,019
Fixed income				
U.S. government	87,329	—	—	87,329
International government	26,227	17,009	—	43,236
Interest in Yale University endowment pool	—	—	361,550	361,550
Investments at fair value	<u>\$ 403,173</u>	<u>\$ 17,009</u>	<u>\$ 361,550</u>	<u>781,732</u>
Common collective trusts				89,203
Alternative investments				71,400
Perpetual trusts				12,127
Investments not at fair value				<u>172,730</u>
Total investments				<u>\$ 954,462</u>
Liabilities:				
Interest rate swaps	<u>\$ —</u>	<u>\$ (39,269)</u>	<u>\$ —</u>	<u>\$ (39,269)</u>

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of 2011 are classified in the following table in two of the three categories described above (in thousands):

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 65,883	\$ –	\$ –	\$ 65,883
Money market funds	108,579	–	–	108,579
U.S. equity securities	11,113	–	–	11,113
International equity securities	37,523	–	–	37,523
Fixed income				
U.S. government	41,719	–	–	41,719
International government	31,704	–	–	31,704
Interest in Yale University endowment pool	–	–	278,719	278,719
Investments at fair value	\$ 296,521	\$ –	\$ 278,719	575,240
Common collective trusts				91,524
Alternative investments				68,614
Perpetual trusts				10,906
Investments not at fair value				171,044
Total investments				\$ 746,284
Liabilities:				
Interest rate swaps	\$ –	\$ (31,951)	\$ –	\$ (31,951)

The following is a rollforward of assets classified as level 3 of the valuation hierarchy:

Interest in Yale University Endowment Pool:	
Fair value at September 30, 2010	\$ 175,332
2011 Unrealized gains	15,641
2011 Purchases	87,746
Fair value at September 30, 2011	278,719
2012 Unrealized gains	38,570
2012 Purchases	44,261
Fair value at September 30, 2012	\$ 361,550

The fair value of debt was approximately \$741.7 million and \$528.9 million at September 30, 2012 and 2011, respectively. The fair value of the capital leases was approximately \$112.6 million and \$118.7 million at September 30, 2012 and 2011, respectively.

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

The amounts reported in the table as detailed above do not include assets invested in the Hospital's defined benefit pension plan (see Note 8). In addition, included in the table above are investments at September 30, 2012 and 2011 in common collective trusts totaling approximately \$89.2 million and \$91.5 million, respectively, other alternative investments totaling approximately \$71.2 million and \$68.6 million, respectively, and perpetual trusts totaling approximately \$12.1 million and \$10.9 million, respectively, that are accounted for under the equity method of accounting (see Note 1). The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2012 and 2011.

The following is a summary of total investments as of September 30, 2012 with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

Description of Investment	Carrying Value	Unfunded Commitment	Redemption Frequency	Notice Period	Funds Availability
Hedge funds:					
Long/short equity	\$ 12,205	\$ –	Annually	100 days	December 31
Absolute return	48,614	–	Annually	100 days	December 31
Real estate	9,905	3,507	N/A	N/A	N/A
Commodities	676	9,963	N/A	N/A	N/A

Yale-New Haven Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Medical Residents FICA Tax Refund

In March 2010, the Internal Revenue Service (“IRS”) announced that, for periods ending before April 1, 2005, medical residents would be eligible for student exception of Federal Insurance Contributions Act (“FICA”) taxes. Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college, or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest. For the year ended September 30, 2012 and 2011, the Hospital has recorded estimated net revenue of approximately \$4.9 million and \$10.9 million, respectively, in non-operating gains and losses, related to FICA medical resident refunds claims that have met the IRS refund requirements. At September 30, 2012 and 2011, the Hospital recorded a net receivable of approximately \$18.2 million and \$24.7 million, respectively included in other assets and a payable of approximately \$13.8 million at September 30, 2012 and 2011 included in other long-term liabilities. The Hospital has established its estimate based on information presently available and this estimate is subject to change as the IRS adjudicates the claims.

17. Subsequent Events

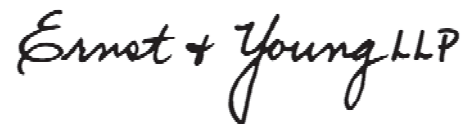
Subsequent events have been evaluated through December 21, 2012, which is the date the financial statements were available to be issued. No events have occurred that require disclosure or adjustment of the financial statements.

Supplementary Information

Report of Independent Auditors on Supplementary Information

Board of Trustees
Yale-New Haven Hospital, Inc. and Subsidiaries

We have audited the consolidated financial statements of Yale-New Haven Hospital, Inc. and Subsidiaries as of and for the years ended September 30, 2012 and 2011, and have issued our report thereon dated December 21, 2012 which contained an unqualified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets consolidating statement of operations and change in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole.

A handwritten signature in black ink that reads 'Ernst & Young LLP'.

