

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YALE-NEW HAVEN HOSPITAL		D Employer identification number 06-0646652
	Doing Business As		E Telephone number 203-688-6088
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,673,966,876.
	20 YORK STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06504		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: RICHARD D'AQUILA 20 YORK STREET, NEW HAVEN, CT 06504		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.YNH.H.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1826
			M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH CARE SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	13849
	6 Total number of volunteers (estimate if necessary)	6	2798
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,801,281.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,185,578.	32,013,875.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,282,916,081.	2,338,352,634.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,636,039.	8,174,656.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,119,832.	33,386,631.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,360,857,530.	2,411,927,796.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,673,987.	3,684,031.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,025,605,513.	1,034,853,913.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,791,168.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,211,949,935.	1,265,265,306.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,240,229,435.	2,303,803,250.
	19 Revenue less expenses. Subtract line 18 from line 12	120,628,095.	108,124,546.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,658,309,741.	2,941,745,107.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,639,474,037.	1,820,273,618.
		1,018,835,704.	1,121,471,489.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JAMES STATEN, CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Christopher B. Boggs	<i>Christopher B. Boggs</i>	8-17-15
	Firm's name ▶ ERNST & YOUNG U.S., LLP	Firm's EIN ▶ 34-6565596	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204	Phone no. 317-681-7000	PTIN P00032493

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,888,979,722. including grants of \$ 3,684,031.) (Revenue \$ 2,353,074,078.) 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 1,888,979,722.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 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>	11a 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>	11b 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>	11c	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>	11d 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>	11e 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>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17	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>	18 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>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to 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 25a</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body 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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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. [X] 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: KEITH TANDLER - 203-688-9642 789 HOWARD AVE, NEW HAVEN, CT 06519

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE ALEXANDER TRUSTEE	1.00 0.00	X					0.	0.	0.	
(2) ROBERT ALPERN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(3) MARNA BORGSTROM CEO	24.00 16.00	X	X				1,586,207.	1,057,471.	753,728.	
(4) BISHOP THEODORE BROOKS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(5) VINCENT CALARCO SECRETARY	1.00 2.00	X	X				0.	0.	0.	
(6) JOSEPH CRESPO CHAIRMAN	1.00 2.00	X	X				0.	0.	0.	
(7) RICHARD D'AQUILA PRESIDENT	30.00 10.00	X	X				1,213,917.	404,640.	408,016.	
(8) MARY FARRELL TRUSTEE	1.00 2.00	X					0.	0.	0.	
(9) MICHAEL FLYNN TRUSTEE	1.00 1.00	X					0.	0.	0.	
(10) WILLIAM GINSBERG TRUSTEE	1.00 0.00	X					0.	0.	0.	
(11) THOMAS HANSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) ROBERT HAVERSAT TRUSTEE	1.00 1.00	X	X				0.	0.	0.	
(13) PETER HERBERT SR. VP	24.00 16.00	X	X				895,018.	596,680.	73,714.	
(14) CARLTON HIGHSMITH TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) THOMAS B. KETCHUM TRUSTEE	1.00 1.00	X					0.	0.	0.	
(16) JOHN LAHEY TRUSTEE	1.00 2.00	X					0.	0.	0.	
(17) MILES LASATER TRUSTEE	1.00 0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARVIN LENDER TRUSTEE	1.00 2.00	X						0.	0.	0.
(19) LINDA KOCH LORIMER TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) LINDA MASCI TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) JULIA MCNAMARA VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(22) THANASIS MOLOKOTOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) SISTER ROSEMARY MOYNIHAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) PETER SALOVEY TRUSTEE	1.00 2.00	X						0.	0.	0.
(25) MICHAEL SPROULE TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) JAMES TORGERSON TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Sub-total								3,695,142.	2,058,791.	1,235,458.
c Total from continuation sheets to Part VII, Section A								9,972,491.	1,447,583.	3,027,943.
d Total (add lines 1b and 1c)								13,667,633.	3,506,374.	4,263,401.

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 **1,735**

	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	3	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	4	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	5	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	6,616,495.
BERKLEY RESEARCH GROUP LLC, 2200 POWELL STREET, SUITE 200, EMERYVILLE, CA 94608	CONSULTING SERVICES	6,192,243.
UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550	LAUNDERING SERVICE	5,536,247.
METROPOLITAN HEALTHCARE SERVICES, 555 HERNDON PARKWAY, SUITE 125, HERNDON, VA	SHUTTLE SERVICES	2,351,587.
DVA RENAL HEALTHCARE 2000 16TH STREET, DENVER, CO 80202	MEDICAL SERVICES	2,345,799.

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 **160**

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 (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN WHETSTONE TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) WILLIAM ASELTYN SR. VP	21.60 18.40			X				420,461.	358,170.	232,850.
(29) DANIEL BARCHI SR. VP	28.00 12.00			X				541,834.	232,214.	267,528.
(30) THOMAS BALCEZAK SR. VP	40.00 0.00			X				603,004.	0.	197,365.
(31) PATRICIA SUE FITZSIMONS SR. VP	40.00 0.00			X				793,587.	0.	38,662.
(32) MICHEAL HOLMES SR. VP	40.00 0.00			X				454,142.	0.	191,949.
(33) THOMAS LEARY VP	38.00 2.00			X				421,795.	22,200.	171,864.
(34) ABE LOPMAN SR. VP	40.00 0.00			X				621,923.	0.	193,335.
(35) STEPHEN MERZ VP	40.00 0.00			X				357,202.	0.	138,323.
(36) KEVIN MYATT SR. VP	24.00 16.00			X				459,004.	306,003.	246,783.
(37) PAUL PATTON VP	40.00 0.00			X				517,857.	0.	161,203.
(38) VINCENT PETRINI SR. VP	40.00 0.00			X				569,586.	0.	189,661.
(39) CYNTHIA SPARER SR. VP	40.00 0.00			X				640,449.	0.	131,440.
(40) JAMES STATEN SR. VP	24.00 16.00			X				793,494.	528,996.	363,666.
(41) KEVIN WALSH VP	40.00 0.00			X				474,220.	0.	161,534.
(42) SUHER BAKER PHYSICIAN	40.00 0.00					X		449,604.	0.	35,058.
(43) MARJORIE GUGLIN VP	40.00 0.00					X		418,757.	0.	76,494.
(44) VICTOR MORRIS VP	40.00 0.00					X		475,337.	0.	96,334.
(45) THOMAS SWEENEY DIRECTOR	40.00 0.00					X		551,554.	0.	52,429.
(46) DIANE VORIO VP	40.00 0.00					X		408,681.	0.	81,465.
Total to Part VII, Section A, line 1c								9,972,491.	1,447,5833	027,943.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,721,121.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,418,750.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,874,004.				
	g Noncash contributions included in lines 1a-1f: \$		378,838.				
	h Total. Add lines 1a-1f		32,013,875.				
	Program Service Revenue	2 a INPATIENT SERVICES	Business Code 612990	1,321,863,698.	1,321,863,698.		
b OUTPATIENT SERVICES		621400	1,015,754,150.	1,015,754,150.			
c LABORATORY SERVICES		621500	734,786.		734,786.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,338,352,634.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,099,719.			3,099,719.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	557,947.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	557,947.				
	d Net rental income or (loss)		557,947.	557,947.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	266,403,168.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	261,328,231.				
		c Gain or (loss)	5,074,937.				
	d Net gain or (loss)		5,074,937.			5,074,937.	
	8 a Gross income from fundraising events (not including \$ 1,721,121. of contributions reported on line 1c). See Part IV, line 18	a	143,786.				
		b Less: direct expenses	618,503.				
c Net income or (loss) from fundraising events			-474,717.			-474,717.	
9 a Gross income from gaming activities. See Part IV, line 19	a	181,196.					
	b Less: direct expenses	92,346.					
	c Net income or (loss) from gaming activities		88,850.			88,850.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER ANCILIARY SERVICES		900099	14,887,049.	14,887,049.			
	b CAFETERIA/VENDING	900099	10,840,151.			10,840,151.	
	c PARKING	900099	6,409,622.			6,409,622.	
	d All other revenue	900099	1,077,729.	11,234.	1,066,495.		
	e Total. Add lines 11a-11d		33,214,551.				
12 Total revenue. See instructions.		2,411,927,796.	2,353,074,078.	1,801,281.	25,038,562.		

Part IX Statement of Functional Expenses

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

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

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	3,646,031.	3,646,031.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	38,000.	38,000.		
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	16,170,713.		16,170,713.	
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	796,573,316.	626,758,516.	168,094,382.	1,720,418.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,615,290.	43,868,974.	12,630,871.	115,445.
9 Other employee benefits	105,774,976.	83,239,587.	22,271,828.	263,561.
10 Payroll taxes	59,719,618.	46,274,398.	13,323,447.	121,773.
11 Fees for services (non-employees):				
a Management				
b Legal	4,077,118.	3,167,513.	909,605.	
c Accounting	642,899.		642,899.	
d Lobbying	636,959.	636,959.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	534,193,733.	417,451,007.	115,875,784.	866,942.
12 Advertising and promotion	62,685.	48,700.	13,985.	
13 Office expenses	71,636,420.	55,500,859.	15,982,085.	153,476.
14 Information technology				
15 Royalties				
16 Occupancy	43,761,609.	33,998,394.	9,763,215.	
17 Travel	2,929,911.	2,210,089.	653,663.	66,159.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	56,373,528.	56,373,528.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,542,877.	95,203,569.	27,339,308.	
23 Insurance	14,809,219.	14,450,613.	358,606.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & PHARMACY SUPP	392,296,540.	392,296,540.		
b LINEN & LAUNDERING SERV	5,894,430.	4,579,383.	1,315,047.	
c PROPERTY TAXES	4,202,536.	3,264,950.	937,586.	
d BOOKS & SUBS/DUES/FEES/	3,402,400.	2,536,466.	759,076.	106,858.
e All other expenses	7,802,442.	3,435,646.	990,260.	3,376,536.
25 Total functional expenses. Add lines 1 through 24e	2,303,803,250.	1,888,979,722.	408,032,360.	6,791,168.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	798,304.	1	942,030.	
	2 Savings and temporary cash investments	85,147,935.	2	150,740,001.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	302,984,845.	4	312,337,411.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	27,341,514.	8	32,802,450.	
	9 Prepaid expenses and deferred charges	122,316,376.	9	110,327,525.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,650,090,055.			
	b Less: accumulated depreciation	10b 735,578,115.			
	11 Investments - publicly traded securities	941,077,053.	10c	914,511,940.	
	12 Investments - other securities. See Part IV, line 11	458,558,301.	11	503,540,175.	
	13 Investments - program-related. See Part IV, line 11	511,718,561.	12	685,861,806.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	38,955,076.	14	44,817,878.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	169,411,776.	15	185,863,891.		
	2,658,309,741.	16	2,941,745,107.		
Liabilities	17 Accounts payable and accrued expenses	316,936,555.	17	345,522,842.	
	18 Grants payable		18		
	19 Deferred revenue	47,296,575.	19	44,378,312.	
	20 Tax-exempt bond liabilities	556,562,209.	20	94,815,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	132,000,000.	23	182,725,000.	
	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	586,678,698.	25	1,152,832,464.	
	26 Total liabilities. Add lines 17 through 25	1,639,474,037.	26	1,820,273,618.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	931,200,888.	27	1,020,591,968.	
	28 Temporarily restricted net assets	60,479,892.	28	64,973,848.	
	29 Permanently restricted net assets	27,154,924.	29	35,905,673.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,018,835,704.	33	1,121,471,489.		
34 Total liabilities and net assets/fund balances	2,658,309,741.	34	2,941,745,107.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,411,927,796.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,303,803,250.
3	Revenue less expenses. Subtract line 2 from line 1	3	108,124,546.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,018,835,704.
5	Net unrealized gains (losses) on investments	5	66,072,221.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-71,560,982.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,121,471,489.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Non-functionally integrated
- 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 monetary 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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Area containing horizontal lines for supplemental information.

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

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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>1</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>11,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>10,480.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 59,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
19	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
25	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>10,016.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>5,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
31	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
37	<hr/> <hr/> <hr/>	\$ <u>16,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>57,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>96,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>49,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
43		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 11,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
49		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 24,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 17,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 3,492,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 534,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
55	<hr/> <hr/> <hr/>	\$ <u>1,162,591.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>82,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
61	<hr/> <hr/> <hr/>	\$ <u>22,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>24,793.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>5,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
67	<hr/> <hr/> <hr/>	\$ <u>22,859.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ <u>226,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>22,552.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
73	<hr/> <hr/> <hr/>	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 8,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
79	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>61,723.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>5,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
85	<hr/> <hr/> <hr/>	\$ <u>6,925.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>58,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>10,758.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
91	<hr/> <hr/> <hr/>	\$ <u>6,940.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ <u>88,168.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
97	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 6,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 599,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
103	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 102,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 142,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
109		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 30,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 6,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 7,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
115	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 5,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 381,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>121</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>122</u>	_____ _____ _____	\$ <u>7,193.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>123</u>	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>124</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>125</u>	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>126</u>	_____ _____ _____	\$ <u>7,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>127</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>128</u>	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>129</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>130</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>131</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>132</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
133	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 50,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 117,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 15,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>139</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>	_____ _____ _____	\$ <u>116,867.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>	_____ _____ _____	\$ <u>58,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>	_____ _____ _____	\$ <u>5,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>	_____ _____ _____	\$ <u>7,596.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
145	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 9,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 27,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>151</u>	_____ _____ _____	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>152</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>153</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>154</u>	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>155</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>156</u>	_____ _____ _____	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>157</u>	_____ _____ _____	\$ <u>189,943.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>158</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>159</u>	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>160</u>	_____ _____ _____	\$ <u>78,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>161</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>162</u>	_____ _____ _____	\$ <u>483,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
163	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
169	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 7,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 5,001,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
175	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ <u>14,869.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ <u>6,394.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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>181</u>	<hr/> <hr/> <hr/>	\$ <u>5,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>182</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>183</u>	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>184</u>	<hr/> <hr/> <hr/>	\$ <u>5,211.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>185</u>	<hr/> <hr/> <hr/>	\$ <u>96,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>186</u>	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
187	<hr/> <hr/> <hr/>	\$ 50,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	<hr/> <hr/> <hr/>	\$ 11,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	<hr/> <hr/> <hr/>	\$ 25,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	<hr/> <hr/> <hr/>	\$ 8,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
193	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
199		\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 221,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 45,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 10,845.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 10,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
205		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 16,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 11,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 5,284.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
211	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ <u>19,127.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ <u>6,995.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ <u>8,284.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
217	<hr/> <hr/> <hr/>	\$ 11,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 10,793,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 42,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 92,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 276,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 137,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
223	<hr/> <hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/> <hr/>	\$ 119,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/> <hr/>	\$ 107,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
27	STOCKS	\$ 10,016.	10/28/13
41	STOCKS	\$ 49,863.	02/06/14
50	STOCKS	\$ 24,739.	12/30/13
62	STOCKS	\$ 24,793.	08/14/14
67	STOCKS	\$ 19,859.	11/23/13
98	STOCKS	\$ 6,632.	01/21/14

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
135	STOCKS	\$ 50,572.	12/28/13
149	STOCKS	\$ 27,440.	12/19/13
202	68 GIFT BAGS	\$ 10,845.	01/16/14
203	SUNGLASSES, HANDBAGS, FRAMES AND VARIOUS MISC ITEMS	\$ 10,194.	03/13/14
204	PORTRAITS SESSIONS	\$ 8,000.	04/24/14
205	BREAKFAST ITEMS-COFFEE, JUICE, BAGELS	\$ 10,000.	05/19/14

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
206	1000 ASSORTED TOYS, DOLLS, STUFFED ANIMALS	\$ 8,000.	07/07/14
207	5- 7 NIGHTS HOTEL ACCOMMODATIONS, 1- 5 NIGHTS HOTEL ACCOMMODATIONS	\$ 16,600.	02/07/14
208	FLOWER ARRANGEMENTS FOR A YEAR, EVENTS DECORATIONS, CENTER PIECES FOR EVENTS	\$ 11,200.	04/28/14
209	6 XBOX 360'S WITH ACCESSORIES, GAMES, TOYS	\$ 6,500.	01/08/14
210	SOFT TOYS	\$ 5,284.	04/01/14
211	GIFT CARDS	\$ 5,000.	05/06/14

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
212	2400 TEDDY BEARS	\$ 19,127.	01/17/14
213	ASSORTED TOYS, ADOPT A FAMILY, PARKING PASSES	\$ 6,995.	01/08/14
214	ASSORTMENT OF ELECTRONICS- VIDEO GAMES, COMPUTERS, GAMES GIFTCARDS	\$ 8,284.	11/07/13
215	1428 SANDWICHES FOR BIKE RIDE EVENT	\$ 5,000.	10/01/12
216	WATER BOTTLES, GIFT CARDS, FOOD	\$ 15,000.	05/19/14
217	2 PHOTO SAFARI IN SOUTH AFRICA	\$ 11,900.	05/01/14

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

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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) 2013

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												
1 a	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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)).

	(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		375,576.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		260,883.
j Total. Add lines 1c through 1i			636,959.
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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; 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 2014.

ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE

GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO

DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS.

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.

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

OMB No. 1545-0047

2013

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	63,261,000.	63,422,000.	62,861,000.	68,085,000.	70,535,000.
b Contributions	3,493,000.		2,000.	2,000.	
c Net investment earnings, gains, and losses	11,289,000.	6,181,000.	7,683,000.	2,814,000.	5,501,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,898,000.	6,342,000.	7,124,000.	8,040,000.	7,951,000.
f Administrative expenses					
g End of year balance	72,145,000.	63,261,000.	63,422,000.	62,861,000.	68,085,000.

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 49.77 %
- c Temporarily restricted endowment 50.23 %

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		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,363,668.		38,363,668.
b Buildings		251,635,202.	83,488,871.	168,146,331.
c Leasehold improvements		17,632,132.	12,739,698.	4,892,434.
d Equipment		1,314,855,764.	639,317,167.	675,538,597.
e Other		27,603,289.	32,379.	27,570,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				914,511,940.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) YALE ENDOWMENT FUND	685,861,806.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	685,861,806.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS	9,285,229.
(2) OTHER ASSETS	127,145,259.
(3) MALPRACTICE RECEIVABLE	49,433,403.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	185,863,891.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFITS	231,476,949.
(3) OTHER LONG TERM LIABILITIES	338,463,517.
(4) CAPITAL LEASES	50,682,028.
(5) DUE TO PARENT- T/E BOND LIABILITY	532,209,970.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,152,832,464.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,432,058,569.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	75,948,922.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-44,304,795.
e	Add lines 2a through 2d	2e	31,644,127.
3	Subtract line 2e from line 1	3	2,400,414,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	11,513,354.
c	Add lines 4a and 4b	4c	11,513,354.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,411,927,796.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,267,357,998.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,267,357,998.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	36,445,252.
c	Add lines 4a and 4b	4c	36,445,252.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,303,803,250.

Part XIII Supplemental Information.

