

**"PUBLIC DISCLOSURE REQUIREMENTS"**

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](http://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>B</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	<b>C</b> Name of organization  <b>YALE NEW HAVEN HEALTH SERVICES CORP</b> Doing Business As		<b>D</b> Employer identification number  22-2529464
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>789 HOWARD AVENUE</b>		<b>E</b> Telephone number  203-688-6088
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW HAVEN, CT 06519</b>		<b>G</b> Gross receipts \$ <b>432,585,984.</b>
	<b>F</b> Name and address of principal officer: <b>MARNA BORGSTROM</b> <b>789 HOWARD AVE, NEW HAVEN, CT 06519</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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			<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.YNHHS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES.</b>		
	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)	<b>3</b>	<b>18</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>1806</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,116,439.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>150,011.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>387,841,378.</b>	<b>395,737,998.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>311,462.</b>	<b>-29,912.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>39,207,900.</b>	<b>15,214,660.</b>
	12		<b>427,360,740.</b>	<b>410,922,746.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>272,775.</b>	<b>200,400.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>173,002,912.</b>	<b>194,214,752.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>0.</b>	<b>0.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>218,847,572.</b>	<b>195,894,742.</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>392,123,259.</b>	<b>390,309,894.</b>	
		<b>35,237,481.</b>	<b>20,612,852.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	<b>418,035,060.</b>	<b>1,363,045,860.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>323,282,233.</b>	<b>1,213,053,903.</b>
		<b>94,752,827.</b>	<b>149,991,957.</b>	

**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.

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

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 PROMOTE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES.

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

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

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

4a (Code: ) (Expenses \$ 330,318,357. including grants of \$ 200,400. ) (Revenue \$ 409,836,219. )

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 330,318,357.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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) MARN A BORGSTROM PRESIDENT & CEO	16.00 24.00	X		X				1,057,471.	1,586,207.	753,728.
(2) VINCENT CALARCO DIRECTOR	1.00 2.00	X						0.	0.	0.
(3) JOSEPH CRESPO DIRECTOR	1.00 2.00	X						0.	0.	0.
(4) NEIL DEFEO DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) MARY FARRELL DIRECTOR	1.00 2.00	X						0.	0.	0.
(6) MICHAEL FLYNN -THRU 10/4/13 DIRECTOR	1.00 2.00	X						0.	0.	0.
(7) ROBERT HAVERSAT-THRU 10/4/13 DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) THOMAS KETCHUM DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) JOHN LAHEY DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) MARVIN LENDER VICE CHAIRMAN	1.00 2.00	X						0.	0.	0.
(11) F. PATRICK MCFADDEN JR.,-THRU 10 VICE CHAIRMAN	1.00 0.00	X						0.	0.	0.
(12) JULIA MCNAMARA CHAIRWOMAN	1.00 2.00	X						0.	0.	0.
(13) DANIEL MIGLIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) BARBARA MILLER DIRECTOR	1.00 2.00	X						0.	0.	0.
(15) DANIEL MOSLEY DIRECTOR	1.00 4.00	X						0.	0.	0.
(16) RONALD NOREN DIRECTOR	1.00 3.00	X						0.	0.	0.
(17) BENJAMIN POLAK DIRECTOR	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) MEREDITH REUBEN DIRECTOR	1.00 4.00	X						0.	0.	0.
(19) PETER SOLVEY DIRECTOR	1.00 2.00	X						0.	0.	0.
(20) ELLIOT SUSSMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JAMES TORGERSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) STEPHEN ALLEGRETTO VP	2.00 38.00			X				528,414.	18,373.	176,759.
(23) WILLIAM ASELTINE SR. VP	26.00 14.00			X				155,726.	622,905.	232,850.
(24) DANIEL BARCHI SR. VP	24.00 16.00			X				77,405.	696,644.	267,528.
(25) GAYLE CAPOZZALO EXECUTIVE VP	24.00 16.00			X				523,093.	784,640.	189,700.
(26) EUGENE COLUCCI VP	2.00 38.00			X				29,188.	554,570.	192,153.
<b>1b Sub-total</b>								<b>2,371,297.</b>	<b>4,263,339.</b>	<b>1,812,718.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>5,752,934.</b>	<b>11,931,328.</b>	<b>4,328,132.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>8,124,231.</b>	<b>16,194,667.</b>	<b>6,140,850.</b>