December 21, 2012

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

September 30, 2012

(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Assets					
Current assets:					
Cash and cash equivalents	\$ 64,528	\$ 20	\$ 9	\$ -	\$ 64,557
Short-term investments	571,302	26,650	15,408	-	613,360
Accounts receivable for services to patients, net	202,909	-	-	-	202,909
Other receivables	48,257	384	-	-	48,641
Professional liabilities insurance recoveries receivable –current portion	15,739	-	-	-	15,739
Other current assets	47,328	20	46	-	47,394
Amounts on deposit with trustee in debt service fund	6,619	-	-	-	6,619
Total current assets	956,682	27,074	15,463	-	999,219
Assets limited as to use	105,688	-	-	-	105,688
Long-term investments	156,946	7,292	-	-	164,238
Deferred financing costs, less accumulated amortization	5,182	-	-	-	5,182
Professional liabilities insurance recoveries receivable –non-current	40,271	-	-	-	40,271
Goodwill	35,685	-	-	-	35,685
Other assets	188,494	-	1,331	(12,626)	177,199
Property, plant, and equipment:					
Land and land improvements	33,191	-	-	-	33,191
Buildings and fixtures	1,068,530	-	-	-	1,068,530
Equipment	426,413	-	-	-	426,413
Less accumulated depreciation	1,528,134	-	-	-	1,528,134
	601,670	-	-	-	601,670
	926,464	-	-	-	926,464
Construction in progress	63,603	-	-	-	63,603
	990,067	-	-	-	990,067
Total assets	\$ 2,479,015	\$ 34,366	\$ 16,794	\$ (12,626)	\$ 2,517,549

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Liabilities and net assets (deficiency)					
Current liabilities:					
Accounts payable	\$ 133,902	\$ 85	\$ 64	\$ -	\$ 134,051
Accrued expenses	168,508	-	-	-	168,508
Professional liabilities –current portion	15,739	-	-	-	15,739
Current portion of debt	45,198	-	-	-	45,198
Current portion of capital lease obligation	55,292	-	-	-	55,292
Other current liabilities	2,847	-	79	-	2,926
Total current liabilities	421,486	85	143	-	421,714
Long-term debt, net of current portion	674,969	-	-	-	674,969
Long-term capital lease obligation, net of current portion	52,237	-	-	-	52,237
Accrued pension and postretirement benefit obligations	280,718	-	-	-	280,718
Professional liabilities	68,733	29,802	6,778	-	105,313
Other long-term liabilities	178,469	395	1,331	-	180,195
Deferred revenue	53,625	-	-	-	53,625
Total liabilities	1,730,237	30,282	8,252	-	1,768,771
Net assets:					
Unrestricted	676,008	4,084	8,542	(12,626)	676,008
Temporarily restricted	46,026	-	-	-	46,026
Permanently restricted	26,744	-	-	-	26,744
Total net assets	748,778	4,084	8,542	(12,626)	748,778
Total liabilities and net assets	\$ 2,479,015	\$ 34,366	\$ 16,794	\$ (12,626)	\$ 2,517,549

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Operating revenue:					
Net patient service revenue	\$ 1,713,271	\$ -	\$ -	\$ -	\$ 1,713,271
Other revenue	47,560	124	-	-	47,684
Total operating revenue	1,760,831	124	-	-	1,760,955
Operating expenses:					
Salaries and benefits	757,263	-	-	-	757,263
Supplies and other expenses	758,217	-	-	(159)	758,058
Depreciation	73,101	-	-	-	73,101
Insurance	15,328	215	137	-	15,680
Bad debts	32,622	-	-	-	32,622
Interest	17,720	-	-	-	17,720
Total operating expenses	1,654,251	215	137	(159)	1,654,444
Income (loss) from operations	106,580	(91)	(137)	159	106,511
Nonoperating gains (losses), net:					
Excess (deficiency) of revenue over expenses	24,029	70	(1)	-	24,098
	130,609	(21)	(138)	159	130,609

(Continued on next page.)

Yale-New Haven Hospital, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2012
(In Thousands)

	Hospital	Lukan	Caritas	Eliminations	Total
Unrestricted net assets:					
Excess (deficiency) of revenue over expenses (continued)	\$ 130,609	\$ (21)	\$ (138)	\$ 159	\$ 130,609
Other changes in net assets	342	-	-	-	342
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	(9,000)	-	-	-	(9,000)
Transfer from Yale-New Haven Health Services Corporation	2,900	-	-	-	2,900
Net Transfer from YNH Network Corporation	456	-	-	-	456
Net assets released from restrictions for purchases of fixed assets	258	-	-	-	258
Pension and other postretirement liability adjustments	(54,174)	-	-	-	(54,174)
Increase (decrease) in unrestricted net assets	71,391	(21)	(138)	159	71,391
Temporarily restricted net assets:					
Income from investments	280	-	-	-	280
Net realized gains on investments	471	-	-	-	471
Change in net unrealized gains and losses on investments	6,394	-	-	-	6,394
Bequests and contributions	11,847	-	-	-	11,847
Net assets released from restrictions for purchases of fixed assets	(258)	-	-	-	(258)
Net assets released from restrictions for free care	(889)	-	-	-	(889)
Net assets released from restrictions for operations	(2,962)	-	-	-	(2,962)
Net assets released from restrictions for clinical programs	(12,804)	-	-	-	(12,804)
Increase in temporarily restricted net assets	2,079	-	-	-	2,079
Permanently restricted net assets:					
Change in beneficial interest in perpetual trusts	1,221	-	-	-	1,221
Increase in permanently restricted net assets	1,221	-	-	-	1,221
Increase (decrease) in net assets	74,691	(21)	(138)	159	74,691
Net assets (deficiency) at beginning of year	674,087	4,105	8,680	(12,785)	674,087
Net assets (deficiency) at end of year	\$ 748,778	\$ 4,084	\$ 8,542	\$ (12,626)	\$ 748,778

Ernst & Young LLP

Assurance | Tax | Transactions | Advisory

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.