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

PART 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 2D - OTHER ADJUSTMENTS:

FUNDING OF CLINICAL PROGRAMS	2,140,000.
NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER	6,832,953.
AMORTIZATION OF BOND TRANSACTION NET AGAINST REVENUE	-32,631,442.
CHANGE IN MARKET VALUE OF SWAPS	-16,357,411.
RECLASS EXPENSES NETTED WITH INVESTMENT INCOME TO EXPENSES	-4,288,895.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D -44,304,795.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BEQUESTS, GIFTS & GRANTS 10,949,446.

INVESTMENT INCOME RELEASE FROM RESTRICTIONS 880,463.

AUXILIARY INCOME 394,297.

RECLASS FOR SPECIAL EVENTS -710,852.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 11,513,354.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES 235,767.

EXPENSE RECLASS TO SPECIAL EVENTS -710,852.

FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE 4,288,895.

RECLASS EXPENSES NETTED AGAINST INVESTMENT INCOME 32,631,442.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 36,445,252.

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) 2013

Part V Supplemental Information

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.

PART I, LINE 3:

COST

PART 1, LINE 3, COLUMN F:

EXPENSES \$,4,373,902

INVESTMENTS \$28,971,425

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
		CLOSER TO FREE BIKE RIGOLF EVENTS (event type)	(event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,615,773.	116,247.	132,887.	1,864,907.
	2 Less: Contributions	1,533,379.	78,481.	109,261.	1,721,121.
	3 Gross income (line 1 minus line 2)	82,394.	37,766.	23,626.	143,786.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	27,300.			27,300.
	7 Food and beverages	17,393.	21,870.	30,504.	69,767.
	8 Entertainment				
	9 Other direct expenses	474,963.	41,428.	5,045.	521,436.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				618,503.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-474,717.

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))
		1 Gross revenue			181,196.
Direct Expenses	2 Cash prizes			48,000.	48,000.
	3 Noncash prizes				
	4 Rent/facility costs			27,300.	27,300.
	5 Other direct expenses			17,046.	17,046.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				92,346.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				88,850.	

9 Enter the state(s) in which the organization operates gaming activities: CT
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: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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

**Open to Public
Inspection**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<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 as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)		32,031	158,746,738.	26,576,218.	132,170,520.	5.74%
b Medicaid (from Worksheet 3, column a)		321,289	469,126,000.	247,464,000.	221,662,000.	9.62%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		353,320	627,872,738.	274,040,218.	353,832,520.	15.36%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	68,700	11,120,328.	3,181,691.	7,938,637.	.34%
f Health professions education (from Worksheet 5)	6	2,613	115,224,669.	21,366,078.	93,858,591.	4.07%
g Subsidized health services (from Worksheet 6)	1	17,661	8,807,309.	4,644,789.	4,162,520.	.18%
h Research (from Worksheet 7)	2		1,420,895.		1,420,895.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	1,407	2,100,679.		2,100,679.	.09%
j Total. Other Benefits	45	90,381	138,673,880.	29,192,558.	109,481,322.	4.74%
k Total. Add lines 7d and 7j	45	443,701	766,546,618.	303,232,776.	463,313,842.	20.10%

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, address, primary website address, and state license number

1 YALE-NEW HAVEN HOSPITAL
20 YORK STREET
NEW HAVEN, CT 06504
WWW.YNHH.ORG
0044

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first seven columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group YALE-NEW HAVEN HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>YNHH.ORG/ABOUT-US/CHNA.ASPX</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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 Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
If "No," explain in Section C the criteria the hospital facility used.			
12	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 checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	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 checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" 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 checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	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	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input 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 Section C)		
17	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 individual'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 Section C)		

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 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?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

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

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Part V Facility Information (continued)

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

PART V, SECTION A:

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 3:

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. YALE-NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

PART V, SECTION B, LINE 5B - OTHER WEBSITES (LIST URL):

[HTTP://WWW.CTDATAHAVEN.ORG/COMMUNITYINDEX](http://www.ctdatahaven.org/communityindex)

[HTTP://WWW.CITYOFNEWHAVEN.COM/UPLOADS/2013_COMMUNITYINDEX%20REPORT.PDF](http://www.cityofnewhaven.com/uploads/2013_communityindex%20report.pdf)

[HTTPS://WWW.CFGNH.ORG/ABOUT/NEWSEVENTS/VIEWARTICLE/TABID/96/ARTICLEID/254/](https://www.cfgnh.org/about/newsevents/viewarticle/tabid/96/articleid/254/)

[HTTP://EPI.YALE.EDU/INDICATORS-IN-PRACTICE/GREATER-NEW-HAVEN-COMMUNITY-IND](http://epi.yale.edu/indicators-in-practice/greater-new-haven-community-ind)

[HTTP://N2NLIFELINE.ORG/THE-DATA/](http://n2nlifeline.org/the-data/)

Part V Facility Information *(continued)*

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

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 7:

BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, SEVEN HEALTH ISSUES WERE PRIORITIZED: ACCESS TO CARE, ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS, OBESITY AND CHRONIC DISEASE AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES. YALE-NEW HAVEN HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, OBESITY AND CHRONIC DISEASE AND SOCIAL DETERMINANTS OF HEALTH. IN ADDITION, YALE-NEW HAVEN HOSPITAL WILL CONTINUE EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES.

YALE-NEW HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE DEVELOPMENT OF A COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL SEVEN AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 11:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THERE IS NO INCOME LIMITATION FOR ELIGIBILITY FOR DISCOUNTED CARE.

Part V Facility Information (continued)

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

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 20D:

PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART V, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE NON-HOSPITAL HEALTH CARE FACILITIES THAT YALE-NEW HAVEN HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQUIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS. ALL SUCH LOCATIONS ARE OPERATED BY YALE-NEW HAVEN HOSPITAL UNDER THE YALE-NEW HAVEN HOSPITAL STATE HOSPITAL LICENSE.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 63

Name and address	Type of Facility (describe)
1 BLOOD DRAW STATION 11 HARRISON AVE BRANFORD, CT 06405	BLOOD DRAW
2 CARDIAC OUTPATIENT SERVICES/YALE CARD 311 HARRISON AVENUE BRANFORD, CT 06405	CARDIAC SERVICES
3 SHORELINE DIALYSIS 34 EAST INDUSTRIAL RD BRANFORD, CT 06405	DIALYSIS
4 CARDIAC REHABILITATION CENTER 84 NORTH MAIN STREET BRANFORD, CT 06405	CARDIAC SERVICES
5 SRC WOMEN, INFANT & CHILDREN PROGRAM 141 MILL HILL AVENUE BRIDGEPORT, CT 06610	MEDICAL PROGRAM
6 BLOOD DRAW STATION 252 E MAIN STREET CLINTON, CT 06413	BLOOD DRAW
7 YALE-GRIFFIN PREVENTION RESEARCH CENT 130 DIVISION STREET DERBY, CT 06418	RESEARCH
8 SMILOW CANCER HOSPITAL CARE CENTER 350 SEYMOUR AVENUE DERBY, CT 06418	CANCER CENTER
9 DIAGNOSTIC RADIOLOGY/BLOOD DRAW STATI 317 FOXON ROAD EAST HAVEN, CT 06512	RADIOLOGY/BLOOD DRAW/URGENT CARE
10 BLOOD DRAW STATION 556 MAIN STREET EAST HAVEN, CT 06512	BLOOD DRAW

Schedule H (Form 990) 2013

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

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

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

Name and address	Type of Facility (describe)
11 SMILOW CANCER HOSPITAL CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER CENTER
12 SMILOW/Y-NHH CHILDREN'S HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	CANCER CENTER
13 OUTPATIENT PHYSICAL AND OCCUPATIONAL 1445 BOSTON POST ROAD GUILFORD, CT 06437	REHAB
14 HEART & VASCULAR OUTPATIENT SERVICES 1591 BOSTON POST ROAD STE. 202-203, S GUILFORD, CT 06437	CARDIAC SERVICES
15 YNHH - PEDIATRIC TREATMENT CENTER 405 CHURCH STREET GUILFORD, CT 06437	PEDIATRIC SERVICES
16 YNHH UROLOGY SERVICES AT HAMDEN 2200 WHITNEY AVE, 2ND FL HAMDEN, CT 06518	UROLOGY
17 YNHH UROLOGY 1291 BOSTON POST ROAD MADISON, CT 06443	UROLOGY
18 BLOOD DRAW 170 BOSTON POST ROAD MADISON, CT 06443	BLOOD DRAW
19 UROLOGY 6 WOODLAND MADISON, CT 06443	BLOOD DRAW/UROLOGY
20 MERIDEN DIALYSIS 377 RESEARCH PARKWAY MERIDEN, CT 06450	DIALYSIS

Schedule H (Form 990) 2013

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

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

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

Name and address	Type of Facility (describe)
21 HEMATOLOGY & ONCOLOGY 455 LEWIS AVE MERIDEN, CT 06450	CANCER SERVICES
22 LAB 1 NEW HAVEN AVE MILFORD, CT 06460	BLOOD DRAW
23 LAB/MEDICAL OFFICE 247 BROAD STREET MILFORD, CT 06460	MEDICAL SERVICES
24 YNHH REHABILITATION AND DIAGNOSTIC RA 48 WELLINGTON ROAD MILFORD, CT 06460	REHAB/RADIOLOGY
25 HSR/MILFORD DIALYSIS 50 COMMERCE PARK DRIVE MILFORD, CT 06460	DIALYSIS
26 PEDIATRIC SPECIALTY CENTER 1 PARK STREET NEW HAVEN, CT 06511	PEDIATRIC SERVICES
27 GRIMES CENTER/SENIOR ASSESSMENT CENTE 1354 CHAPEL ST NEW HAVEN, CT 06511	ELDER CARE
28 DIALYSIS 137 WATER STREET NEW HAVEN, CT 06511	DIALYSIS
29 WOMEN & CHILDREN (WIC) @ HSR 1401 CHAPEL STREET, UNIT #4 NEW HAVEN, CT 06511	WIC PROGRAM
30 CENTER FOR WOMEN'S HEALTH 1441 CHAPEL STREET NEW HAVEN, CT 06511	OB/GYN SERVICES

Schedule H (Form 990) 2013

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

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

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

Name and address	Type of Facility (describe)
31 AMITY PATIENT SERVICE CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06511	PATIENT SERVICES
32 BLOOD DRAW STATION 1475 WHALLEY AVE. NEW HAVEN, CT 06511	BLOOD DRAW
33 BLOOD DRAW STATION/RADIOLOGY 150 SARGENT STREET NEW HAVEN, CT 06511	BLOOD DRAW/RADIOLOGY
34 TAKEHEART CARDIAC REHAB 175 SHERMAN AVENUE NEW HAVEN, CT 06511	CARDIAC SERVICES
35 ADVANCED CARE PROGRAMS 200 ORCHARD STREET NEW HAVEN, CT 06511	ELDER CARE
36 YNHU UROLOGY 330 ORCHARD ST. NEW HAVEN, CT 06511	UROLOGY
37 BLOOD DRAW STATION 46 PRINCE STREET, GROUND FLOOR NEW HAVEN, CT 06511	BLOOD DRAW
38 MCGIVNEY CANCER CENTER 659 GEORGE STREET NEW HAVEN, CT 06511	CANCER CARE
39 BLOOD DRAW STATION 789 HOWARD AVENUE NEW HAVEN, CT 06511	BLOOD DRAW
40 BLOOD DRAW STATION/RADIOLOGY 800 HOWARD AVE NEW HAVEN, CT 06511	BLOOD DRAW/RADIOLOGY

Schedule H (Form 990) 2013

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

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

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

Name and address	Type of Facility (describe)
41 DIAGNOSTIC RADIOLOGY 801 HOWARD AVE NEW HAVEN, CT 06511	RADIOLOGY
42 YNHH ADLER GERIATRIC CENTER 874-878 HOWARD AVE NEW HAVEN, CT 06511	ELDER CARE
43 CARDIAC OUTPATIENT SERVICES 365 MONTAUK AVENUE NEW LONDON, CT 06320	CARDIAC SERVICES
44 RADIOLOGY 100 BROADWAY NORTH HAVEN, CT 06473	TEMPLE RADIOLOGY
45 BLOOD DRAW STATION/HEART & VASCULAR C 2 DEVINE STREET NORTH HAVEN, CT 06473	BLOOD DRAW/CARDIAC SERVICES
46 NORTH HAVEN DIALYSIS CENTER 266 STATE STREET NORTH HAVEN, CT 06473	DIALYSIS
47 BLOOD DRAW STATION/DIAGNOSTIC RADIOLO 6 DEVINE STREET, SUITE 2C NORTH HAVEN, CT 06473	BLOOD DRAW/RADIOLOGY/IMMUNOLOGY
48 YNHCH PEDIATRIC SPECIALTY CENTER AT N 747 BELDEN AVENUE NORWALK, CT 06850	PEDIATRIC SERVICES
49 BLOOD DRAW STATION/RADIOLOGY/IMMUNOLO 633 MIDDLESEX TURNPIKE OLD SAYBROOK, CT 06475	VARIOUS MEDICAL SERVICES
50 BLOOD DRAW STATION 236 BOSTON POST ROAD ORANGE, CT 06477	BLOOD DRAW

Schedule H (Form 990) 2013

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

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

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

Name and address	Type of Facility (describe)
51 SMILOW CANCER HOSPITAL CARE CENTER 240 INDIAN RIVER ROAD ORANGE, CT 06477	CANCER CENTER
52 HEART & VASCULAR CENTER 325 BOSTON POST ROAD ORANGE, CT 06477	CARDIAC SERVICES
53 SMILOW CANCER HOSPITAL CARE CENTER 50 HOSPITAL HILL ROAD, 1ST FLOOR SPACE SHARON, CT 06069	CANCER CENTER
54 YALE OBGYN 2 IVY BROOK SHELTON, CT 06484	OB/GYN SERVICES
55 BLOOD DRAW STATION 3115 MAIN STREET STRATFORD, CT 06614	BLOOD DRAW
56 SMILOW CANCER HOSPITAL CARE CENTER 200 KENNEDY DRIVE TORRINGTON, CT 06790	CANCER CENTER
57 SMILOW CANCER HOSPITAL CARE CENTER 5520 PARK AVENUE TRUMBULL, CT 06611	CANCER CENTER
58 BLOOD DRAW STATION 665 NORTH COLONY ROAD WALLINGFORD, CT 06492	BLOOD DRAW
59 SMILOW CANCER HOSPITAL CARE CENTER 1075 CHASE PARKWAY WATERBURY, CT 06708	CANCER CENTER
60 BLOOD DRAW STATION/URGENT CARE 500 ELM STREET WEST HAVEN, CT 06516	BLOOD DRAW/URGENT CARE

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT
 MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THE FINANCIAL ASSISTANCE
 POLICY PROVIDES FOR ELIGIBILITY OF CARE REGARDLESS OF INCOME.

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 III, LINE 2:

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

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

YALE-NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 12,152 EMPLOYEES IN 2014. 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 IDEAS, MARKET NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS FOUNDATION OF CONNECTICUT. THROUGH THESE ORGANIZATIONS, YALE-NEW HAVEN HOSPITAL 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

Part VI Supplemental Information (Continuation)

AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, YALE-NEW HAVEN HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL PROVIDED \$3.5 MILLION IN 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, YALE-NEW HAVEN HOSPITAL HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 27% OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 63 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE. TO REVERSE THIS TREND, YALE-NEW HAVEN HOSPITAL HAS FOCUSED ON INCREASING PERMANENT HOME OWNERSHIP THROUGH THE FOLLOWING TWO INITIATIVES.

Part VI Supplemental Information (Continuation)

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 SIX HOMES WITH THE MOST RECENT BUILD COMPLETED IN 2013. OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4,000 HOURS IN THIS PROJECT, WHILE YALE-NEW HAVEN HOSPITAL SPONSORED THE BUILDING MATERIALS FOR EACH HOME.

THE HOME OWNERSHIP MADE EASIER (H.O.M.E.) PROGRAM AT YALE-NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 16 EMPLOYEES AND THEIR FAMILIES. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 119 HOMES HAVE BEEN PURCHASED BY YALE-NEW HAVEN HOSPITAL EMPLOYEES. TO DATE \$902,500 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.

RESULTS FROM THE FALL 2012 COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT AT YALE SCHOOL OF PUBLIC HEALTH SURVEY OF NEW HAVEN'S LOW-INCOME NEIGHBORHOODS, INCLUDING THE HILL NORTH NEIGHBORHOOD WHERE THE HOSPITAL IS LOCATED, PROVIDE EVIDENCE THAT ACCESS TO HEALTHY AFFORDABLE FOOD IS A MAJOR PUBLIC HEALTH CONCERN. FOR EXAMPLE, ABOUT 40% OF RESPONDENTS SAID THEY WERE NOT ALWAYS ABLE TO AFFORD TO BUY VEGETABLES, FRUIT, HEALTHY OILS OR WHOLE GRAINS. OVER THE PAST FOUR YEARS, YALE-NEW HAVEN HOSPITAL HAS BEEN A PROUD SPONSOR, ALONG WITH THE CONNECTICUT MENTAL HEALTH CENTER, OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YALE-NEW

Part VI Supplemental Information (Continuation)

HAVEN HOSPITAL'S YORK STREET CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER AND OFFERS HEALTHY, AFFORDABLE FOOD FOR LOCAL RESIDENTS. IN ADDITION, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY, YALE-NEW HAVEN HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATED IT TO THE COMMUNITY SOUP KITCHEN AT CHRIST CHURCH AND ST. LUKE'S EPISCOPAL CHURCH IN NEW HAVEN AS WELL AS ST. ANN'S SOUP KITCHEN IN HAMDEN.

THE 2013-2014 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$148,450 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY. THROUGH THE HOSPITAL'S ANNUAL SCHOOL READINESS DRIVE, WHICH IS PART OF THE CAMPAIGN, EMPLOYEES DONATED APPROXIMATELY 14,000 SCHOOL SUPPLIES TO STUDENTS AT TWO NEW HAVEN ELEMENTARY SCHOOLS IN NEW HAVEN'S HILL COMMUNITY. IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARD AND VARIOUS COMMITTEES. YALE-NEW HAVEN HOSPITAL STAFF ALSO PARTICIPATED IN ADOPT-A-FAMILY ACTIVITIES AND A SEVERAL WINTER COAT, PERSONAL CARE ITEM AND DIAPER DRIVES.

REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHER MEETINGS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS UTILIZING LOCAL RESOURCES. THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF

Part VI Supplemental Information (Continuation)

NEIGHBORHOOD BASED AGENCIES, SUCH AS THE HOSPITAL, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT.

CREATING EDUCATIONAL OPPORTUNITIES-

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A

COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO RECENT CENSUS

STATISTICS, ONLY 80.5% OF INDIVIDUALS IN THE CITY OF NEW HAVEN HAD

ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED

TO NEARLY 90% STATEWIDE. ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH

SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON

THE CONNECTICUT MASTERY TEST. IN RESPONSE TO THESE STATISTICS, YALE-NEW

HAVEN HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2014.