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 **381**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	CONSULTING	14,808,702.
BEACON PARTNERS INC, 97 LIBERTY PKWY, STE 400, WEYMOUTH, MA 02189	CONSULTING	6,149,249.
DELOITTE & TOUCHE, LLP PO BOX 12001, DALLAS, TX 75312	CONSULTING	5,660,813.
PARKER STAFFING SERVICES, 818 STEWART STREET, STE 1210, SEATTLE, WA 98101	STAFFING SERVICES	3,288,325.
ORCHESTRATE HEALTHCARE 225 MAIN STREET, CARBONDALE, CO 81623	CONSULTING	3,130,148.

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 **88**

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) FRANK CORVINO EXECUTIVE VP	10.00 30.00			X				315,484.	946,453.	158,792.
(28) RICHARD D'AQUILA EXECUTIVE VP	10.00 30.00			X				404,640.	1,213,917.	408,016.
(29) MICHAEL DIMENSTEIN VP	4.00 36.00			X				39,314.	397,516.	153,657.
(30) WILLIAM GEDGE SR. VP	28.00 12.00			X				555,904.	238,245.	248,100.
(31) PETER HERBERT SR. VP	16.00 24.00			X				596,680.	895,018.	73,714.
(32) WILLIAM JENNINGS EXECUTIVE VP	10.00 30.00			X				246,538.	739,612.	306,935.
(33) NANCY LEVITT-ROSENTHAL VP	1.00 39.00			X				0.	412,497.	136,869.
(34) PATRICK MCCABE SR. VP	6.00 34.00			X				97,429.	552,095.	218,262.
(35) KEVIN MYATT SR. VP	16.00 24.00			X				306,003.	459,004.	246,783.
(36) JAMES MORRIS VP	2.00 38.00			X				15,411.	369,892.	133,947.
(37) ROBERT NORDGREN SR. VP	1.00 39.00			X				0.	573,350.	166,029.
(38) CHRISTOPHER O'CONNOR EXECUTIVE VP & COO	16.00 24.00			X				325,721.	488,581.	318,373.
(39) VINCENT PETRINI SR. VP	1.00 39.00			X				0.	569,586.	189,661.
(40) CAROLYN SALS GIVER VP	1.00 39.00			X				0.	352,320.	141,938.
(41) JOHN SKELLY VP	0.00 40.00			X				0.	578,095.	187,263.
(42) JAMES STATEN EXECUTIVE VP	16.00 24.00			X				528,996.	793,494.	363,666.
(43) VINCENT TAMMARO SR. VP	4.00 36.00			X				68,349.	515,826.	197,248.
(44) MELISSA TURNER VP	1.00 39.00			X				0.	354,275.	123,711.
(45) DAVID WURCEL VP	1.00 39.00			X				0.	553,952.	178,504.
(46) JOSEPH BISSON VP	40.00 0.00					X		353,490.	0.	90,694.
Total to Part VII, Section A, line 1c .....										



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT SERVICES	<b>Business Code</b> 900099	260,564,120.	260,117,563.	446,557.		
	<b>b</b> MANAGEMENT SERVICES-EPIC	621990	41,273,251.	41,273,251.			
	<b>c</b> INSURANCE PREMIUMS	900099	41,095,923.	41,095,923.			
	<b>d</b> SYSTEM SUPPORT SERVICES	900099	39,875,577.	39,739,441.	136,136.		
	<b>e</b> EMERGENCY PREPAREDNESS PROGRAM	900099	12,699,885.	12,699,885.			
	<b>f</b> All other program service revenue	900099	229,242.	229,242.			
	<b>g Total.</b> Add lines 2a-2f		395,737,998.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		37,608.			37,608.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	21,595,718.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	21,663,238.				
		<b>c</b> Gain or (loss)	-67,520.				
	<b>d</b> Net gain or (loss)		-67,520.			-67,520.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> PHYSICIAN INTEGRATION REVENUE	900099	12,118,780.	12,118,780.				
	<b>b</b> OTHER INCOME	900099	2,562,134.	2,562,134.			
	<b>c</b> EMERGENCY PREP/OTHR SERVICES	621990	533,746.		533,746.		
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		15,214,660.					
<b>12 Total revenue.</b> See instructions.		410,922,746.	409,836,219.	1,116,439.	-29,912.		