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 INITIATIVE'S PARTNERSHIP COMPONENT. ITS

GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE

NEW HAVEN STUDENTS. THE PROGRAM IS ADMINISTERED BY THE COMMUNITY

FOUNDATION OF GREATER NEW HAVEN. THOUGH THE IMPACT OF THE NEW HAVEN

PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, NEW HAVEN

PROMISE HAS OVER 220 STUDENTS ENROLLED IN 17 CONNECTICUT COLLEGES AND

UNIVERSITIES. FOR A SIXTH 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

Part VI Supplemental Information (Continuation)

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. 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. IN 2014, FOUR STUDENTS PARTICIPATING IN THE YOUTH @ WORK PROGRAM WERE PLACED AT YALE-NEW HAVEN.

THE YALE-NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS. COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YALE-NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM. OVER 30 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2014. 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

Part VI Supplemental Information (Continuation)

VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS.

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

IN FISCAL YEAR 2014, 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 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 YALE-NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE. IN 2014, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST. MARTIN DE PORRES ACADEMY. AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION. ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL

Part VI Supplemental Information (Continuation)

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 FISCAL YEAR 2014, 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.

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 12.1% COMPARED TO 8.4% 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), WHICH 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

Part VI Supplemental Information (Continuation)

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 2014, OVER 100 YOUTH IN GRADES 4-11 PARTICIPATED IN CONNCAT'S YEAR ROUND PROGRAM AND 46 ADULT LEARNERS WERE ENROLLED IN THEIR PHLEBOTOMY AND MEDICAL CODING JOB TRAINING PROGRAMS WITH 100% PLACEMENT AND COMPLETION OF OFFSITE EXTERNSHIPS PROVIDING HANDS ON EXPERIENCE. OVER 73% OF CONNCAT GRADUATES ARE NOW EMPLOYED. SINCE 1996, THE HOSPITAL'S AWARD-WINNING HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) TRAINING AND SKILLS DEVELOPMENT PROGRAM HAS HELPED MORE THAN 100 ADULTS TRANSITION FROM INCOME SUPPORT SITUATIONS INTO EMPLOYMENT. INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN. PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS.

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.

PART III, LINE 4:

Y-NHH'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE INDIGENT AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE INDIGENT INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

Y-NHH MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN

Part VI Supplemental Information (Continuation)

ACCORDANCE WITH THE ESTABLISHED POLICIES OF Y-NHH, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY Y-NHH TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY Y-NHH, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE. DURING THE YEAR ENDED SEPTEMBER 30, 2014, Y-NHH AMENDED ITS CHARITY CARE POLICY. BASED UPON THE POLICY CHANGE, Y-NHH EXPERIENCED INCREASED CHARITY CARE WRITE-OFFS DURING THE YEAR. TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$132.4 MILLION AND \$115.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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 \$85.3 MILLION AND \$54.3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, 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, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS \$72.8 MILLION AND \$82.2 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS \$47.1 MILLION AND \$60.7 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN

Part VI Supplemental Information (Continuation)

THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, THE HOSPITAL RECEIVED \$26.6 MILLION AND \$58.0 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$17.1 MILLION AND \$33.3 MILLION, RESPECTIVELY WAS RELATED TO CHARITY CARE. Y-NHH MADE PAYMENTS INTO THE CDSHP OF \$73.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY, FOR THE ASSESSMENT. ADDITIONALLY, Y-NHH PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS INDIGENT 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. Y-NHH 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, Y-NHH PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. Y-NHH'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. Y-NHH ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

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

PART III, LINE 9B:

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

PART VI, LINE 2:

COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT YALE-NEW HAVEN HOSPITAL.

Part VI Supplemental Information (Continuation)

THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

PART VI, LINE 3:

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

PART VI, LINE 4:

THE LOCAL SERVICE AREA SERVED BY YALE-NEW HAVEN HOSPITAL INCLUDES CONNECTICUT MUNICIPALITIES ACROSS MIDDLESEX AND NEW HAVEN COUNTIES. THESE INCLUDE: ANSONIA, BETHANY, BRANFORD, CENTERBROOK, CHESHIRE, CLINTON, DEEP RIVER, DERBY, EAST HAVEN, ESSEX, GUILFORD, HAMDEN, IVORYTON, KILLINGWORTH, MADISON, MERIDEN, MILFORD, NEW HAVEN, NORTH BRANFORD, NORTH HAVEN, NORTHFORD, OLD SAYBROOK, ORANGE, OXFORD, SEYMOUR, WALLINGFORD, WEST HAVEN, WESTBROOK AND WOODBRIDGE.

Part VI Supplemental Information (Continuation)

IN 2014, THE TOTAL POPULATION OF THE HOSPITAL'S PRIMARY GEOGRAPHIC SERVICE AREA WAS ESTIMATED AT 707,492. THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2014 WAS 74.7% WHITE, 12.3% BLACK / AFRICAN AMERICAN, 14.8% HISPANIC, 4.4% ASIAN PACIFIC AND 8.6% NATIVE AMERICAN, MULTI RACE OR OTHER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS \$77,095 IN MIDDLESEX COUNTY AND \$62,497 IN NEW HAVEN COUNTY.

IN ADDITION TO YALE-NEW HAVEN HOSPITAL 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 REHABILITATION AND CHRONIC CARE HOSPITAL IS ALSO LOCATED WITHIN THE LOCAL GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN. YALE-NEW HAVEN HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

IN FISCAL YEAR 2014, THERE WERE 78,529 INPATIENT DISCHARGES FROM YALE-NEW HAVEN HOSPITAL. AN ESTIMATED 30% WERE EITHER MEDICAID BENEFICIARIES OR PEOPLE WHO 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 2014, THERE WERE 201,795 VISITS TO YALE-NEW HAVEN'S ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD. TREATED AND DISCHARGED PATIENTS MADE UP 80% OF THE TOTAL WITH OVER HALF (ROUGHLY 88,400 INDIVIDUALS) IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE.

PATIENT ORIGIN DATA FOR FISCAL YEAR 2014 INDICATED THAT 46% OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT AND 31% 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 \$38,482, WHICH IS \$31,037 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD

Part VI Supplemental Information (Continuation)

INCOME OF \$69,519. AN ESTIMATED 26.9% OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO 10% STATE-WIDE.

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 PURPOSES BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

YALE-NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE NEW HAVEN IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN HOSPITAL DISCHARGED ALMOST 79,400 INPATIENTS AND HANDLED ABOUT 1.2 MILLION OUTPATIENT ENCOUNTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND DOZENS OF RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE. LAST YEAR, THE HOSPITAL RECEIVED NATIONAL RECOGNITION FOR ITS CLINICAL SERVICES RANKING AMONG THE COUNTRY'S TOP HOSPITALS IN 11 SPECIALTIES IN U.S. NEWS & WORLD REPORT'S ANNUAL "AMERICA'S BEST HOSPITALS; AND FOR SEVEN PEDIATRIC SUBSPECIALTIES IN THE U.S. NEWS BEST CHILDREN'S HOSPITALS RANKINGS.

EVERY YEAR, AS PART OF ITS VITAL MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE GREATER NEW HAVEN REGION, YALE-NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL MANAGED \$463.3 MILLION IN FINANCIAL AND

Part VI Supplemental Information (Continuation)

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 DISCUSSED PREVIOUSLY IN PART II.

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 COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING 2014, YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR 321,289 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$221.7 MILLION (AT COST).

YALE-NEW HAVEN HOSPITAL 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 2014, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO OVER 32,030 PERSONS AT A TOTAL EXPENSE OF \$132.2 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 CENTER LOCATED ON THE YORK STREET CAMPUS AND FAMILY HEALTH CENTER ON THE SAINT RAPHAEL CAMPUS, WHICH INCLUDE ADULT, ADOLESCENT, PEDIATRIC AND WOMEN'S SERVICES.

THE HOSPITAL'S PRIMARY CARE CENTER AND FAMILY HEALTH CENTER PROVIDE OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION. THE YORK STREET CAMPUS PRIMARY

Part VI Supplemental Information (Continuation)

CARE CENTER IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT. IN FISCAL YEAR 2014, THE PRIMARY CARE CENTER HAD 21,385 VISITS TO THE ADULT MEDICINE CLINIC, 23,849 VISITS TO THE PEDIATRIC CLINIC AND 14,274 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 59,508 PATIENT VISITS. THE FAMILY HEALTH CENTER ON THE HOSPITAL'S ST. RAPHAEL CAMPUS HAD 11,764 VISITS TO THE ADULT PRIMARY CARE CLINIC, 7,556 TO THE PEDIATRIC PRIMARY CARE CENTER AND 3,127 TO THE OB-GYN PRIMARY CARE CENTER, FOR A TOTAL OF 22,447 PATIENT VISITS.

IN FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL AND THE CENTER FOR CHILDREN'S ADVOCACY COLLABORATED ON THE MEDICAL-LEGAL PARTNERSHIP PROJECT TO PROVIDE LEGAL ADVOCACY TO THE PEDIATRIC PRIMARY CARE CENTER. THE NEW HAVEN LAW FIRM WIGGIN AND DANA AND THE CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY ARE SUPPORTING THE PROGRAM WITH GRANTS. AS A RESULT, A LAWYER NOW WORKS IN THE PEDIATRIC PRIMARY CARE CENTER FIVE DAYS A WEEK AND IS AVAILABLE TO PATIENTS, MEDICAL PROVIDERS AND SOCIAL WORKERS THROUGHOUT THE HOSPITAL. THE PROJECT TAKES A PREVENTIVE, MULTIDISCIPLINARY APPROACH TO IMPROVING CHILDREN'S HEALTH BY ASSISTING FAMILIES OBTAIN BASIC NEEDS AND APPROPRIATE LEGAL SUPPORT. YALE-NEW HAVEN PROVIDES ONGOING FINANCIAL AND IN-KIND SUPPORT FOR PROJECT ACCESS-NEW HAVEN (PA-NH), WHICH PROVIDES TIMELY HIGH QUALITY SPECIALTY CARE FOR UNINSURED INDIVIDUALS WHO RESIDE IN THE GREATER NEW HAVEN AREA WITH THE 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 NEARLY 1,000 PATIENTS. THE NO-SHOW RATE FOR MEDICAL APPOINTMENTS IS 3% AND THE VALUE OF DONATED CARE IS OVER \$16.5 MILLION. PATIENTS ARE REFERRED TO

Part VI Supplemental Information (Continuation)

PA-NH 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. PA-NH CELEBRATED ITS FOURTH ANNIVERSARY IN AUGUST 2014.

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 OTHER INFORMATION. ME & MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE. IN 2014, ME & MY BABY GAVE 305 NEWLY ENROLLED MOTHERS ACCESS TO PRENATAL AND PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERAGE. NEARLY 100% OF PROGRAM ENROLLEES ARE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WHO WERE ADMITTED ON NONIMMIGRANT TEMPORARY VISAS AND OVERSTAYED.

THE PRESCRIPTION ASSISTANCE PROGRAM HELPS YALE-NEW HAVEN HOSPITAL 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

Part VI Supplemental Information (Continuation)

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 FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL PROVIDED \$7.9 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.

THE HOSPITAL IS ONE OF 17 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 2014, 800 WOMEN RECEIVED SCREENINGS THROUGH THE PROGRAM.

YALE-NEW HAVEN HOSPITAL 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 FACILITATE ACCESS TO APPROPRIATE DIAGNOSTIC FOLLOW UP WHEN NECESSARY. THE PROGRAM STAFF

Part VI Supplemental Information (Continuation)

CONDUCTED 10 GROUP LECTURES, REACHING OVER 500 WOMEN WITHIN THE COMMUNITY, BRINGING THEM INTO THE BREAST CANCER CONTINUUM OF CARE AND LINKING THEM TO MAMMOGRAPHY SCREENINGS. YNHH PROVIDED PUBLIC EDUCATION AND PROGRAM AND EVENT PROMOTION USING SOCIAL MEDIA SITES INCLUDING FACEBOOK AND TWITTER REACHING OVER 630 INDIVIDUALS.

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 2014, THE MAMMOGRAPHY VAN PERFORMED 1,124 SCREENING MAMMOGRAMS AT 44 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, YALE-NEW HAVEN HOSPITAL 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.

YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND

Part VI Supplemental Information (Continuation)

CHILDREN (WIC) SITE IN NEW HAVEN, WITH 5,050 WOMEN AND THEIR CHILDREN PARTICIPATING ANNUALLY. 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 BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE.

THE SUPPLEMENTAL INFANT PROGRAM AT YALE-NEW HAVEN HOSPITAL WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNS REGARDING THE PRACTICE OF FORMULA STRETCHING (WATERING DOWN FORMULA TO SAVE MONEY DUE TO FINANCIAL HARDSHIP) AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL'S YORK STREET CAMPUS, WHICH SERVES 3,400 CLIENTS ANNUALLY INCLUDING 800 INFANTS. IN 2012, 26.9% OF FAMILIES LIVING IN NEW HAVEN WERE CONSIDERED BELOW THE POVERTY LEVEL, A RATE WHICH IS NEARLY 17% HIGHER THAN THE STATE AVERAGE. THE SUPPLEMENTAL INFANT PROGRAM PROVIDED FORMULA FOR 518 INFANTS DURING 2014 AT NO COST TO FAMILIES TO ENSURE THESE BABIES RECEIVED ADEQUATE NUTRITION.

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 YALE-NEW HAVEN HOSPITAL 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 2014, THE PROGRAM SERVED 230 WOMEN.

Part VI Supplemental Information (Continuation)

PEDIATRIC DENTISTRY WAS IDENTIFIED AS A CRITICAL ISSUE IN THE GREATER NEW 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. THE PEDIATRIC DENTISTRY CENTER RELOCATED IN 2012 TO AN 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 CAVITIES 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 FISCAL YEAR 2014, THE LEAD PROGRAM PROVIDED 3,641 PATIENT SCREENINGS, 380 IN-HOME VISITS AND 62 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, COMPREHENSIVE RISK COUNSELING SERVICES, 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 2014 THE AIDS CARE PROGRAM'S PEDIATRIC SERVICE CARED FOR 30 CHILDREN AND ADOLESCENTS WITH A TOTAL OF 115

Part VI Supplemental Information (Continuation)

VISITS. APPROXIMATELY 3,600 TESTS WERE PROVIDED AS PART OF ROUTINE TESTING IN THE ADULT AND ADOLESCENT PRIMARY CARE CENTER AND WOMEN'S CENTER. BOTH INPATIENT AND OUTPATIENT SERVICES FOR PEOPLE WITH HIV AND AIDS ARE ALSO AVAILABLE THROUGH THE HOSPITAL'S HAELEN CENTER, LOCATED IN THE FAMILY HEALTH CENTER AT YALE-NEW HAVEN HOSPITAL'S SAINT RAPHAEL CAMPUS.

YALE-NEW HAVEN HOSPITAL OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 20 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 2014, 3,735 PEOPLE ATTENDED AND PARTICIPATED IN SUPPORT GROUPS.

ADVANCING CAREERS IN HEALTH CARE-

AS THE PRIMARY TEACHING HOSPITAL FOR THE YALE SCHOOL OF MEDICINE, YALE-NEW HAVEN HOSPITAL 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, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. IN 2014, THE COST TO YALE-NEW HAVEN HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$93.9 MILLION, AND BENEFITED OVER 2,592 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR 720 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS,

Part VI Supplemental Information (Continuation)

ALLIED HEALTH EDUCATION, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM.

THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL EDUCATIONAL OPPORTUNITIES FOR STUDENT DENTAL HYGIENISTS. DURING THEIR ROTATIONS, UNDER THE DIRECTION AND SUPERVISION OF THEIR INSTRUCTORS, THE STUDENTS 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 FISCAL YEAR 2014, 66 SUCH HYGIENISTS ROTATED THROUGH THE DEPARTMENT.

DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO OVER 1,806 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, DIETARY, 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 U.S. 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 2014, TEN CORPSMAN RECEIVED THIS NECESSARY TRAINING.

Part VI Supplemental Information (Continuation)

RESEARCH-

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 ARE AVAILABLE ELSEWHERE. CLINICAL TRIALS AT YALE-NEW HAVEN HOSPITAL AND THE 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 MANY DIFFERENT CLINICAL AREAS INCLUDING ADDICTIVE BEHAVIOR, BRAIN, SPINAL CORD, AND NERVOUS SYSTEM, CANCER, CHILDREN'S HEALTH, DIABETES AND ENDOCRINE SYSTEM, DIGESTIVE SYSTEM, HEART AND CARDIOVASCULAR, HIV/AIDS AND INFECTIOUS DISEASE, OBESITY AND WEIGHT CONTROL, MENTAL HEALTH, AND WOMEN'S HEALTH. YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YALE SCHOOL OF MEDICINE AND YALE CANCER CENTER, YALE-NEW HAVEN HOSPITAL IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF THE MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING ITS CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND

Part VI Supplemental Information (Continuation)

ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER.

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. YALE-NEW HAVEN HOSPITAL MAINTAINS A ROBUST CANCER REGISTRY, AND DURING FISCAL YEAR 2014, THE TOTAL COST ASSOCIATED WITH THE CANCER REGISTRY WAS \$1.4 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 2014, 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 \$2.1 MILLION. ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2013 INCLUDED THE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W. BEERS GUIDANCE CLINIC, COLUMBUS HOUSE, CONNECTICUT SPORTS FOUNDATION: HELPING CANCER PATIENTS, CONNECTICUT STATE CONFERENCE OF NAACP

Part VI Supplemental Information (Continuation)

BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MANAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, LEAP, LEEWAY, LIFE HAVEN, LITERACY VOLUNTEERS OF GREATER NEW HAVEN, MONTESSORI SCHOOL OF EDGEWOOD, NEW LIFE CORPORATION AND RONALD MCDONALD HOUSE. YALE-NEW HAVEN HOSPITAL PROVIDES LEADERSHIP AND FACILITATION SUPPORT FOR THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN. THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING COMMUNITY HEALTH WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT OF RESIDENTS IN THE CITY OF NEW HAVEN AND TWELVE MUNICIPALITIES COMPRISING THE INNER AND OUTER SUBURBAN RINGS SURROUNDING IT. MEMBERS OF THE PARTNERSHIP FOR A HEALTHIER GREATER NEW HAVEN INCLUDE REPRESENTATIVES FROM AREA HEALTH DEPARTMENTS AND HEALTH DISTRICTS, FEDERALLY-QUALIFIED HEALTH CENTERS, YALE SCHOOL OF PUBLIC HEALTH, ROBERT WOOD JOHNSON CLINICAL SCHOLAR'S PROGRAM AND OTHER NON-PROFIT ORGANIZATIONS SERVING GREATER NEW HAVEN. GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE BRIDGEPORT-BASED PRIMARY CARE ACTION GROUP, EXPANDED TO NEW HAVEN IN 2013. GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS: EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY. USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS

Part VI Supplemental Information (Continuation)

INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS. IN-KIND AND FINANCIAL SUPPORT FOR GET HEALTHY CT IS PROVIDED BY MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND YALE-NEW HAVEN HOSPITAL.

IN FISCAL YEAR 2014, YNHHS SPONSORED TWO OF FIVE DAYS FOR THE POLICE ATHLETIC LEAGUE'S NEW HAVEN SUMMER CAMP PROGRAM AT WILBUR CROSS HIGH SCHOOL. APPROXIMATELY 20 EMPLOYEE VOLUNTEERS DEVELOPED AND STAFFED HEALTH AND WELLNESS ACTIVITIES THAT INCLUDED TENNIS, MARTIAL ARTS, AN OBSTACLE COURSE AND BASKETBALL FOR 225 KIDS, AGES 8-13. THE HOSPITAL ALSO DONATED T-SHIRTS, PRIZES AND HEALTHY SNACKS ON BOTH DAYS. 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, ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CROHN'S AND COLITIS FOUNDATION OF AMERICA, INTEGRATED REFUGEE AND IMMIGRANT SERVICES, MARCH OF DIMES, MUSCULAR DYSTROPHY ASSOCIATION, NATIONAL ALLIANCE ON MENTAL ILLNESS, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CT, INC.

SUPPLEMENTAL INFORMATION-

YALE-NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS 4,118 MEMBERS INCLUDING RESIDENTS, FELLOWS AND

Part VI Supplemental Information (Continuation)

HOSPITALISTS.

YALE-NEW HAVEN HOSPITAL, THE FLAGSHIP OF YALE NEW HAVEN HEALTH SYSTEM, INCREASED ITS FOCUS ON ENSURING PATIENT CARE SAFETY AND CLINICAL QUALITY, DESTINATION HOSPITAL CLINICAL PROGRAMS AND SERVICES, HUMAN RESOURCES PROGRAMS AND INITIATIVES AND FINANCIAL PERFORMANCE. KEY HIGHLIGHTS OF THE YEAR INCLUDED:

CELEBRATING ITS FIFTH ANNIVERSARY, SMILOW CANCER HOSPITAL ADDED TWO CANCER CARE CENTERS IN FAIRFIELD AND TRUMBULL. IN MARCH, THE HOSPITAL JOINED THE NATIONAL COMPREHENSIVE CANCER NETWORK, AN ALLIANCE OF LEADING CANCER CARE CENTERS DEDICATED TO IMPROVING THE QUALITY, EFFECTIVENESS AND EFFICIENCY OF CARE. ALSO, MORE THAN 1,220 CYCLISTS PARTICIPATED IN THE ANNUAL CLOSER TO FREE BIKE RIDE IN SEPTEMBER, RAISING OVER \$1.5 MILLION FOR CANCER CARE AND RESEARCH.

DURING FISCAL YEAR 2014, MORE THAN \$40 MILLION WAS REINVESTED IN THE SAINT RAPHAEL CAMPUS TO REFURBISH THE FACILITY, INCLUDING TWO OPERATING ROOMS, THE CARDIAC CATHETERIZATION LAB AND THE GRIMES CENTER FOR ADULT REHABILITATION. RENOVATIONS ALSO SUPPORTED THE CREATION OF THE MUSCULOSKELETAL CENTER UNIT AND THE CENTER FOR RESTORATIVE CARE DEDICATED TO GERIATRIC CARE.

YALE-NEW HAVEN HOSPITAL CONTINUED TO ATTRACT TERTIARY AND QUATERNARY REFERRALS FROM ACROSS THE REGION. Y ACCESS, YALE-NEW HAVEN'S SINGLE-SOURCE, 24/7 CALL CENTER EXCLUSIVELY FOR PHYSICIANS, COORDINATES TRANSFERS FROM OTHER HEALTHCARE FACILITIES AND EMERGENT DIRECT ADMISSIONS TO THE HOSPITAL. THE Y ACCESS REFERRAL LINE INCREASED ITS VOLUME BY 4.5 PERCENT IN 2014, WITH 5,333 INTER-HOSPITAL TRANSFERS. IN PARTNERSHIP WITH THE NORTH SHORE LONG ISLAND JEWISH (LIJ) HEALTH SYSTEM, YALE NEW HAVEN HEALTH IMPLEMENTED A HELICOPTER EMERGENCY MEDICAL SERVICES PROGRAM TO FACILITATE THE TRANSFER OF CRITICALLY ILL

Part VI Supplemental Information (Continuation)

PATIENTS TO THE HOSPITAL. EACH YEAR, THOUSANDS OF MEMBERS OF THE
 COMMUNITY SUPPORT YALE-NEW HAVEN HOSPITAL THROUGH PHILANTHROPY AND
 VOLUNTEERING. IN FY 2014, 2,598 VOLUNTEERS DEDICATED A TOTAL OF 213,037
 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN OVER 50 AREAS
 THROUGHOUT THE HOSPITAL INCLUDING ADMITTING, ADULT EMERGENCY
 DEPARTMENT, CHILD PSYCHIATRY, CHILDREN'S HOSPITAL, COMMUNITY HEALTH,
 DENTAL CLINIC, HEART CENTER, LABORATORY MEDICINE, OCCUPATIONAL HEALTH,
 PSYCHIATRIC HOSPITAL, REHABILITATION SERVICES, RELIGIOUS MINISTRIES,
 SHORELINE MEDICAL CENTER, SMILOW CANCER HOSPITAL, SOCIAL WORK AND
 WOMEN'S 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 PATIENTS
 HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN
 HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE
 HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR
 WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON
 COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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. 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		GOVERNMENT	2,669,031.	0.			COMMUNITY BENEFIT DEV
COMMUNITY FOUNDATION OF GREATER NEW HAVEN - 28 LINCOLN WAY - NEW HAVEN, CT 06510	06-6032106	501 (C)(3)	500,000.	0.			SUPPORT MISSION
CENTER FOR CHILDREN ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501 (C)(3)	180,000.	0.			SUPPORT MISSION
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511	06-1178712	501 (C)(3)	75,000.	0.			SUPPORT MISSION
FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	501 (C)(3)	42,000.	0.			SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS (CONNCAT) - 70 AUDUBON STREET - NEW HAVEN, CT 06521	45-1257955	501 (C)(3)	150,000.	0.			SUPPORT MISSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2013)

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
YALE UNIVERSITY P.O. BOX 6028 NEW HAVEN, CT 06510	06-0646973	501 (C)(3)	30,000.	0.			SUPPORT MISSION

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	19	38,000.	0.	FMV	

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

PART I, LINE 2:

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

GRANTS. THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO

ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION.

YALE-NEW HAVEN HOSPITAL ("Y-NHH") CARRIES OUT DUE DILIGENCE IN PROVIDING

MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3 ORGANIZATIONS THAT

COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES

SERVES.

Y-NHH VERIFIES EACH ORGANIZATION'S EIN AS LISTED ON IRS FORM W-9 THAT HAS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 directors, trustees, and officers, including 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, but 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) 2013

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARNA BORGSTROM CEO	(i)	987,634.	565,993.	32,580.	398,937.	53,300.	2,038,444.	0.
	(ii)	658,423.	377,328.	21,720.	265,958.	35,533.	1,358,962.	0.
(2) RICHARD D'AQUILA PRESIDENT	(i)	799,184.	298,253.	116,480.	288,700.	17,312.	1,519,929.	13,543.
	(ii)	266,395.	99,418.	38,827.	96,233.	5,771.	506,644.	4,514.
(3) PETER HERBERT SR. VP	(i)	460,024.	143,434.	291,560.	12,090.	32,138.	939,246.	0.
	(ii)	306,683.	95,623.	194,374.	8,060.	21,426.	626,166.	0.
(4) WILLIAM ASELTYN SR. VP	(i)	290,590.	80,455.	49,416.	111,222.	14,517.	546,200.	0.
	(ii)	247,540.	68,535.	42,095.	94,745.	12,366.	465,281.	0.
(5) DANIEL BARCHI SR. VP	(i)	370,783.	125,615.	45,436.	151,691.	35,578.	729,103.	0.
	(ii)	158,907.	53,834.	19,473.	65,011.	15,248.	312,473.	0.
(6) THOMAS BALCEZAK SR. VP	(i)	429,678.	102,770.	70,556.	173,874.	23,491.	800,369.	24,227.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PATRICIA SUE FITZSIMONS SR. VP	(i)	379,280.	133,473.	280,834.	22,544.	16,118.	832,249.	9,608.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHEAL HOLMES SR. VP	(i)	301,183.	127,845.	25,114.	155,852.	36,097.	646,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS LEARY VP	(i)	303,002.	78,956.	39,837.	140,827.	22,444.	585,066.	0.
	(ii)	15,947.	4,156.	2,097.	7,412.	1,181.	30,793.	0.
(10) ABE LOPMAN SR. VP	(i)	423,990.	112,319.	85,614.	175,815.	17,520.	815,258.	6,957.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEPHEN MERZ VP	(i)	246,579.	62,212.	48,411.	105,901.	32,422.	495,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KEVIN MYATT SR. VP	(i)	293,576.	109,174.	56,254.	131,378.	16,691.	607,073.	0.
	(ii)	195,717.	72,783.	37,503.	87,586.	11,128.	404,717.	0.
(13) PAUL PATTON VP	(i)	366,385.	88,418.	63,054.	140,119.	21,084.	679,060.	19,533.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VINCENT PETRINI SR. VP	(i)	373,039.	128,289.	68,258.	156,080.	33,581.	759,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CYNTHIA SPARER SR. VP	(i)	447,962.	115,411.	77,076.	96,229.	35,211.	771,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES STATEN SR. VP	(i)	565,962.	172,704.	54,828.	205,423.	12,777.	1,011,694.	25,010.
	(ii)	377,308.	115,136.	36,552.	136,948.	8,518.	674,462.	16,673.

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KEVIN WALSH	(i)	315,890.	93,347.	64,983.	131,856.	29,678.	635,754.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SUHER BAKER	(i)	365,886.	59,832.	23,886.	17,302.	17,756.	484,662.	12,239.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MARJORIE GUGLIN	(i)	286,185.	75,121.	57,451.	51,635.	24,859.	495,251.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) VICTOR MORRIS	(i)	329,514.	83,246.	62,577.	73,650.	22,684.	571,671.	10,885.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) THOMAS SWEENEY	(i)	509,315.	0.	42,239.	7,875.	44,554.	603,983.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) DIANE VORIO	(i)	275,566.	70,155.	62,960.	64,380.	17,085.	490,146.	30,090.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

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

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
MARNA P. BORGSTROM	\$0	\$370,245	\$0
RICHARD D'AQUILA	-	218,016	-
JAMES M. STATEN	-	185,221	-
DANIEL BARCHI	-	115,052	-
KEVIN A. MYATT	-	113,328	-
WILLIAM J. ASELTYN	-	108,317	-
ABE LOPMAN	-	93,464	-
THOMAS J. BALCEZAK	-	88,237	-
VINCENT PETRINI	-	78,018	-

Part III Supplemental Information

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

PAUL N. PATTON	-	72,469	-
KEVIN F. WALSH	-	70,206	-
THOMAS D. LEARY	-	68,589	-
STEPHEN M. MERZ	-	56,251	-

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 2013 CALENDAR YEAR THAT
WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2013
CALENDAR YEAR FORM W-2S.

PETER HERBERT	\$ 390,067
PATRICIA FITZSIMONS	\$ 213,518

THE FORMER OFFICER LISTED BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM
THE NONQUALIFIED PLAN. THESE AMOUNTS ARE NOT INCLUDED IN COLUMN B OR C.
THE TOTAL OF THESE PAYMENTS LISTED BELOW WAS MADE DIRECTLY TO HIM FROM THE
RABBI TRUST.

PATRICK LUDDY	\$ 42,792
---------------	-----------

Part III Supplemental Information

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

PART I, LINE 7:

THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE
 COMPENSATION PLAN WHICH PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF
 MANAGEMENT IN RECOGNITION OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND
 INDIVIDUAL PERFORMANCE OBJECTIVES. PERFORMANCE LEVELS ARE ESTABLISHED AND
 REVIEWED ANNUALLY AT THRESHOLD, TARGET AND MAXIMUM LEVELS, ACCORDING TO
 PLANNED "STRETCH" GOALS AND OBJECTIVES. INCENTIVE AWARD OPPORTUNITIES ARE
 ESTABLISHED ACCORDING TO MARKET PRACTICES BASED ON EACH ELIGIBLE POSITION'S
 RESPONSIBILITIES, PERFORMANCE AND LEVEL OF AUTHORITY. PERFORMANCE RELATIVE
 TO STIP AWARD OPPORTUNITIES INCORPORATES A BROAD SPECTRUM OF PRE-DEFINED
 FINANCIAL AND NON-FINANCIAL METRICS THAT ARE ALIGNED WITH ORGANIZATIONAL
 MISSION AND VALUES.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990

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) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA-SERIES N	06-0806186	20774YNC7	02/01/13	44,815,000.	ACQUISITION OF ASSETS-HSR		X		X		X
B CHEFA-SERIES O	06-0806186	20774YNE3	02/01/13	50,000,000.	ACQUISITION OF ASSETS-HSR		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	49,999,105.		50,000,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	654,825.		654,825.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	49,344,280.		49,345,175.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013		2013					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government06 %		.06 %		%		%
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 506 %		.06 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			BARCLAYS BANK					
c Term of hedge			40.0000000					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART II LINE 3

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

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

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

GHCS AND ITS SUBSIDIARIES ARE PART OF THE SYSTEM, BUT THEY ARE NOT MEMBERS OF THE OBLIGATED GROUP.

PART III LINE 3B

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

PART III, LINE 9

THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX LAW, AND TO TIMELY IDENTIFY NONCOMPLIANCE. IN THE EVENT OF NON-COMPLIANCE THE ORGANIZATION WOULD INVOLVE ITS LEGAL COUNSEL TO ADVISE REGARDING APPROPRIATE REMEDIATION.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ABBOTT LABORATORIES	SEE SCHEDULE O	292,795.	SEE PART V		X
UNITED ILLUMINATING CO.	SEE SCHEDULE O	6,217,981.	SEE PART V		X

Part V Supplemental Information

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: ABBOTT LABORATORIES

TRUSTEE ROBERT J. ALPERN, MD IS A DIRECTOR OF ABBOTT LABORATORIES,
WHICH PROVIDES SERVICES TO THE HOSPITAL FROM TIME TO TIME.

AMOUNT OF TRANSACTION: \$292,795

NAME OF INTERESTED PERSON: UNITED ILLUMINATING CO.

TRUSTEES JOHN L. LAHEY AND JAMES TORGERSON ARE DIRECTORS OF UIL
HOLDINGS CORPORATION, THE PARENT COMPANY OF UNITED ILLUMINATING CO.
YALE-NEW HAVEN HOSPITAL, INC. PURCHASED ELECTRICITY AND GAS SERVICES
FROM UNITED ILLUMINATING CO., THE ONLY SUPPLIER OF ELECTRICITY AND GAS
AVAILABLE TO YALE-NEW HAVEN HOSPITAL, INC.. RATES CHARGED BY UNITED
ILLUMINATING CO. ARE REVIEWED AND APPROVED BY THE CONNECTICUT
DEPARTMENT OF PUBLIC UTILITY CONTROL.

AMOUNT OF TRANSACTION: \$6,217,981

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

Part V Supplemental Information

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

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		32,562.	COMPARABLE MARKET
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	213,913.	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	42	44,557.	CAMPARABLE MARKET
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRAVEL PKGS)	X	15	34,220.	COMPARABLE MARKET
26 Other ▶ (EVENTS TICKET)	X	44	27,130.	COMPARABLE MARKET
27 Other ▶ (GIFTCARDS/BAG)	X	140	18,031.	COMPARABLE MARKET
28 Other ▶ (PHOTO SESSION)	X	3	8,425.	COMPARABLE MARKET

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) (2013)

Part II

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

PART I, OTHER TYPES OF PROPERTY:

ELECTRONICS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4000.

(D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

COSTUME JEWELRY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 17

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2735.

(D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

PPD PROFESSIONAL. SRVC

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.

(D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS REPRESENT NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

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, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN HOSPITAL DISCHARGED ALMOST 79,400 INPATIENTS AND HANDLED ABOUT 1.2 MILLION OUTPATIENT ENCOUNTERS IN NEW HAVEN, NORTH HAVEN, EAST HAVEN AND GUILFORD AND DOZENS OF RADIOLOGY AND BLOOD-DRAWING SERVICES THROUGHOUT THE STATE. LAST YEAR, THE HOSPITAL RECEIVED NATIONAL RECOGNITION FOR ITS CLINICAL SERVICES RANKING AMONG THE COUNTRY'S TOP HOSPITALS IN 11 SPECIALTIES IN U.S. NEWS & WORLD REPORT'S ANNUAL "AMERICA'S BEST HOSPITALS; AND FOR SEVEN PEDIATRIC SUBSPECIALTIES IN THE U.S. NEWS BEST CHILDREN'S HOSPITALS RANKINGS. DURING FISCAL YEAR 2014, YALE-NEW HAVEN HOSPITAL PROVIDED APPROXIMATELY 463.3 MILLION IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES 353.8 MILLION DOLLARS IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$93.9 MILLION IN HEALTH PROFESSIONS EDUCATION, AND \$15.6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$3.5 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

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH 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 21 VOTING MEMBERS ARE 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
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 4:

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

146

15430817 793225 YALEHOSP2

2013.06000 YALE-NEW HAVEN HOSPITAL

YALEHOS1

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

PRIOR TO 5/20/2014, THE SOLE SHAREHOLDER OF THE ORGANIZATION WAS YNH NETWORK CORP, WHICH MERGED ALL ITS ACTIVITIES WITH THE ORGANIZATION ON 5/20/14. THE GOVERNING DOCUMENT WERE AMENDED TO REFLECT THE PARENT CORPORATION, YALE NEW HAVEN HEALTH SERVICES CORPORATION AS THE NEW SOLE SHAREHOLDER.

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

THE SOLE MEMBER OF YALE NEW HAVEN HOSPITAL IS YALE NEW HAVEN HEALTH SERVICES CORP, WHICH IS THE PARENT OF THE HOSPITAL.

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

THE YALE NEW HAVEN HEALTH SERVICES 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 YALE NEW HAVEN HEALTH SERVICES 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,

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

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 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

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

BY THE OFFICE OF PRIVACY AND CORPORATE COMPLIANCE AND/OR THE LEGAL AND RISK SERVICES DEPARTMENT TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A POTENTIAL CONFLICT ARISES, THE PRESIDENT AND CEO WOULD CONSULT WITH THE BOARD CHAIRPERSON AND THE LEGAL AND RISK SERVICES DEPARTMENT AND TAKE ANY ACTIONS THAT SHE DEEMS REQUIRED OR APPROPRIATE TO MANAGE OR RESOLVE A POTENTIAL CONFLICT OF INTEREST. FOR EXAMPLE, A VOTING BOARD OR COMMITTEE MEMBER WOULD BE REQUIRED TO RECUSE HIMSELF OR HERSELF FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT AND THE POTENTIAL CONFLICT WOULD BE DISCLOSED TO OTHER VOTING MEMBERS.

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

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

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

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

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

IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE 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

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

HAVE MATERIAL FINANCIAL INTERESTS THAT COULD BE AFFECTED BY THE OFFICER COMPENSATION DECISIONS MADE BY THE COMMITTEE. THE COMPARABILITY DATA USED TO ASSIST THE EXECUTIVE COMPENSATION COMMITTEE IN ITS COMPENSATION DELIBERATIONS ARE COMPILED BY AN INDEPENDENT, NATIONAL COMPENSATION CONSULTING FIRM THAT IS RETAINED BY AND REPORTS DIRECTLY TO THE EXECUTIVE COMPENSATION COMMITTEE. THE DATA COLLECTED BY THE CONSULTANT CONSISTS OF MARKET INFORMATION FOR EXECUTIVES IN FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED, REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND PROVIDED TO THE BOARD.