**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	200,400.	200,400.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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	7,495,503.		7,495,503.	
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	145,211,958.	129,801,342.	15,410,616.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,618,731.	6,475,921.	1,142,810.	
9 Other employee benefits	24,003,591.	20,403,052.	3,600,539.	
10 Payroll taxes	9,884,969.	8,402,224.	1,482,745.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,728,079.		7,728,079.	
c Accounting	269,476.		269,476.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	49,147,468.	41,775,348.	7,372,120.	
12 Advertising and promotion				
13 Office expenses	671,785.	571,017.	100,768.	
14 Information technology				
15 Royalties				
16 Occupancy	34,700,198.	29,495,169.	5,205,029.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,210,652.	1,879,054.	331,598.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,227,512.	48,643,385.	8,584,127.	
23 Insurance	35,637,477.	35,637,477.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE & DATA COMMUN	5,410,656.	4,599,058.	811,598.	
b DUES, FEES & MEMBERSHIP	1,740,574.	1,479,488.	261,086.	
c CLINICAL PROGRAM & MISC	756,450.	648,206.	108,244.	
d COMMUNITY ACTIVITY/OTHE	247,352.	182,213.	65,139.	
e All other expenses	147,063.	125,003.	22,060.	
25 Total functional expenses. Add lines 1 through 24e	390,309,894.	330,318,357.	59,991,537.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	16,323,382.	<b>2</b>	13,239,630.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	97,784,032.	<b>4</b>	1,002,539,739.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	6,746,800.	<b>9</b>	29,539,360.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 322,316,989.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 151,914,846.			
	<b>11</b> Investments - publicly traded securities .....	217,459,967.	<b>10c</b>	170,402,143.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,924,715.	<b>11</b>	8,119,479.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	75,796,164.	<b>12</b>	87,155,404.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	52,050,105.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	418,035,060.	<b>15</b>			
		<b>16</b>	1,363,045,860.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	98,895,830.	<b>17</b>	83,237,716.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	188,102,588.	<b>19</b>	163,851,856.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	885,198,103.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	36,283,815.	<b>25</b>	80,766,228.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	323,282,233.	<b>26</b>	1,213,053,903.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	94,752,827.	<b>27</b>	149,991,957.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> <b>Total net assets or fund balances</b> .....	94,752,827.	<b>33</b>	149,991,957.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	418,035,060.	<b>34</b>	1,363,045,860.		

**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	410,922,746.
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,309,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,612,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,752,827.
5	Net unrealized gains (losses) on investments	5	85,811.
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	34,540,467.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	149,991,957.

**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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

Name of the organization <b>YALE NEW HAVEN HEALTH SERVICES CORP</b>	Employer identification number <b>22-2529464</b>
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**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? .....		X
(ii) A family member of a person described in (i) above? .....		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		X
- 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	
YALE-NEW HAVEN HOSPITAL BRIDGEPORT	06-0646652	3	X						0.
GREENWICH HOSPITAL	06-0646554	3	X						0.
NORTHEAST MEDICAL GROUP	06-1330992	9	X						47,183,195.
<b>Total</b>	<b>4</b>								<b>47,183,195.</b>

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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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



**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](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

**YALE NEW HAVEN HEALTH SERVICES CORP**

Employer identification number

**22-2529464**

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages 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   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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				
b Buildings				
c Leasehold improvements		2,117,614.	856,430.	1,261,184.
d Equipment		319,537,309.	151,058,416.	168,478,893.
e Other		662,066.		662,066.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				170,402,143.

**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) INVESTMENT IN		
(B) MCIC-VERMONT	75,451,819.	COST
(C) INVESTMENT IN YALE		
(D) ENDOWMENT FUND	183,971.	END-OF-YEAR MARKET VALUE
(E) CASH SURRENDER VALUE OF		
(F) LIFE INSURANCE	11,451,825.	END-OF-YEAR MARKET VALUE
(G) ALTERNATIVE INVESTMENTS	2,615.	END-OF-YEAR MARKET VALUE
(H) INVESTMENT IN NEPC	65,174.	COST
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>87,155,404.</b>	