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

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

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

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

ANY AVAILABLE 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.

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

PROFESSIONAL & CONSULTING FEES:

PROGRAM SERVICE EXPENSES	4,430,524.
MANAGEMENT AND GENERAL EXPENSES	974,268.
FUNDRAISING EXPENSES	21,885.
TOTAL EXPENSES	5,426,677.

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

OHCA ASSESSMENT:

PROGRAM SERVICE EXPENSES	729,155.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	729,155.

SYSTEM SUPPORT FEES:

PROGRAM SERVICE EXPENSES	24,169,692.
MANAGEMENT AND GENERAL EXPENSES	3,934,601.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,104,293.

OUTSIDE CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	81,311,934.
MANAGEMENT AND GENERAL EXPENSES	23,592,655.
FUNDRAISING EXPENSES	844,643.
TOTAL EXPENSES	105,749,232.

YNHHC SHARED PROJECT FEES:

PROGRAM SERVICE EXPENSES	138,457,926.
MANAGEMENT AND GENERAL EXPENSES	39,760,540.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	178,218,466.

EMPLOYEE RECRUITMENT FEES:

PROGRAM SERVICE EXPENSES	558,340.
MANAGEMENT AND GENERAL EXPENSES	160,338.

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

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 718,678.

AMBULANCE SERVICES:

PROGRAM SERVICE EXPENSES 2,547,174.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,547,174.

YALE U PERSONNEL & SUPPORT FEE:

PROGRAM SERVICE EXPENSES 160,568,848.

MANAGEMENT AND GENERAL EXPENSES 46,110,184.

FUNDRAISING EXPENSES 414.

TOTAL EXPENSES 206,679,446.

DOCUMENT CENTER SERVICES:

PROGRAM SERVICE EXPENSES 183,573.

MANAGEMENT AND GENERAL EXPENSES 52,716.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 236,289.

TEMPORARY STAFFING:

PROGRAM SERVICE EXPENSES 4,493,841.

MANAGEMENT AND GENERAL EXPENSES 1,290,482.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,784,323.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 534,193,733.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FUNDING OF CLINICAL PROGRAMS	-5,269,000.
BEQUESTS, GIFTS & GRANTS	10,949,446.
NET ASSETS RELEASE FOR OPERATIONS	135,000.
INVESTMENT INCOME RELEASED FROM RESTRICTIONS	880,463.
AUXILIARY SERVICES/MISC	869,770.
PENSION & POST RETIREMENT ADJUSTMENTS	-44,799,000.
CHANGE IN INTEREST IN PERPETUAL TRUST	5,259,000.
TRANSFER TO YNH NETWORK CORP/YNHHS	-39,042,000.
NET ASSETS RELEASE FOR OPERATIONS	-3,099,000.
RELEASE FOR WINCHESTER/MCFADDEN	6,220,953.
NON-CONTROLLING INTEREST	-2,320,000.
RELEASE FOR FREE CARE & CHANGES	-1,346,614.
TOTAL TO FORM 990, PART XI, LINE 9	-71,560,982.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	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	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	GREENWICH HEALTH CARE SERVICES, INC	X	
BRIDGEPORT HOSP & HEALTHCARE SRVS.-MERGED 5/16/14 - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES INC		X

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

Schedule R (Form 990) 2013

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	SEE PART VII	X	
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES, INC - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501C2		SEE PART VII	X	
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 11A, I	SEE PART VII	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT	CONNECTICUT	501C3	LINE 7	SEE PART VII	X	
NORMA F PFREIM BREAST CANCER INC -MERGED 02/20/14 - 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 -MERGED 05/16/14 - 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	SEE PART VII	X	
CARITAS INSURANCE - 03-0322238 40 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 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 FRIENDS OF PEDIATRICS - 06-6048427, 120 COLUMBINE DR, TRUMBULL, CT 06611	SYSTEM SUPPORT	CONNECTICUT	501(C)(3)	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	
YALE NEW HAVEN MEDICAL CENTER INC - 23-7440891, 20 YORK STREET, NEW HAVEN, CT 06510	REAL ESTATE RENTAL	CONNECTICUT	501(C)(3)	LINE 11C, III-FI	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER, LLC - 90-0110459, 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, LLC - 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	RENTAL	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH PEDIATRIC SERVICES PC-DISSOLVED 9/22/14 - 74-3054409, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GREENWICH INTEGRATIVE MEDICINE - DISSOLVED 9/22/14 - 26-0236411, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUP HEALTH SERV INC-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A	X	
LUKAN INDEMNITY CO, LTD - 98-1072793 VALLIS BLDG 58 PAR LA VILLE RD HAMILTON, BERMUDA	INSURANCE	BERMUDA	YALE-NEW HAVEN HOSPITAL	C CORP	0.	0.	100.00%		X
GREENWICH OCCUP HEALTH SERV INC-NJ - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC - 06-1110797 23 MAIDEN LANE NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	J	3,066,000.	COMPARABLE MARKET VALUE
(2) YALE NEW HAVEN HEALTH SERVICES CORP	P	26,886,799.	TRANSACTION REVIEW
(3) YALE NEW HAVEN HEALTH SERVICES CORP	M	188,471,600.	COMPARABLE MARKET VALUE
(4) LUKAN INDEMNITY CO LTD.	R	3,276,741.	CASH
(5) YALE NEW HAVEN MEDICAL CENTER INC	L	3,299,546.	TRANSACTION REVIEW
(6) NORTHEAST MEDICAL GROUP, INC	L	3,158,540.	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 AMBULATORY SERVICES CORP	S	4,931,560.	TRANSACTION REVIEW
(8) YNH NETWORK CORP	S	9,169,488.	COMPARABLE MARKET VALUE
(9) YALE NEW HAVEN CARE CONTINUUM CORP	Q	1,305,761.	TRANSACTION REVIEW
(10) YALE NEW HAVEN MEDICAL CENTER INC	K	303,077.	COMPARABLE MARKET VALUE
(11) YALE NEW HAVEN HEALTH SERVICES CORP	R	25,000,000.	CASH
(12) YALE NEW HAVEN CARE CONTINUUM CORP	L	213,710.	COMPARABLE MARKET VALUE
(13) MEDICAL CENTER REALTY INC	L	80,948.	COMPARABLE MARKET VALUE
(14) MEDICAL CENTER PHARMACY, INC	L	3,556,120.	COMPARABLE MARKET VALUE
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Part VII Supplemental Information

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

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

BRIDGEPORT HOSPITAL -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

YALE NEW HAVEN HEALTH SERVICES CORPORATION 5/17/14 - 9/30/14

BRIDGEPORT HOSPITAL AUXILIARY INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

BRIDGEPORT HOSPITAL FOUNDATION, INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

SOUTHERN CT HEALTH SYSTEM PROPERTIES INC -

BRIDGEPORT HOSP & HEALTHCARE SERVICES 10/1/13-5/16/14

BRIDGEPORT HOSPITAL 5/17/14 - 9/30/14

YALE-NEW HAVEN CARE CONTINUUM CORP -

YNH NETWORK CORP 10/1/13-5/16/14

YALE-NEW HAVEN HOSPITAL 5/17/14 - 9/30/14

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Yale-New Haven Hospital and Subsidiaries
Years Ended September 30, 2014 and 2013
with Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Yale-New Haven Hospital and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2014 and 2013

Contents

Report of Independent Auditors.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows.....	7
Notes to Consolidated Financial Statements.....	8
Supplementary Information	
Report of Independent Auditors on Supplementary Information	61
Consolidating Balance Sheet	62
Consolidating Statement of Operations and Changes in Net Assets	64



Ernst & Young LLP
20 Church Street
Hartford, CT 06103

Tel: +1 860 247 3100
Fax: +1 860 725 6040
ey.com

Report of Independent Auditors

The Board of Trustees
Yale-New Haven Hospital and Subsidiaries

We have audited the accompanying consolidated financial statements of Yale-New Haven Hospital and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



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 and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

December 23, 2014

Yale-New Haven Hospital and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 69,250	\$ 46,312
Short-term investments	926,024	709,453
Accounts receivable for services to patients, less allowance for uncollectible accounts, charity and free care of approximately \$171,491,000 in 2014 and \$168,364,000 in 2013	264,671	238,901
Other receivables	33,771	47,794
Professional liabilities insurance recoveries receivable – current portion	18,968	21,142
Other current assets	72,597	63,933
Amounts on deposit with trustee in debt service fund	4,394	7,176
Total current assets	1,389,675	1,134,711
Assets limited as to use	124,869	84,095
Long-term investments	263,938	214,382
Deferred financing costs, less accumulated amortization	9,285	8,079
Professional liabilities insurance recoveries receivable – non-current	49,433	60,199
Goodwill	44,818	38,955
Other assets	172,823	186,969
Property, plant and equipment:		
Land and land improvements	42,308	37,109
Buildings and fixtures	1,151,698	1,122,751
Equipment	458,802	465,434
	1,652,808	1,625,294
Less accumulated depreciation	754,130	695,193
	898,678	930,101
Construction in progress	27,576	23,639
	926,254	953,740
Total assets	\$ 2,981,095	\$ 2,681,130

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 153,601	\$ 155,485
Accrued expenses	199,923	171,831
Professional liabilities – current portion	18,968	21,142
Other current liabilities	17,922	15,488
Current portion capital lease obligation	2,963	2,598
Current portion of debt	7,626	11,070
Total current liabilities	<u>401,003</u>	<u>377,614</u>
Long-term debt, net of current portion	802,124	677,492
Long-term capital lease obligation, net of current portion	50,838	53,801
Accrued pension and postretirement benefit obligations	231,477	197,950
Professional liabilities	115,868	128,720
Other long-term liabilities	215,877	169,893
Deferred revenue	44,378	47,297
Total liabilities	<u>1,861,565</u>	<u>1,652,767</u>
Commitments and contingencies		
Net assets:		
Unrestricted	1,017,424	938,843
Temporarily restricted	64,318	59,982
Permanently restricted	35,906	27,155
Total Yale-New Haven Hospital & Subsidiaries net assets	<u>1,117,648</u>	<u>1,025,980</u>
Non-controlling interest	1,882	2,383
Total net assets including non-controlling interest	<u>1,119,530</u>	<u>1,028,363</u>
Total liabilities and net assets	<u><u>\$ 2,981,095</u></u>	<u><u>\$ 2,681,130</u></u>

See accompanying notes.

Yale-New Haven Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Operating revenue:		
Net patient service revenue	\$ 2,448,983	\$ 2,399,630
Less: Provision for bad debts	(72,829)	(82,200)
Net patient service revenue, less provision for bad debts	2,376,154	2,317,430
Other revenue	60,453	60,720
Total operating revenue	2,436,607	2,378,150
Operating expenses:		
Salaries and benefits	1,050,746	1,041,586
Supplies and other expenses	1,096,590	1,075,383
Depreciation	124,012	109,616
Insurance	8,275	16,811
Interest	24,002	24,246
Total operating expenses	2,303,625	2,267,642
Income from operations	132,982	110,508
Non-operating gains (losses), net:		
Income from investments, donations and other, net	79,111	57,953
Change in fair value of swap, including counterparty payments	(16,357)	16,586
Loss on refunding of long-term debt	(32,631)	-
Discontinued operations	-	(1,844)
Excess of revenue over expenses, before non-controlling interest	163,105	183,203
Less: Income attributable to non-controlling interest	(2,320)	(2,750)
Excess of revenue over expenses	160,785	180,453

Yale-New Haven Hospital and Subsidiaries

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

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Other changes in unrestricted net assets:		
Excess of revenue over expenses (continued)	\$ 160,785	\$ 180,453
Other changes in net assets	135	343
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	–	(6,000)
Transfer to Yale-New Haven Health Services Corporation – Mission Support	(14,042)	(11,793)
Transfer (to) from Yale-New Haven Health Services Corporation	(25,000)	2,900
Net assets released from restrictions for purchases of fixed assets	1,502	152
Pension and other postretirement liability adjustments	(44,799)	88,656
Increase in unrestricted net assets	<u>78,581</u>	<u>254,711</u>
Temporarily restricted net assets:		
Income from investments	\$ 298	\$ 241
Net realized gains on investments	583	768
Change in net unrealized gains and losses on investments	6,481	5,421
Bequests and contributions	7,457	20,777
Net assets released from restrictions for purchases of fixed assets	(1,502)	(152)
Net assets released from restrictions for free care	(613)	(779)
Net assets released from restrictions for operations	(3,099)	(2,822)
Net assets released from restrictions for clinical programs	(5,269)	(9,498)
Increase in temporarily restricted net assets	<u>4,336</u>	<u>13,956</u>
Permanently restricted net assets:		
Bequests and contributions	3,492	–
Change in beneficial interest in perpetual trusts	5,259	411
Increase in permanently restricted net assets	<u>8,751</u>	<u>411</u>
Non-controlling interest:		
Income attributable to non-controlling interest	2,320	2,750
Distributions to non-controlling interest	(2,821)	(2,764)
	<u>(501)</u>	<u>(14)</u>
Increase in net assets	<u>91,167</u>	<u>269,064</u>
Net assets at beginning of year	<u>1,028,363</u>	<u>759,299</u>
Net assets at end of year	<u><u>\$ 1,119,530</u></u>	<u><u>\$ 1,028,363</u></u>

See accompanying notes.

Yale-New Haven Hospital and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2014	2013
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 91,167	\$ 269,064
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	124,012	109,616
Net realized and change in net unrealized gains and losses on investments	(87,505)	(63,635)
Change in fair value of interest rate swap agreements	1,803	(16,946)
Amortization of long-term debt premium	(1,192)	(965)
Amortization of deferred financing costs	329	333
Bad debts	72,829	65,535
Loss on refunding of long-term debt	32,631	–
Change in perpetual trusts	(5,258)	(411)
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	–	6,000
Transfer to from Yale-New Haven Health Services Corporation	39,042	8,893
Bequests, and contributions, net of pledges	(10,949)	(14,717)
Pension and other postretirement liability adjustments	44,799	(88,656)
Changes in operating assets and liabilities:		
Accounts receivable, net	(98,599)	(98,732)
Other receivables	14,023	1,413
Other assets	(381)	(29,658)
Accounts payable	(1,884)	18,513
Accrued expenses	28,092	1,587
Professional insurance recoveries and liabilities	(2,086)	3,479
Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue	32,424	17,844
Net cash provided by operating activities	273,297	188,557
Investing activities		
Net acquisitions of property, plant and equipment	(96,716)	(113,786)
Sale of property	–	53,605
Capitalized interest	190	146
Net change in investments	(178,622)	(82,602)
Increase in debt service fund	2,782	(557)
Assets limited as to use	(35,516)	22,004
Transfer to Yale-New Haven Health Services Corporation – Clinical Development Fund	–	(6,000)
Transfer to Yale-New Haven Health Services Corporation	(39,042)	(8,893)
Net cash used in investing activities	(346,924)	(136,083)
Financing activities		
Proceeds from issuance of long-term debt	578,670	232,000
Payments on capital lease obligations	(2,598)	(56,237)
Payments of long-term debt	(484,157)	(10,865)
Payments of bank line of credit payable	–	(212,000)
Payments of notes payable	–	(40,000)
Cost of issuance of long-term debt	(6,299)	(3,230)
Bequests, and contributions, net of pledges	10,949	14,717
Net cash provided by (used in) by financing activities	96,565	(75,615)
Net increase (decrease) in cash and cash equivalents	22,938	(23,141)
Cash and cash equivalents at beginning of year	46,312	69,453
Cash and cash equivalents at end of year	\$ 69,250	\$ 46,312

See accompanying notes.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014

1. Organization and Significant Accounting Policies

Organization

YNH Network Corporation and Subsidiaries (YNHNC) was a Connecticut not-for-profit, non-stock corporation established to promote and carry out charitable, scientific and educational activities. YNHNC was the sole member of Yale-New Haven Hospital, Inc. (the Hospital or Y-NHH), Yale-New Haven Care Continuum Corporation (YNHCCC), and the parent organization of Yale-New Haven Ambulatory Services Corporation and Subsidiaries (ASC) and York Enterprises, Inc. and Subsidiaries (York). YNHNC controlled, through contractual agreements, Quinnipiac Medical P.C. (QMPC) and Community Healthcare Physicians (CHCP). YNHNC had an affiliation agreement with Yale-New Haven Health Services Corporation (YNHHSC) in which YNHHSC was the sole member of YNHNC.

The Hospital is a voluntary association incorporated under the General Statutes of the State of Connecticut.

In fiscal year 2014, the Hospital and its parent company, YNHNC, were merged in connection with the formation of an Obligated Group and are now referred to as Yale-New Haven Hospital and Subsidiaries. As a result, the Hospital's financial statement reporting entity changed to include YNHCCC, ASC and York previously reported in the consolidated financial statements of YNHNC, retrospective to October 1, 2012. The change in reporting entity was retrospectively applied to the consolidated financial statements of the Hospital for all years presented. The Hospital controls, through contractual agreements, QMPC and CHCP.

YNHHSC is the sole member of two similar organizations, Bridgeport Hospital (BH) and Greenwich Health Care Services, Inc. (GHCS). Each of these three tax-exempt organizations serves as the sole member/parent for its respective delivery network of regional health care providers and related entities. YNHHSC is also the sole member of Northeast Medical Group, Inc. (NEMG).

Concurrent with the issuance of the Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Yale-New Haven Health Obligated Group Issue, Series A, B, C, D and E dated May 20, 2014, six members of the Yale New Haven Health System and Subsidiaries were combined to form an Obligated Group. The Obligated Group comprises YNHHSC, Y-NHH, Yale-New Haven Care Continuum Corporation, Bridgeport Hospital, the Bridgeport Hospital Foundation and NEMG (the Obligated Group). YNHHSC serves as agent of the Obligated Group. The members of the Obligated Group have adopted certain governance

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

provisions in their certificates of incorporation and by-laws pursuant to which YNHHS retains the authority to directly take certain actions on behalf of each Obligated Group member without the approval of the Board of Trustees (the Board) of the applicable Obligated Group member, including the incurrence of indebtedness on behalf of each Obligated Group member, the management and control of the liquid assets of each, and the appointment of the president and chief executive officer of each Obligated Group member.

The Hospital is the parent of:

YNHCCC, a Connecticut non-stock corporation, is a wholly owned subsidiary of the Hospital. YNHCCC provides long-term care for those unable to live independently and short-term rehabilitation for patients who have experienced elective surgery, an injury, or a traumatic major illness. Its services include respite care for family members and caregivers, recovery for victims of strokes, orthopedic recovery services, medications and diagnostic services (such as radiological services).

ASC, a Connecticut non-stock, taxable corporation, is a wholly owned subsidiary of Y-NHH, and is 51% owner of Shoreline Surgery Center, LLC (SSC) and SSC II, LLC.

York, a Connecticut corporation formed for the purpose of initiating or acquiring business entities. Currently, York has two subsidiaries: Medical Center Pharmacy and Home Care, Inc. (MCP) and Medical Center Realty, Inc. (MCR). MCP is a Connecticut stock, for-profit company, which operated a retail pharmacy with multiple locations until February 2011. MCR is a Connecticut stock, for-profit company, which owns or holds leases on YNHHS's affiliated commercial space. York is the sole shareholder of MCP and MCR.

QMPC and CHCP are Connecticut stock, for-profit, professional corporations formed in 1994 and 1996, respectively, to employ New Haven area primary care physicians. All of the stock of QMPC and CHCP is owned by the Chief of Staff of the Hospital, who has assigned his rights in QMPC and CHCP to the Hospital. QMPC and CHCP were dissolved effective September 27, 2013.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Caritas Insurance Company, Ltd. (Caritas) is 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. Prior to the 2012 acquisition of the stock of Caritas by Y-NHH from the Hospital of Saint Raphael (HSR), Caritas was a wholly-owned subsidiary of HSR.

Lukan Indemnity Company, Ltd. (Lukan) is a Bermuda-domiciled captive insurance company that provides primary professional liability coverage. Prior to the 2012 acquisition of the stock of Lukan by Y-NHH from HSR, Lukan was a wholly owned subsidiary of HSR.

The Hospital and subsidiaries operate with a separate Board of Trustees, management staff and medical staff; however, YNHSC must approve the strategic plans, operating and capital budgets, and Board of Trustees appointments of the Hospital.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Change in Reporting Entity

The impact of the change in reporting entity on selected previously reported financial statement line items is as follows:

	Amounts Previously Reported	Adjustments	As Adjusted
Balance sheet – September 30, 2013			
Total current assets	\$ 1,120,755	\$ 13,956	\$ 1,134,711
Total assets	2,657,547	23,583	2,681,130
Total current liabilities	367,966	9,648	377,614
Total liabilities	1,639,422	13,345	1,652,767
Total net assets	1,018,125	10,238	1,028,363
Total liabilities and net assets	2,657,547	23,583	2,681,130
Statement of operations and changes in net assets – year ended September 30, 2013			
Total operating revenue	\$ 2,341,549	\$ 36,601	\$ 2,378,150
Total operating expenses	2,236,673	30,969	2,267,642
Income from operations	104,876	5,632	110,508
Excess of revenue over expenses before non-controlling interest	178,722	4,481	183,203
Net assets, October 1, 2012	\$ 748,778	\$ 10,521	\$ 759,299
Increase in net assets	269,347	(283)	269,064
Net assets, September 30, 2013	1,018,125	10,238	1,028,363
Statement of cash flows – year ended September 30, 2013			
Net cash provided by operating activities	\$ 183,259	\$ 5,298	\$ 188,557
Net cash used in investing activities	(133,017)	(3,066)	(136,083)
Net cash used in financing activities	(74,444)	(1,171)	(75,615)
Net decrease in cash and cash equivalents	(24,202)	1,061	(23,141)

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Acquisitions

On June 1, 2014, NEMG and YNHHSC acquired certain assets of PriMed, LLC (PriMed), a physician practice for approximately \$54.2 million. YNHHSC contributed the entire purchase price, of which \$25 million was transferred from the Hospital to YNHHSC. PriMed is a multi-specialty group of approximately 120 providers in 36 locations across Fairfield County and New Haven County, Connecticut. PriMed also is the sole member of a gastroenterology surgery center, the Fairfield County Endoscopy Center, and offers a number of ancillary services, such as a sleep laboratory, cardiac diagnostic testing, physical therapy and nutritional counseling. Under the terms of the transaction, NEMG and YNHHSC acquired substantially all the assets of PriMed and a 40% interest in the gastroenterology surgery center.

On October 11, 2013, the Hospital purchased 100% controlling interest of Saint Raphael Magnetic Resonance Center (SRMP) for approximately \$7.4 million. Prior to the purchase of this practice by the Hospital, the controlling interest in SRMP was owned through a 50/50 joint venture between ASC and Medical Imaging Associates, P.C. ASC transferred its 50% ownership to the Hospital. In connection with this transaction, the Hospital recorded goodwill in the amount of \$5.9 million.

Disposal

In August 2013, ASC discontinued the operations of Temple Recovery Care Center, a ten-bed rehabilitation center, located at the New Haven Hotel. The following table summarizes the disposal group (in thousands).

	<u>September 2013</u>
Carrying value of disposed assets	\$ 136
Revenue	1,084
Loss of disposed group	(1,844)

Yale-New Haven Hospital 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. All significant intercompany revenue and expenses and intercompany balance sheet accounts have been eliminated in consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles (GAAP) 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 consolidated 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 the years ended September 30, 2014 and 2013, the Hospital recorded a change in estimate of approximately \$8.9 million and \$3.6 million, respectively. Included in the change are amounts related to favorable third-party payor settlements.

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 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 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, 2014 and 2013, are expected to be received as follows (in thousands):

	September 30	
	2014	2013
Less than one year	\$ 3,979	\$ 8,691
One to five years	<u>1,285</u>	<u>1,158</u>
	5,264	9,849
Less unamortized discount on contributions receivable (0.2% to 3.7%)	<u>(52)</u>	<u>(60)</u>
	5,212	9,789
Allowance for uncollectible contributions	<u>(156)</u>	<u>(294)</u>
	<u>\$ 5,056</u>	<u>\$ 9,495</u>

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 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- 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.

Loan Receivable

On September 2014, the Hospital entered into a term loan agreement as part of a transaction with a health care provider more fully described in Note 10. The term-loan agreement has a term that coincides with an agreement for the Hospital to lease an Inpatient Rehabilitation Unit (IRU). The term of the IRU Lease Agreement is five years and provides the Hospital with two five-year renewal options at the end of each term.

The term loan bears interest of 6.5% annually that is payable monthly. The loan is collateralized by certain property owned by a subsidiary of the health care provider.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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 consolidated balance sheets.

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. Future funding commitments for alternative investments aggregated approximately \$2.5 million at September 30, 2014.

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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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, 2014, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2015. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

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). For each of the years ended September 30, 2014 and 2013, the Trust transferred \$100.0 million 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 assets, 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, 2014 and 2013, the carrying value of assets managed by the University under this arrangement was approximately \$10.4 million and \$9.4 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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 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 30 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.

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 for future capital improvements and other Board approved uses. The Board 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 consist primarily 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 revenue 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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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.

Benefits and Insurance

The Hospital is effectively self-insured for medical, hospitalization, dental and prescription drug benefits provided to employees. The Hospital makes annual contributions to the YNHHS 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, 2014 and 2013, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$138.7 million and \$138.6 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 the Hospital specific experience. At September 30, 2014 and 2013, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$21.3 million, discounted at 2.5%, and \$21.1 million, discounted at 2.5%, respectively, and are included in accrued expenses in the accompanying balance sheets.

Professional Liability Insurance

The Hospital participates in the YNHHS coordinated professional liability program. Based on the terms of the agreement with YNHHS, the Hospital records the actuarially determined liabilities for incurred but not reported professional and general liabilities and has recorded a deposit (asset) for liabilities transferred in the year ended September 30, 1998.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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 the 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.

The Hospital and the Housing Authority of New Haven (HANH) 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 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. If HANH failed to meet certain requirements of the agreement, including conveying its land parcel to the Hospital, the Hospital had the right to withdraw from the pledged account in the amount of \$5.2 million. On November 21, 2013, all criteria was met and HANH conveyed its land parcel to the Hospital in the amount of \$5.2 million.

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, 2014.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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 consolidated 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 related to ongoing operations are included in other revenue; other gains and losses are classified as non-operating.

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 change in net assets.

Income Taxes

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

ASC and York are subject to federal and state corporate income taxes. Deferred income taxes are provided on temporary differences between financial statement and tax reporting. The provision for income taxes and deferred taxes are not material to the consolidated financial statements.

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, 2014 and 2013, the Hospital recorded approximately \$60.5 million and \$67.3 million, respectively, as reductions to expenses.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

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. The accumulated deferred financing cost was approximately \$0.2 million and \$1.5 million at September 30, 2014 and 2013, respectively.

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.

Reclassifications

Certain reclassifications have been made to the year ended September 30, 2013, balances previously reported in the consolidated financial statements in order to conform with the year ended September 30, 2014, presentation. Approximately \$16.7 million reported as a reduction to gross accounts receivable are now classified as allowances for uncollectible accounts, charity care, and free care on the accompanying consolidated balance sheet to conform with current year presentation. See Note 3 for additional information relative to the amendment of Y-NHH's Charity Care policy.

New Accounting Pronouncement

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* (Topic 606), which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required on October 1, 2017, and management is currently evaluating the effect of this guidance on its financial statements.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 \$0.9 million and \$5.7 million at September 30, 2014 and 2013, respectively. Third-party payor receivables included in other long-term assets were \$7.9 million at September 30, 2013. Third-party payor liabilities included in other current liabilities were \$36.2 and \$15.1 million at September 30, 2014 and 2013, respectively. Third-party payor liabilities included in other long-term liabilities were \$47.4 million and \$40.1 million at September 30, 2014 and 2013, 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 the Hospital specific data. Such amounts are included in the accompanying consolidated balance sheets. Additionally, certain payors' payment rates for various years have been appealed by Y-NHH. If the appeals are successful, additional income applicable to those years might be realized. In April, 2014, YNHHS began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative. Under the Bundled Payments for Care Improvement initiative, YNHHS has entered into payment arrangements that include financial and performance accountability for episodes of care.

Revenue from Medicare and Medicaid programs accounted for approximately 33% and 11%, respectively, of Y-NHH's net patient service revenue for the year ended September 30, 2014, and approximately 32% and 14%, respectively, of Y-NHH's net patient service revenue for the year ended September 30, 2013. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 36% and 28% for the years ended September 30, 2014, and 2013. 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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

Y-NHH 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 Y-NHH. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement for various years ranging through 2010 for Medicare and through 2009 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 36% from Medicare, 14% from Medicaid, and 50% from non-governmental payors at September 30, 2014, and 34% from Medicare, 14% from Medicaid, and 52% from non-governmental payors at September 30, 2013.

Net patient service revenue is comprised of the following for the years ended September 30, 2014 and 2013 (in thousands):

	2014	2013
Gross revenue from patients	\$ 8,501,209	\$ 8,355,658
Deductions:		
Contractual allowances	5,922,235	5,868,328
Charity and free care (at charges)	129,991	87,700
Provision for doubtful accounts	72,829	82,200
Net patient service revenue	<u>\$ 2,376,154</u>	<u>\$ 2,317,430</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

Patient service revenue for the years ended September 30, 2014 and 2013, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation, is as follows, in thousands:

	<u>2014</u>	<u>2013</u>
Third party	\$ 2,350,870	\$ 2,282,412
Self-pay	98,113	117,218
Total all payors	<u>\$ 2,448,983</u>	<u>\$ 2,399,630</u>

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and Y-NHH considers these amounts in its determination of the provision for bad debts based on collection experience. Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Y-NHH analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

Y-NHH's allowance for doubtful accounts totaled approximately \$171.5 million and \$168.4 million at September 30, 2014 and 2013, respectively. The allowance for doubtful accounts for self-pay patients was approximately 88.5% and 88.8% of self-pay accounts receivable as of September 30, 2014 and 2013, respectively.

3. Uncompensated Care and Community Benefit Expense

Y-NHH's commitment to community service is evidenced by services provided to the indigent and benefits provided to the broader community. Services provided to the indigent include services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

Y-NHH makes available free care programs for qualifying patients. In accordance with the established policies of Y-NHH, during the registration, billing and collection process a patient's eligibility for free care funds is determined. For patients who were determined by Y-NHH to have the ability to pay but did not, the uncollected amounts are bad debt expense. For patients who do not avail themselves of any free care program and whose ability to pay cannot be determined by Y-NHH, care given but not paid for, is classified as charity care. During the year ended September 30, 2014, Y-NHH amended its Charity Care policy. Based upon the policy change, Y-NHH experienced increased charity care write-offs during the year.

Together, charity care and bad debt expense represent uncompensated care. The estimated cost of total uncompensated care is approximately \$132.4 million and \$115.0 million for the years ended September 30, 2014 and 2013, 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 \$85.3 million and \$54.3 million for the years ended September 30, 2014 and 2013, 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, 2014 and 2013, bad debt expense, at charges, was \$72.8 million and \$82.2 million, respectively. For the years ended September 30, 2014 and 2013, bad debt expense, at cost, was \$47.1 million and \$60.7 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 an assessment on hospital net patient service revenue. During the years ended September 30, 2014 and 2013, the Hospital received \$26.6 million and \$58.0 million, respectively, in CDSHP distributions, of which approximately \$17.1 million and \$33.3 million, respectively was related to charity care. Y-NHH made payments into the CDSHP of \$73.5 million for the years ended September 30, 2014 and 2013, respectively, for the assessment.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Uncompensated Care and Community Benefit Expense (continued)

Additionally, Y-NHH provides benefits for the broader community which includes services provided to other needy populations that may not qualify as indigent 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. Y-NHH 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, Y-NHH provides additional benefits to the community through its advocacy of community service by employees. Y-NHH's employees serve numerous organizations through board representation, membership in associations and other related activities. Y-NHH also solicits the assistance of other healthcare professionals to provide their services at no charge through participation in various community seminars and training programs.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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):

	September 30	
	2014	2013
Money market funds	\$ 129,823	\$ 123,249
U.S. equity securities	47,912	43,594
U.S. equity securities –common collective trusts	11,274	13,789
International equity securities ^(a)	70,671	64,313
Fixed income:		
U.S. government	120,702	80,472
U.S. government – common collective trusts	137,425	82,103
International government ^(b)	77,706	63,960
Commodities	122	396
Hedge funds:		
Absolute return ^(c)	10,304	9,383
Real estate ^(d)	9,628	9,590
Interest in Yale University endowment pool ^(e)	685,862	511,719
Perpetual trusts ^(f)	17,796	12,538
Total	\$ 1,319,225	\$ 1,015,106

(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) Investments with external direct real estate managers and fund of funds managers. Investment vehicles include both closed end REITs and limited partnerships.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

- (e) 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.
- (f) 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.

Y-NHH's ownership percentage of the Trust was approximately 90.5% and 89.1% as of September 30, 2014 and 2013, respectively. Y-NHH's prorata portion of the Trust's investments are included above in the table.

5. Endowment

Y-NHH'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.

Y-NHH 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, Y-NHH 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 Y-NHH'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 Y-NHH in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, Y-NHH 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 Y-NHH and

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

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 Y-NHH; and (7) the investment and spending policies of Y-NHH.

Changes in endowment net assets for the years ended September 30, 2014, are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 36,106	\$ 27,155	\$ 63,261
Investment return:			
Investment income	213	–	213
Net appreciation (realized and unrealized)	5,818	–	5,818
Total investment return	6,031	–	6,031
Contributions	–	3,493	3,493
Appropriation of endowment assets for expenditure	(5,898)	–	(5,898)
Other changes:			
Change in value of beneficial interest trusts	–	5,258	5,258
Endowment net assets, end of year	<u>\$ 36,239</u>	<u>\$ 35,906</u>	<u>\$ 72,145</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

Changes in endowment net assets for the years ended September 30, 2013, are as follows (in thousands):

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 36,678	\$ 26,744	\$ 63,422
Investment return:			
Investment income	200	–	200
Net appreciation (realized and unrealized)	5,570	–	5,570
Total investment return	5,770	–	5,770
Contributions:			
Appropriation of endowment assets for expenditure	(6,342)	–	(6,342)
Other changes:			
Change in value of beneficial interest trusts	–	411	411
Endowment net assets, end of year	<u>\$ 36,106</u>	<u>\$ 27,155</u>	<u>\$ 63,261</u>

	September 30	
	2014	2013
	<i>(In Thousands)</i>	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA:		
Without purpose restrictions	\$ 8,357	\$ 8,199
With purpose restrictions	27,882	27,907
Total endowment funds classified as temporarily restricted net assets	<u>\$ 36,239</u>	<u>\$ 36,106</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Endowment (continued)

Return Objectives and Risk Parameters

Y-NHH 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 these policies, as approved by the Board, 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.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, Y-NHH 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). Y-NHH 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

Y-NHH 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, Y-NHH considered the long-term expected return on its endowment.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Temporarily and Permanently Restricted Net Assets

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

	September 30	
	2014	2013
Plant improvement and expansion	\$ 13,005	\$ 6,938
Specific hospital operations, teaching, research, free care and training	51,313	53,044
	<u>\$ 64,318</u>	<u>\$ 59,982</u>

Permanently restricted net assets of approximately \$35.9 million and \$27.2 million at September 30, 2014 and 2013, 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 and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt

A summary of long-term debt and capital lease obligations is as follows (in thousands):

	September 30	
	2014	2013
Intercompany debt with YNHHS:		
Series J, 5.12% effective interest rate	\$ —	\$ 156,120
Series K, 3.11% effective interest rate	—	89,005
Series L, 3.68% effective interest rate	—	107,460
Series M, 5.24% effective interest rate	—	98,475
Series N, 4.27% effective interest rate	44,815	44,815
Series O, 2.84% effective interest rate	50,000	50,000
Series A, 3.77% effective interest rate	102,300	—
Series B, 2.30% effective interest rate	168,275	—
Series C, 3.11% effective interest rate	83,625	—
Series D, 3.68% effective interest rate	108,275	—
Series E, 3.47% effective interest rate	44,963	—
Series 2013 taxable bonds – 4.13% effective rate	132,000	132,000
Series 2014 taxable bonds – 4.37% effective rate	50,725	—
Capital lease obligation at an imputed interest of 6.0%, (Y-NHH)	50,682	52,237
Capital lease obligations at varying rates of imputed interest rate of 6.25% collateralized by leased equipment (York)	3,119	4,162
	838,779	734,274
Add premium	24,772	10,687
Less current portion	(10,589)	(13,668)
	\$ 852,962	\$ 731,293

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 a Cancer Hospital. 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

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

\$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. The 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, of approximately \$54.6 million each, with an effective rate of 3.11%. The proceeds from the Series K issuance were used to 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, of approximately \$53.7 million each, with an effective rate of 3.68%. The proceeds from the Series L issuance were used to refund the Series J-2 and J-3 revenue bonds.

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, were 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. The premium was being amortized and included in capitalized interest through December 2012. As of the completion of these projects, the bond premium was amortized in the consolidated statement of operations. 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 a bank for \$40.0 million. The Hospital agreed to repay the aggregate principal amount in five equal annual payments of \$8.0 million, beginning on October 1, 2012. The loan bore interest at a rate equal to London Interbank Offered Rate (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. The loan was fully repaid by the issuance of the Series N, Series O, and Series 2013 bonds.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

In July 2012, the Hospital entered into a line of credit with a bank in the amount of \$27.0 million which was subsequently increased to \$187.0 million. 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. The line of credit required the Hospital to repay the bank in 24 equal monthly installments commencing on August 1, 2013. The full amount of the remaining balance was due on July 12, 2015. This obligation bore interest at a rate equal to LIBOR plus 0.45% per annum. The line of credit was fully repaid and cancelled by the issuance of the Series N, Series O, and Series 2013 bonds.