**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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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) PROFESSIONAL LIABILITY INSURANCE	11,775,175.
(3) ACCRUED SUPPLEMENTAL RETIREMENT	26,209,164.
(4) ACQUISITION CONTINGENT LIABILITY	5,000,000.
(5) RETRO INSURANCE CREDIT	8,146,162.
(6) INTEREST RATE SWAP	29,635,727.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>80,766,228.</b>

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue line 5.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses line 5.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**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.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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
NAACP NEW HAVEN BRANCH 545 WHALLEY AVE NEW HAVEN, CT 06511	06-6099313	501(C)(4)	18,500.	0.			SPONSORSHIP
NEW HAVEN INTERNATIONAL FESTIVAL 195 CHURCH STREET NEW HAVEN, CT 06511	06-1444222	501(C)(3)	15,000.	0.			SPONSORSHIP
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06511	65-1203744	501(C)(3)	10,000.	0.			SUPPORT MISSION
VISITING NURSE ASSOCIATION SOUTH ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646941	501(C)(3)	10,000.	0.			SUPPORT MISSION
ANTI DEFAMATION LEAGUE WHITNEY AVE NEW HAVEN, CT 06511	13-1818723	501(C)(3)	10,000.	0.			SPONSORSHIP
BEULAH HEIGHT SOCIAL INTEGRATION 782 ORCHARD STREET NEW HAVEN, CT 06511	06-1290930	501(C)(3)	7,500.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	5,000.	0.			SUPPORT MISSION
THE C.H.A.I.N. FUND 234 SHERMAN AVE, C25 MERIDEN, CT 06450	52-2375279	501(C)(3)	5,000.	0.			SUPPORT MISSION
PROMISING SCHOLARSHIP FUND INC 44 UPPER STATE STREET NORTH HAVEN, CT 06473	80-0112325	501(C)(3)	10,000.	0.			SUPPORT MISSION
BEULAH LAND DEVELOPMENT 774 ORCHARD STREET NEW HAVEN, CT 06511	06-1419774	501(C)(3)	10,000.	0.			SUPPORT MISSION
CT STATE MISSIONARY BAPTIST CONVENT - 10 CHERRY DRIVE - DANBURY, CT 06812	06-1421410	501(C)(3)	6,500.	0.			SUPPORT MISSION
EASTER SEALS GOODWILL 95 HAMILTON STREET NEW HAVEN, CT 06511	23-7431264	501(C)(3)	5,400.	0.			SUPPORT MISSION
CITY SEED 817 GRAND AVENUE NEW HAVEN, CT 06511	83-0397621	501(C)(3)	5,000.	0.			SUPPORT MISSION
LEEWAY INC 40 ALBERTS ST NEW HAVEN, CT 06511	22-3065487	501(C)(3)	5,000.	0.			SUPPORT MISSION
CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN, CT 06511		GOVERNEMENT	10,000.	0.			SUPPORT MISSION

Schedule I (Form 990)



**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
CHAPEL WEST SPECIAL SERVICES 1205 CHAPEL STREET NEW HAVEN, CT 06511		GOVERNEMENT	10,000.	0.			SUPPORT MISSION
CORNELL HILL SCOTT CORPORATION 400-428 COLUMBUS AVE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	10,000.	0.			SUPPORT MISSION
EAST END COMMUNITY COUNCIL 1149 STRATFORD AVE BRIDGEPORT, CT 06607	06-1614075	501(C)(3)	5,000.	0.			SUPPORT MISSION
FIRST CALVERY BAPTISH CHURCH 609 DIXWELL AVE NEW HAVEN, CT 06511	06-1173497	501(C)(3)	5,000.	0.			SUPPORT MISSION
LIFE HAVEN 153 EAST STREET NEW HAVEN, CT 06511	22-2513519	501(C)(3)	5,000.	0.			SUPPORT MISSION
CHRISTIAN COMMUNITY ACTION INC 168 DAVENPORT AVE NEW HAVEN, CT 06519	06-0941885	501(C)(3)	5,000.	0.			SUPPORT MISSION
LOVE CHRISTIAN ACADEMY 729 UNION AVE BRIDGEPORT, CT 06607	06-1448782	501(C)(3)	5,000.	0.			SUPPORT MISSION
NEW HAVEN PUBLIC LIBRARY 133 ELM STREET NEW HAVEN, CT 06510	06-1283798	501(C)(3)	5,000.	0.			SUPPORT MISSION
POLICE ACTIVITY LEAGUE OF NEW HAVEN - 1 UNION AVE - NEW HAVEN, CT 06519	47-1212812	501(C)(3)	5,000.	0.			SUPPORT MISSION

Schedule I (Form 990)

**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
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, STE 403 NEW HAVEN, CT 06519	06-0646761	501(C)(3)	12,500.	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

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

PART I, LINE 2:

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

GRANTS. THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO

ORGANIZATIONS TO ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION.

YALE NEW HAVEN HEALTHCARE SERVICES CORPORATION ("HSC") CARRIES OUT DUE

DILIGENCE IN PROVIDING MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)3

ORGANIZATIONS THAT COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN

THE COMMUNITIES SERVED.

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

**Part IV** Supplemental Information

BEEN SUBMITTED TO HSC. ASSISTANCE DONATED BY HSC TO THESE QUALIFYING ORGANIZATIONS IS NOT OUTCOMES-BASED AND IS GIVEN IN SUPPORT OF AN INDIVIDUAL ORGANIZATION'S FUNDRAISING EVENTS OR IN SUPPORT OF DIRECT SERVICES. HSC MAINTAINS FULL AND COMPLETE RECORDS OF ALL MONETARY ASSISTANCE PROVIDED, HOWEVER DOES NOT MONITOR SPECIFIC FUNDS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/form990)

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number

22-2529464

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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 PRESIDENT & CEO	(i)	658,423.	377,328.	21,720.	265,958.	35,533.	1,358,962.	0.
	(ii)	987,634.	565,993.	32,580.	398,937.	53,300.	2,038,444.	0.
(2) STEPHEN ALLEGRETTO VP	(i)	363,214.	100,519.	64,681.	155,234.	15,586.	699,234.	26,137.
	(ii)	12,629.	3,495.	2,249.	5,397.	542.	24,312.	808.
(3) WILLIAM ASELTYN SR. VP	(i)	107,626.	29,798.	18,302.	41,193.	5,377.	202,296.	0.
	(ii)	430,504.	119,192.	73,209.	164,774.	21,506.	809,185.	0.
(4) DANIEL BARCHI SR. VP	(i)	52,969.	17,945.	6,491.	21,670.	5,083.	104,158.	0.
	(ii)	476,721.	161,505.	58,418.	195,032.	45,743.	937,419.	0.
(5) GAYLE CAPOZZALO EXECUTIVE VP	(i)	263,471.	92,006.	167,616.	57,460.	18,420.	598,973.	0.
	(ii)	395,207.	138,009.	251,424.	86,190.	27,630.	898,460.	0.
(6) EUGENE COLUCCI VP	(i)	20,088.	5,578.	3,522.	8,543.	1,065.	38,796.	2,210.
	(ii)	381,669.	105,979.	66,922.	162,315.	20,230.	737,115.	41,989.
(7) FRANK CORVINO EXECUTIVE VP	(i)	208,091.	98,496.	8,897.	34,413.	5,285.	355,182.	4,540.
	(ii)	624,273.	295,489.	26,691.	103,238.	15,856.	1,065,547.	13,621.
(8) RICHARD D'AQUILA EXECUTIVE VP	(i)	266,395.	99,418.	38,827.	96,233.	5,771.	506,644.	4,514.
	(ii)	799,184.	298,253.	116,480.	288,700.	17,312.	1,519,929.	13,543.
(9) MICHAEL DIMENSTEIN VP	(i)	25,804.	7,572.	5,938.	10,923.	2,906.	53,143.	0.
	(ii)	260,911.	76,564.	60,041.	110,443.	29,385.	537,344.	0.
(10) WILLIAM GEDGE SR. VP	(i)	367,341.	136,706.	51,857.	160,174.	13,496.	729,574.	0.
	(ii)	157,432.	58,588.	22,225.	68,646.	5,784.	312,675.	0.
(11) PETER HERBERT SR. VP	(i)	306,683.	95,623.	194,374.	8,060.	21,426.	626,166.	0.
	(ii)	460,024.	143,434.	291,560.	12,090.	32,138.	939,246.	0.
(12) WILLIAM JENNINGS EXECUTIVE VP	(i)	169,352.	58,633.	18,553.	64,212.	12,520.	323,270.	0.
	(ii)	508,055.	175,899.	55,658.	192,644.	37,559.	969,815.	0.
(13) NANCY LEVITT-ROSENTHAL VP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	296,690.	77,331.	38,476.	132,522.	4,347.	549,366.	0.
(14) PATRICK MCCABE SR. VP	(i)	70,786.	17,265.	9,378.	29,651.	3,088.	130,168.	4,638.
	(ii)	401,120.	97,832.	53,143.	168,023.	17,500.	737,618.	26,280.
(15) KEVIN MYATT SR. VP	(i)	195,717.	72,783.	37,503.	87,586.	11,128.	404,717.	0.
	(ii)	293,576.	109,174.	56,254.	131,378.	16,691.	607,073.	0.
(16) JAMES MORRIS VP	(i)	10,601.	2,843.	1,967.	4,518.	840.	20,769.	0.
	(ii)	254,435.	68,241.	47,216.	108,437.	20,152.	498,481.	0.