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

In January 2013, the Hospital issued Series N and Series O revenue bonds totaling approximately \$100.0 million. The Series N revenue bonds were issued as fixed rate bonds with an effective interest rate of 4.27%. The Series O revenue bonds were issued as VRDBs with an effective interest rate of 2.84%. The proceeds, including a premium of approximately \$5.2 million for the Series N revenue bonds, were used to refinance a line credit. The bond premium is being amortized as interest expense in the statement of operations and changes in net assets.

In January 2013, the Hospital issued Series 2013 taxable bonds totaling approximately \$132.0 million. The Series 2013 taxable bonds were issued as fixed rate bonds with an effective interest rate of 4.13%. The proceeds were used to finance and refinance the costs of certain projects and activities in furtherance of the Hospital's tax-exempt purpose, including the refinancing of certain existing indebtedness.

In June 2014, the Obligated Group issued Series A revenue bonds totaling approximately \$102.3 million and Series B revenue bonds totaling approximately \$168.3 million. The Series A revenue bonds were issued as fixed rate bonds with an effective interest rate of 3.77%. The Series B revenue bonds were issued as floating rate notes with an effective interest rate of 2.30%. The proceeds from the Series A revenue bonds, including a premium of approximately \$14.8 million, and the proceeds from the Series B revenue bonds, were used to defease Y-NHH's Series J-1 and M revenue bonds. The bond premium is being amortized as interest expense using the effective interest method in the consolidated statement of operations and changes in net assets.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

In June 2014, the Obligated Group issued Series C revenue bonds totaling approximately \$83.6 million and Series D revenue bonds totaling approximately \$108.3 million. The Series C revenue bonds were issued as VRDBs with an effective interest rate of 3.11%. The proceeds from the Series C issuance were used to refund Y-NHH's Series K revenue bonds. The Series D revenue bonds were issued as VRDBs with an effective interest rate of 3.68%. The proceeds from the Series D issuance were used to refund Y-NHH's Series L revenue bonds.

As a result of the above transactions, the Hospital incurred a loss on extinguishment of debt totaling approximately \$32.6 million during the fiscal year ended September 30, 2014.

The Series C, Series D and Series O VRDBs are required to be supported by letter of credit facilities (LOCs) which have been executed with three financial institutions. These LOCs are scheduled to expire on May 2, 2016, June 23, 2017 and February 14, 2018, respectively.

In June 2014, the Obligated Group issued Series E revenue bonds totaling approximately \$80.9 million. The Series E revenue bonds were issued as fixed rate bonds with an effective interest rate of 3.47%. The proceeds included a premium of approximately \$10.1 million. Of the proceeds, \$50 million were used to finance costs for the installation of machinery and equipment and various renovations and improvements to the Hospitals' infrastructure. The remaining proceeds were used by BH. The premium is being amortized and included in capitalized interest. Upon completion of these projects, the bond premium will be amortized as interest expense in the consolidated statement of operations and changes in net assets.

In June 2014, the Obligated Group issued Series 2014 taxable bonds totaling approximately \$50.7 million. The Series 2014 taxable bonds were issued as fixed rate bonds with an effective interest rate of 4.37%. The proceeds were used to finance the costs of certain projects and activities in furtherance of the System's tax-exempt purpose.

The terms of the various financing arrangements between CHEFA, the Obligated Group, and the financial institutions providing the LOCs and the Obligated Group provide for financial covenants regarding the Obligated Group's debt service coverage ratio and liquidity ratio. As of September 30, 2014, the Obligated Group was in compliance with such covenants.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

Sinking fund installment amounts are to be made in accordance with the Series A, B, C, D, E, N and O 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.

Arbitrage rules apply for Series J-1, Series M and Series E 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.

In connection with the formation of the Obligated Group the Series A, B, C, D, E, N and O tax-exempt bonds and the Series 2013 and 2014 taxable bonds became an obligation of the Obligated Group and as such are reflected as intercompany debt with YNHHS. Under the terms of the Master Indenture all members of the Obligated Group are jointly and severally liable for debt issued by YNHHS on behalf of the Obligated Group.

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

	Debt	Capital Lease Obligations
2015	\$ 7,626	\$ 6,150
2016	7,930	6,235
2017	8,207	5,680
2018	8,493	4,879
2019	9,957	4,880
Thereafter	742,765	54,051
	\$ 784,978	81,875
Less interest		(28,074)
Total capital lease obligations		\$ 53,801

Capitalized interest at September 30, 2014 and 2013, totaled \$29.9 million and \$27.0 million, respectively.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

YNHHSC, on behalf of the Obligated Group, has entered into interest rate swap agreements with financial institutions related to the Obligated Group's Series B, Series C and Series D debt. The Series C and Series D swaps were carried over as part of the refunding of the Series K and Series L debt.

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, 2014 and 2013, the fair value of all swap agreements based on current interest rates was approximately \$32.3 million and \$22.3 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

The following table summarizes the interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Hospital Receives	Hospital Pays	Notional Amount at	
				September 30 2014	September 30 2013
Series K – Fixed to Floating	July 1, 2025	LIBOR	3.11%	\$ –	\$ 59,987
Series L – Fixed to Floating	July 1, 2036	LIBOR	3.68	–	44,505
Series O – Fixed to Floating	July 1, 2053	67% of LIBOR	2.84	50,000	50,000
Series B – Fixed to Floating	July 1, 2049	67% of LIBOR	2.31	100,965	–
Series B – Fixed to Floating	July 1, 2049	LIBOR	2.29	67,310	–
Series C – Fixed to Floating	July 1, 2025	LIBOR	3.11	55,861	–
Series D – Fixed to Floating	July 1, 2036	LIBOR	3.68	44,505	–
				\$ 318,641	\$ 154,492

On September 20, 2012, the Hospital entered into a Forward Starting Interest Rate swap (the Series O swap), a LIBOR Swap Rate Lock and a Security Industry and Financing Markets Association (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 L swap was 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 consolidated statements of operations and changes in net assets.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

In June 2014, YNHHSC, on behalf of the Obligated Group, entered into LIBOR swap rate locks with two counter parties (the Series B swaps). For the Series B swaps, there was an unfavorable change in fair value of \$7.1 million for the year ended September 30, 2014, which was recorded in excess of revenue over expenses. No collateral was required under the Series B swap agreements for the year ended September 30, 2014.

For the Series K/C swap, there was a favorable change in fair value of approximately \$1.0 million and \$4.5 million, respectively, for the years ended September 30, 2014 and 2013, which was recorded in the excess of revenue over expenses. No collateral was required under the Series K/C swap agreement for the years ended September 30, 2014 and 2013.

For the Series L/D swap, there was an unfavorable change in fair value of approximately \$2.2 million for the year ended September 30, 2014, and a favorable change in fair value of approximately \$7.5 million for the year ended September 30, 2013, which was recorded in the excess of revenue over expenses. No collateral was required under the Series L/D swap agreement for the years ended September 30, 2014 and 2013.

For the Series O swap, there was an unfavorable change in fair value of \$0.6 million for the year ended September 30, 2014, which was recorded in excess of revenue over expenses. For the Series O swap and the LIBOR Swap Rate Lock swap, there was a favorable change in fair value of \$2.5 million and \$1.0 million, respectively, for the year ended September 30, 2013, which was recorded in excess of revenue over expenses. No collateral was required under the Series O swap agreement for the years ended September 30, 2014 and 2013.

In February 2013, the SIFMA Rate Lock Swap and the LIBOR Swap Rate Lock were terminated. Upon termination, gains of \$0.8 million and \$4.5 million, respectively, were recorded in non-operating gains and losses, net.

For the years ended September 30, 2014 and 2013, the Hospital paid approximately \$22.8 million and \$23.2 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

In September 2008, SSC obtained a line of credit in the amount of \$1,000,000. The interest was payable at the bank's prime rate through March 31, 2009. On April 1, 2009, the line of credit converted to a fixed-term loan due in equal monthly installments through August 31, 2013. The loan was repaid on August 13, 2013.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Debt (continued)

The debt agreements of SSC included the pledging as collateral SSC's owned equipment and fixtures, inventory and receivables. The debt agreements contained covenants related to the maintenance of financial ratios, including debt service coverage and days cash on hand. At September 30, 2013, SSC was in compliance with the financial ratio covenants.

The Hospital entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced in December 2009. This capital 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 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 year or at the end of each of the first three ten-year extension periods.

In January 2013, the Hospital entered into a transaction in connection with a building at 2 Howe Street, New Haven, Connecticut which was previously accounted for by the Hospital as a capital lease. Under the terms of the capital lease, the Hospital was obligated to purchase the building after an initial lease term of 3 years. In satisfaction of that obligation, the Hospital purchased the building and immediately sold the building to a third-party investor. The Hospital currently leases the building from the investor under a long-term operating lease. The Hospital owns the land on which the building is located and has entered into a prepaid long-term ground lease with the investor.

Assets recorded under the capital lease obligations totaled \$70.2 million as of September 30, 2014 and 2013. Accumulated depreciation for the capital lease obligations totaled \$19.0 million and \$16.5 million at September 30, 2014 and 2013, respectively.

8. Pensions and Postretirement Benefits

Y-NHH 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. Y-NHH's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

Y-NHH also sponsors contributory 403(b) and 401(k) plans covering substantially all employees. YNHNC's contributions for the 403(b) plan are made to a matching 401(a) plan and are determined based on employee contributions and years of service. The Hospital expensed

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

approximately \$32.9 million and \$16.6 million relating to the defined contribution plan for the years ended September 30, 2014 and 2013, respectively. Amounts due to the defined contribution plan amounted to \$16.5 million at September 30, 2014, and is included in accrued expenses in the accompanying balance sheets. Y-NHH maintains a Section 457 non-qualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2014 and 2013, in other assets and other long-term liabilities were \$32.5 million and \$27.3 million, respectively.

Effective September 30, 2013, the qualified defined benefit pension plan and the 401(a) plan were amended to reduce the percentage of employee compensation contributed by the Hospital to the qualified defined benefit pension and to increase the percentage of employee compensation contributed by the Hospital to the 401(a) plan for plan years commencing after December 31, 2013. The amendment to the qualified defined benefit pension plan resulted in a decrease to the projected benefit obligation at September 30, 2013, of approximately \$23.9 million.

Y-NHH also provides certain health care and life insurance benefits upon retirement to substantially all its employees. Y-NHH's policy is to fund these annual costs as they are incurred from the general assets of Y-NHH. 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, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of \$22.4 million and \$23.8 million, respectively, and unrecognized actuarial losses of \$162.0 million and \$118.6 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, 2015, are \$2.0 million and \$7.8 million, respectively.

Yale-New Haven Hospital 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 Y-NHH's defined benefit plans as of September 30, 2014 and 2013 (in thousands):

	Defined Benefit 2014	Pension Plans 2013	Postretirement 2014	Benefits Plan 2013
Change in benefit obligation:				
Benefit obligation at prior measurement date	\$ 445,908	\$ 475,473	\$ 67,904	\$ 79,630
Service cost	22,532	36,264	3,617	5,080
Interest cost	20,896	16,676	3,270	3,135
Plan amendments	–	(23,836)	(577)	–
Actuarial loss (gain)	37,881	(38,302)	5,413	(18,428)
Benefits paid	<u>(24,506)</u>	<u>(20,367)</u>	<u>(1,491)</u>	<u>(1,513)</u>
Benefit obligation at current measurement date	502,711	445,908	78,136	67,904
Change in plan assets:				
Fair value of assets at prior measurement date	313,730	271,952	–	–
Actual return on plan assets	19,950	19,906	–	–
Employer contributions	38,064	42,239	1,491	1,513
Benefits paid	<u>(24,506)</u>	<u>(20,367)</u>	<u>(1,491)</u>	<u>(1,513)</u>
Fair value of assets at current measurement date	347,238	313,730	–	–
Accrued benefit cost	<u>\$ (155,473)</u>	<u>\$ (132,178)</u>	<u>\$ (78,136)</u>	<u>\$ (67,904)</u>

Benefit Obligation and Assumptions

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation and the actuarial gain in 2013 primarily relates to changes in the discount rate.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets for the defined benefit plans were as follows (in thousands):

	2014	2013
Projected benefit obligation	\$ (502,711)	\$ (445,908)
Accumulated benefit obligation	(428,547)	(380,566)
Fair value of plan assets	347,238	313,730

At September 30, 2014 and 2013, the underfunded status of the qualified defined benefit pension plan was approximately \$107.6 million and \$87.9 million, respectively, and that of the non-qualified defined benefit pension plan was approximately \$47.9 million and \$44.3 million, respectively. Additionally, there are assets limited as to use of approximately \$77.9 million and \$69.4 million, which are available to satisfy the obligations of the non-qualified defined benefit pension plan at September 30, 2014 and 2013, respectively.

The net periodic benefit cost for the years ended September 30, 2014 and 2013, is as follows (in thousands):

	Defined Benefit 2014	Pension Plans 2013	Postretirement 2014	Benefits Plan 2013
Service cost	\$ 22,532	\$ 36,264	\$ 3,617	\$ 5,080
Interest cost	20,896	16,676	3,270	3,135
Expected return on plan assets	(25,377)	(21,932)	-	-
Amortization of prior service cost	(2,035)	(293)	86	85
Recognized net actuarial loss	5,294	9,619	-	703
Net periodic benefit cost	\$ 21,310	\$ 40,334	\$ 6,973	\$ 9,003

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Weighted-average assumptions and dates used to determine benefit obligations at September 30, 2014 and 2013 are as follows:

	Defined Benefit	Pension Plans	Postretirement	Benefits Plan
	2014	2013	2014	2013
Discount rate for determining benefit obligations at year-end, qualified plan	4.20%	4.80%	4.40%	4.90%
Discount rate for determining benefit obligations at year end, non-qualified plan	4.40	4.90	—	—
Rate of compensation increase	5.00	5.00	—	—

Weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30, 2014 and 2013, are as follows:

	Defined Benefit	Pension Plans	Postretirement	Benefits Plan
	2014	2013	2014	2013
Discount rate for determining net periodic benefit cost at year-end, qualified plan	4.80%	3.60%	4.90%	4.00%
Discount rate for determining net periodic benefit cost at year end, non-qualified plan	4.90	4.00	—	—
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 5.0% and 6.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2014 and fiscal 2013, respectively. Rates are assumed to decline to 4.9% through fiscal 2015.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

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):

	<u>1%</u> <u>Increase</u>	<u>1%</u> <u>Decrease</u>
Effect on total of service and interest cost components	\$ 14	\$ (17)
Effect on postretirement benefit obligation	325	(368)

The asset allocation of Y-NHH's qualified pension plan at September 30, 2014 and 2013, was as follows:

<u>Asset Category</u>	<u>Target</u> <u>Allocation</u>	<u>Percentage of</u> <u>Plan Assets</u>	
	<u>2015</u>	<u>2014</u>	<u>2013</u>
Equity securities	38%	39%	41%
Debt securities	21	18	24
Real assets	10	5	12
All other assets	31	38	23
Total	<u>100%</u>	<u>100%</u>	<u>100%</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

Pension assets carried at fair value, as of September 30, 2014 and 2013, are classified in the following tables (see FootNote 14 for description) (in thousands):

	September 30, 2014			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 14,428	\$ —	\$ —	\$ 14,428
U.S. equity securities	59,995	—	—	59,995
International equity securities	73,808	—	—	73,808
Fixed income:				
U.S. government	42,900	—	—	42,900
International government	20,607	9,489	—	30,096
Commodities	12,667	—	10,842	23,509
Private equity	—	—	3,417	3,417
Hedge funds:				
Multi strategy/other	—	341	—	341
Long/short equity	—	55,681	23,619	79,300
Real estate	—	—	19,444	19,444
Total investments	\$ 224,405	\$ 65,511	\$ 57,322	\$ 347,238

	September 30, 2013			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 11,839	\$ —	\$ —	\$ 11,839
U.S. equity securities	58,636	—	—	58,636
International equity securities	68,604	—	—	68,604
Fixed income:				
U.S. government	48,655	—	—	48,655
International government	17,426	8,297	—	25,723
Commodities	13,396	—	6,227	19,623
Private equity	—	—	1,143	1,143
Hedge funds:				
Multi strategy/other	—	44,905	—	44,905
Long/short equity	—	16,539	—	16,539
Real estate	—	—	18,063	18,063
Total investments	\$ 218,556	\$ 69,741	\$ 25,433	\$ 313,730

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

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	Hedge Funds	Total
Fair value at September 30, 2012	\$ 6,127	\$ 509	\$ 16,784	\$ –	\$ 23,420
2013 realized and unrealized gains and losses	(160)	(7)	1,058	–	891
2013 purchases	748	688	2,334	–	3,770
2013 sales	(488)	(47)	(2,113)	–	(2,648)
Fair value at September 30, 2013	6,227	1,143	18,063	–	25,433
2014 realized and unrealized gains	1,536	217	1,461	619	3,833
2014 purchases	3,963	2,149	2,932	23,000	32,044
2014 sales	(884)	(92)	(3,012)	–	(3,988)
Fair value at September 30, 2014	\$ 10,842	\$ 3,417	\$ 19,444	\$ 23,619	\$ 57,322

Y-NHH'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. Y-NHH's pension portfolio 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 was 7.4% for the years ended September 30, 2014 and 2013.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pensions and Postretirement Benefits (continued)

The future cash flows of Y-NHH relative to retirement benefits are expected to be as follows (in thousands):

	<u>Defined Benefit Pension Plans</u>	<u>Postretirement Benefits Plan</u>
Estimated benefit payments related to years ending September 30:		
2015	\$ 26,684	\$ 2,088
2016	26,260	2,400
2017	28,075	2,640
2018	30,573	2,914
2019	31,788	3,231
2020 to 2024	187,937	22,055

Y-NHH expects to contribute approximately \$40.0 million for pension benefits and \$2.1 million for postretirement benefits payments in fiscal 2015.

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 YNHHSC that transferred the Hospital's participation in the Captive to YNHHSC 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 YNHHSC.

Yale-New Haven Hospital 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 \$105.2 million and \$111.2 million at September 30, 2014 and 2013, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$40.6 million and \$33.3 million for the Hospital at September 30, 2014 and 2013, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$36.8 million and \$29.9 million, respectively, based on a discount rate 2.5% for the years ended September 30, 2014 and 2013, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$68.4 million and \$81.3 million at September 30, 2014 and 2013, 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 2012 acquisition of the Saint Raphael Healthcare System Inc. (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 \$29.6 million and \$38.7 million at September 30, 2014 and 2013, respectively, and are included in professional liabilities in the accompanying consolidated statements of financial position.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Professional Liability Insurance (continued)

The estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for Y-NHH 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

YNHH leases certain office, clinical and parking spaces under non-cancelable operating leases that range in terms ending in 2015 through 2039. Future minimum lease payments under these leases are as follows (in thousands):

2015	\$	18,589
2016		16,049
2017		14,697
2018		14,200
2019		11,988
Thereafter		95,631
	\$	<u>171,154</u>

Y-NHH incurred net rent expense under these leases of approximately \$18.7 million for the year ended September 30, 2014, and \$16.6 million for the year ended 2013.

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, 2014 and 2013, was \$44.0 million and \$45.2 million, respectively.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Commitments and Contingencies (continued)

Inpatient Rehabilitation Unit Agreement

During September 2014, the Hospital entered into an agreement with another health care provider to provide a framework for implementing programs in a manner that is consistent with the charitable mission of each organization and the communities they serve. Under the terms of the agreement the Hospital will utilize beds at the health care provider's location under a lease arrangement to provide inpatient rehabilitation services to its patients and will furnish an \$8.0 million term loan.

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 actions will not have a material adverse effect on the consolidated 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	
	2014	2013
Health care services	\$ 1,796,828	\$ 1,972,849
General and administrative	506,797	294,793
	<u>\$ 2,303,625</u>	<u>\$ 2,267,642</u>

Yale-New Haven Hospital 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	
	2014	2013
Recovery of expenses:		
YNHHSC:		
Facility rental	\$ 3,066	\$ 3,028
Shared services	2	-
	\$ 3,068	\$ 3,028
Bridgeport Hospital:		
Resident fees	\$ 2,477	\$ 1,977
Other	999	753
	\$ 3,476	\$ 2,730

YNHHSC is the sole member Bridgeport Hospital.

The Hospital purchased certain services from YNHHSC as follows (in thousands):

	Year Ended	
	September 30	
	2014	2013
Operating expenses:		
Professional and general liability insurance	\$ 26,887	\$ 26,928
Information systems	62,472	44,896
System business office	31,189	23,518
Other business services	99,886	88,409
	\$ 220,434	\$ 183,751

Yale-New Haven Hospital 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, accounts payable and other long-term liabilities, respectively, in the consolidated balance sheets are as follows (in thousands):

	September 30	
	2014	2013
Other receivables:		
YNHHSC	\$ 5,875	\$ 6,226
Greenwich Hospital	–	809
Northeast Medical Group, Inc.	–	548
	\$ 5,875	\$ 7,583
Accounts payable:		
YNHHSC	\$ 41,038	\$ 36,761
Bridgeport Hospital	890	837
Northeast Medical Group, Inc.	2,610	–
Greenwich Hospital	85	–
Other long-term liabilities:		
YNHHSC	52,486	48,307
	\$ 97,109	\$ 85,905

The Hospital maintains certain investments for YNHHSC employees that participate in YNHH'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 \$30.3 million and \$72.2 million, respectively, at September 30, 2014, and approximately \$28.4 million and \$85.2 million, respectively, at September 30, 2013.

Additionally, for the years ended September 30, 2014 and 2013, the Hospital funded YNHHSC approximately \$2.1 million and \$6.0 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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Related-Party Transactions (continued)

Included in the consolidated statement of changes in net assets are amounts funded by the Hospital for physician related strategic mission support for NEMG of approximately \$14.0 million and \$11.8 million for the years ended September 30, 2014 and 2013, respectively.

13. Other Revenue

Other revenue consisted of the following (in thousands):

	Year Ended September 30	
	2014	2013
Cafeteria and vending	\$ 10,605	\$ 10,564
Contributions	5,495	3,924
Parking income	6,485	6,507
Net assets released from restrictions for operations	3,099	2,822
Net assets released from restrictions for free care	613	779
Net assets released from restrictions for medical research and clinical programs	5,269	9,498
Grants	13,574	13,051
Rental income	1,704	1,649
Electronic health records incentive payment	3,037	4,210
Other	10,571	7,716
	\$ 60,453	\$ 60,720

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 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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Other Revenue (continued)

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. Medicare EHR incentive payment revenue was approximately \$2.0 million and \$2.6 million, respectively, and Medicaid EHR incentive payment revenue was approximately \$1.0 million and \$1.6 million, respectively, for the years ended September 30, 2014 and 2013. EHR incentive payment revenue is included in other revenue in the accompanying consolidated statement of operations and changes in net assets. 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 (Losses)

Non-operating gains and losses, net consisted of the following (in thousands):

	Year Ended September 30	
	2014	2013
Income from investments, donations and other, net	\$ 3,162	\$ 7,670
Discontinued operations	–	(1,844)
Income attributable to non-controlling interest	(2,320)	(2,750)
Change in unrealized gains and losses on investments	75,949	50,283
Change in fair value of swaps, including counterparty payments	(16,357)	16,586
Loss on refunding of long-term debt	(32,631)	–
	\$ 27,803	\$ 69,945

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

14. Non-Operating Gains (Losses) (continued)

Contributions received consisted of the following (in thousands):

	Year Ended	
	September 30	
	2014	2013
Unrestricted	\$ 840	\$ 902
Temporarily restricted	12,827	21,877
Permanently restricted	3,492	—
Total contributions	<u>17,159</u>	<u>22,779</u>
Less: fundraising expenses	<u>(4,704)</u>	<u>(4,230)</u>
Contributions, net	<u>\$ 12,455</u>	<u>\$ 18,549</u>

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.

ASC 820-10, *Fair Value Measurements and Disclosures*, 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.

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2014, are classified in the following table by level within the fair value hierarchy as described above (in thousands):

	September 30, 2014			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 69,250	\$ –	\$ –	\$ 69,250
Money market funds	129,823	–	–	129,823
U.S. equity securities	47,912	–	–	47,912
International equity securities	70,671	–	–	70,671
Fixed income:				
U.S. government	120,702	–	–	120,702
International government	46,833	30,873	–	77,706
Interest in Yale University endowment pool	–	–	685,862	685,862
Investments at fair value	<u>\$ 485,191</u>	<u>\$ 30,873</u>	<u>\$ 685,682</u>	<u>1,201,926</u>
Common collective trusts				148,699
Alternative investments				20,054
Perpetual trusts				17,796
Investments not at fair value				<u>186,549</u>
Total investments				<u>\$ 1,388,475</u>
Liabilities:				
Interest rate swaps	<u>\$ –</u>	<u>\$ (32,316)</u>	<u>\$ –</u>	<u>\$ (32,316)</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

Financial assets carried at fair value as of September 30, 2013, are classified in the following table by level within the fair value hierarchy as described above (in thousands):

	September 30, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 46,312	\$ –	\$ –	\$ 46,312
Money market funds	123,249	–	–	123,249
U.S. equity securities	43,594	–	–	43,594
International equity securities	64,313	–	–	64,313
Fixed income:				
U.S. government	80,472	–	–	80,472
International government	38,789	25,171	–	63,960
Interest in Yale University endowment pool	–	–	511,719	511,719
Investments at fair value	<u>\$ 396,729</u>	<u>\$ 25,171</u>	<u>\$ 511,719</u>	933,619
Common collective trusts				95,892
Alternative investments				19,369
Perpetual trusts				12,538
Investments not at fair value				<u>127,799</u>
Total investments				<u>\$ 1,061,418</u>
Liabilities:				
Interest rate swaps	<u>\$ –</u>	<u>\$ (22,323)</u>	<u>\$ –</u>	<u>\$ (22,323)</u>

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, 2012	\$ 361,550
2013 Unrealized gains	50,169
2013 Purchases	100,000
Fair value at September 30, 2013	511,719
2014 Unrealized gains	74,143
2014 Purchases	100,000
Fair value at September 30, 2014	<u>\$ 685,862</u>

Yale-New Haven Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value Measurements (continued)

The fair value of debt was approximately \$808.5 million and \$674.6 million at September 30, 2014 and 2013, respectively. The fair value of the capital leases was approximately \$54.5 million and \$55.5 million at September 30, 2014 and 2013, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

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, 2014 and 2013, in common collective trusts totaling approximately \$148.7 million and \$95.9 million, respectively, other alternative investments totaling approximately \$20.0 million and \$19.4 million, respectively, and perpetual trusts totaling approximately \$17.8 million and \$12.5 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, 2014 and 2013.

The following is a summary of total investments as of September 30, 2014, 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
Real estate	\$ 9,628	\$ 2,526	N/A	N/A	N/A
Commodities	121	–	N/A	N/A	N/A

16. Subsequent Events

In October 2014, the Hospital disposed of its interest in the Captives through a novation agreement with Medical Centre Insurance Company, Ltd (MCIC) for a total price of approximately \$40.2 million. The novation agreement assigns and transfers all of the Captives' past, present and future rights, risks, liabilities and obligations, and transfers substantially all of the assets of the Captives to MCIC. The Hospital will dissolve the Captives during fiscal year 2015.

Subsequent events have been evaluated through December 23, 2014, which is the date the consolidated financial statements were available to be issued. No events, except as noted above, have occurred that require disclosure or adjustment of the consolidated financial statements.

Supplementary Information



Ernst & Young LLP
20 Church Street
Hartford, CT 06103

Tel: +1 860 247 3100
Fax: +1 860 725 6040
ey.com

Report of Independent Auditors on Supplementary Information

The Board of Trustees
Yale-New Haven Hospital and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Yale-New Haven Hospital and Subsidiaries as of and for the year ended September 30, 2014, and have issued an unmodified report thereon dated December 23, 2014. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets and consolidating statement of operations and changes 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.

Ernst & Young LLP

December 23, 2014

Yale-New Haven Hospital and Subsidiaries

Consolidating Balance Sheet (In Thousands)

September 30, 2014

	Hospital	Lukan	Caritas	York	ASC	YNHCCC	Eliminations	Total
Assets								
Current assets:								
Cash and cash equivalents	\$ 20,955	\$ 28,917	\$ 15,493	\$ 3,163	\$ 689	\$ 33	\$ –	\$ 69,250
Short-term investments	926,009	5	10	–	–	–	–	926,024
Accounts receivable for services to patients, net	259,581	–	–	869	1,285	2,936	–	264,671
Other receivables	33,789	44	–	673	3,964	–	(4,699)	33,771
Professional liabilities insurance recoveries receivable – current portion	18,968	–	–	–	–	–	–	18,968
Other current assets	68,883	6	–	1,246	2,462	–	–	72,597
Amounts on deposit with trustee in debt service fund	4,394	–	–	–	–	–	–	4,394
Total current assets	1,332,579	28,972	15,503	5,951	8,400	2,969	(4,699)	1,389,675
Assets limited as to use	124,869	–	–	–	–	–	–	124,869
Long-term investments	263,938	–	–	–	–	–	–	263,938
Deferred financing costs, less accumulated amortization	9,285	–	–	–	–	–	–	9,285
Professional liabilities insurance recoveries receivable – non-current portion	49,433	–	–	–	–	–	–	49,433
Goodwill	44,818	–	–	–	–	–	–	44,818
Other assets	201,392	–	661	938	9,367	726	(40,261)	172,823
Property, plant and equipment:								
Land and land improvements	38,391	–	–	2,337	–	1,580	–	42,308
Buildings and fixtures	1,129,407	–	–	14,860	4,590	2,841	–	1,151,698
Equipment	454,528	–	–	64	3,821	389	–	458,802
	1,622,326	–	–	17,261	8,411	4,810	–	1,652,808
Less accumulated depreciation	735,391	–	–	12,582	5,707	450	–	754,130
	886,935	–	–	4,679	2,704	4,360	–	898,678
Construction in progress	27,576	–	–	–	–	–	–	27,576
	914,511	–	–	4,679	2,704	4,360	–	926,254
Total assets	\$ 2,940,825	\$ 28,972	\$ 16,164	\$ 11,568	\$ 20,471	\$ 8,055	\$ (44,960)	\$ 2,981,095

Yale-New Haven Hospital and Subsidiaries

Consolidating Balance Sheet (continued)
(In Thousands)

September 30, 2014

	Hospital	Lukan	Caritas	York	ASC	YNHCCC	Eliminations	Total
Liabilities and net assets (deficiency)								
Current liabilities:								
Accounts payable	\$ 147,526	\$ 190	\$ 56	\$ 4,684	\$ 318	\$ 5,736	\$ (4,909)	\$ 153,601
Accrued expenses	197,946	—	—	331	810	836	—	199,923
Professional liabilities – current portion	18,968	—	—	—	—	—	—	18,968
Other current liabilities	17,897	—	—	—	—	25	—	17,922
Current portion of capital lease obligation	1,829	—	—	1,134	—	—	—	2,963
Current portion of long term debt	7,626	—	—	—	—	—	—	7,626
Total current liabilities	391,792	190	56	6,149	1,128	6,597	(4,909)	401,003
Long-term debt, net of current portion	802,124	—	—	—	—	—	—	802,124
Long-term capital lease obligation, net of current portion	48,853	—	—	1,985	—	—	—	50,838
Accrued pension and postretirement benefit obligations	231,477	—	—	—	—	—	—	231,477
Professional liabilities	86,261	18,564	11,043	—	—	—	—	115,868
Other long-term liabilities	215,338	—	—	68	8,658	4,413	(12,600)	215,877
Deferred revenue	44,378	—	—	—	—	—	—	44,378
Total liabilities	1,820,223	18,754	11,099	8,202	9,786	11,010	(17,509)	1,861,565
Net assets (deficiency):								
Unrestricted	1,020,378	10,218	5,065	3,366	8,803	(2,955)	(27,451)	1,017,424
Temporarily restricted	64,318	—	—	—	—	—	—	64,318
Permanently restricted	35,906	—	—	—	—	—	—	35,906
Total Yale-New Haven Hospital & Subsidiaries net assets (deficiency)	1,120,602	10,218	5,065	3,366	8,803	(2,955)	(27,451)	1,117,648
Non-controlling interest	—	—	—	—	1,882	—	—	1,882
Total net assets (deficiency) including non-controlling interest	1,120,602	10,218	5,065	3,366	10,685	(2,955)	(27,451)	1,119,530
Total liabilities and net assets (deficiency)	\$ 2,940,825	\$ 28,972	\$ 16,164	\$ 11,568	\$ 20,471	\$ 8,055	\$ (44,960)	\$ 2,981,095

Yale-New Haven Hospital and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (In Thousands)

Year Ended September 30, 2014

	YNHNC	Hospital	Lukan	Caritas	York	ASC	YNHCCC	Eliminations	Total
Operating revenue:									
Net patient service revenue	\$ -	\$ 2,410,117	\$ -	\$ -	\$ 8,554	\$ 18,067	\$ 12,374	\$ (129)	\$ 2,448,983
Less: Provision for bad debts	-	(71,764)	-	-	-	(136)	(929)	-	(72,829)
Net patient service revenue, less provision for bad debts	-	2,338,353	-	-	8,554	17,931	11,445	(129)	2,376,154
Other revenue	-	63,551	1,166	356	1,737	1,240	46	(7,643)	60,453
Total operating revenue	-	2,401,904	1,166	356	10,291	19,171	11,491	(7,772)	2,436,607
Operating expenses:									
Salaries and benefits	-	1,034,645	-	-	876	5,864	9,361	-	1,050,746
Supplies and other expenses	-	1,071,619	-	-	8,220	6,726	3,431	6,594	1,096,590
Depreciation	-	122,543	-	-	705	520	244	-	124,012
Insurance	-	14,809	(4,021)	(950)	12	124	53	(1,752)	8,275
Interest	-	23,742	-	-	260	-	-	-	24,002
Total operating expenses	-	2,267,358	(4,021)	(950)	10,073	13,234	13,089	4,842	2,303,625
Income (loss) from operations	-	134,546	5,187	1,306	218	5,937	(1,598)	(12,614)	132,982
Nonoperating gains (losses), net:									
Income from investments, donations and other, net	-	79,144	238	(8)	(13)	(255)	-	5	79,111
Change in fair value of swap, including counterparty payments	-	(16,357)	-	-	-	-	-	-	(16,357)
Loss on refunding of long-term debt	-	(32,631)	-	-	-	-	-	-	(32,631)
Excess of revenue over expenses, before non-controlling interest	-	164,702	5,425	1,298	205	5,682	(1,598)	(12,609)	163,105
Less: Income attributable to non-controlling interest	-	-	-	-	-	(2,320)	-	-	(2,320)
Excess of revenue over expenses	-	164,702	5,425	1,298	205	3,362	(1,598)	(12,609)	160,785

Yale-New Haven Hospital and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued) (In Thousands)

Year Ended September 30, 2014

	YNHNC	Hospital	Lukan	Caritas	York	ASC	YNHCCC	Eliminations	Total	
Unrestricted net assets:										
Excess (deficiency) of revenue over expenses (continued)	\$	–	\$ 164,702	\$ 5,425	\$ 1,298	\$ 205	\$ 3,362	\$ (1,598)	\$ (12,609)	\$ 160,785
Other changes in net assets		–	135	–	–	–	–	–	–	135
Transfer (to) from YNH Network Corporation		(9,212)	9,212	–	–	–	–	–	–	–
Transfer to Yale-New Haven Health Services Corporation- Mission Support		–	(14,042)	–	–	–	–	–	–	(14,042)
Transfer from Yale-New Haven Health Services Corporation		–	(25,000)	–	–	–	–	–	–	(25,000)
Net assets released from restrictions for purchases of fixed assets		–	1,502	–	–	–	–	–	–	1,502
Pension and other postretirement liability adjustments		–	(44,799)	–	–	–	–	–	–	(44,799)
Increase (decrease) in unrestricted net assets		(9,212)	91,710	5,425	1,298	205	3,362	(1,598)	(12,609)	78,581
Temporarily restricted net assets:										
Income from investments		–	298	–	–	–	–	–	–	298
Net realized gains on investments		–	583	–	–	–	–	–	–	583
Change in net unrealized gains and losses on investments		–	6,481	–	–	–	–	–	–	6,481
Bequests and contributions		–	7,457	–	–	–	–	–	–	7,457
Net assets released from restrictions for purchases of fixed assets		–	(1,502)	–	–	–	–	–	–	(1,502)
Net assets released from restrictions for free care		–	(613)	–	–	–	–	–	–	(613)
Net assets released from restrictions for operations		–	(3,099)	–	–	–	–	–	–	(3,099)
Net assets released from restrictions for clinical programs		–	(5,269)	–	–	–	–	–	–	(5,269)
Increase in temporarily restricted net assets		–	4,336	–	–	–	–	–	–	4,336
Permanently restricted net assets:										
Bequests, contributions, and grants		–	3,492	–	–	–	–	–	–	3,492
Change in beneficial interest in perpetual trusts		–	5,259	–	–	–	–	–	–	5,259
Increase in permanently restricted net assets		–	8,751	–	–	–	–	–	–	8,751
Non-controlling interest										
Income attributable to non-controlling interest		–	(2,320)	–	–	–	2,320	–	2,320	2,320
Distributions to non-controlling interest		–	–	–	–	–	(2,821)	–	–	(2,821)
		–	(2,320)	–	–	–	(501)	–	2,320	(501)
(Decrease) increase in net assets		(9,212)	102,477	5,425	1,298	205	2,861	(1,598)	(10,289)	91,167
Net assets (deficiency) at beginning of year		9,212	1,018,125	4,793	3,767	3,161	7,824	(1,357)	(17,162)	1,028,363
Net assets (deficiency) at end of year	\$	–	\$ 1,107,515	\$ 10,218	\$ 5,065	\$ 3,366	\$ 10,685	\$ (2,955)	\$ (27,451)	\$ 1,119,530

About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the 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. For more information about our organization, please visit ey.com.

© 2014 Ernst & Young LLP.
All Rights Reserved.

ey.com