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

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

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

(A) Name 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) ROBERT NORDGREN	(i)	0.	0.	0.	0.	0.	0.	0.
SR. VP	(ii)	407,367.	113,705.	52,278.	144,692.	21,337.	739,379.	1,568.
(18) CHRISTOPHER O'CONNOR	(i)	290,957.	16,280.	18,484.	107,134.	20,215.	453,070.	0.
EXECUTIVE VP & COO	(ii)	436,435.	24,420.	27,726.	160,702.	30,322.	679,605.	0.
(19) VINCENT PETRINI	(i)	0.	0.	0.	0.	0.	0.	0.
SR. VP	(ii)	373,039.	128,289.	68,258.	156,080.	33,581.	759,247.	0.
(20) CAROLYN SALSGIVER	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	242,593.	62,705.	47,022.	116,146.	25,792.	494,258.	0.
(21) JOHN SKELLY	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	408,026.	100,765.	69,304.	163,996.	23,267.	765,358.	9,357.
(22) JAMES STATEN	(i)	377,308.	115,136.	36,552.	136,948.	8,518.	674,462.	16,673.
EXECUTIVE VP	(ii)	565,962.	172,704.	54,828.	205,423.	12,777.	1,011,694.	25,010.
(23) VINCENT TAMMARO	(i)	48,368.	12,616.	7,365.	19,861.	3,217.	91,427.	0.
SR. VP	(ii)	365,033.	95,213.	55,580.	149,888.	24,282.	689,996.	0.
(24) MELISSA TURNER	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	245,211.	62,965.	46,099.	100,368.	23,343.	477,986.	0.
(25) DAVID WURCEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP	(ii)	374,723.	110,574.	68,655.	164,147.	14,357.	732,456.	3,026.
(26) JOSEPH BISSON	(i)	321,985.	0.	31,505.	46,150.	44,544.	444,184.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) STEPHEN CARBERY	(i)	250,967.	72,136.	51,352.	60,473.	21,734.	456,662.	13,826.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) RICHARD LISITANO	(i)	283,275.	83,544.	59,977.	68,650.	22,363.	517,809.	6,219.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) PAMELA SCAGLIARINI	(i)	288,637.	76,124.	49,552.	60,600.	20,401.	495,314.	9,312.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) RICHARD STAHL	(i)	428,381.	110,792.	88,792.	22,650.	9,099.	659,714.	0.
VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) MARK ANDERSEN	(i)	0.	0.	55,446.	0.	0.	55,446.	55,446.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) QUINTON FRIESEN	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	0.	117,663.	542,230.	0.	0.	659,893.	520,569.

**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				
(33) JOSEPH JANELL FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	267,707.	0.	0.	267,707.	264,750.
(34) ROBERT TREFRY FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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	-	\$370,245	-
RICHARD D'AQUILA	-	218,016	-
JAMES M. STATEN	-	185,221	-
CHRISTOPHER O'CONNOR	-	166,274	-
WILLIAM A. JENNINGS	-	139,208	-
WILLIAM S. GEDGE	-	120,170	-
DANIEL BARCHI	-	115,052	-
KEVIN A. MYATT	-	113,328	-
WILLIAM J. ASELTYNE	-	108,317	-
PATRICK MCCABE	-	91,524	-
EUGENE J. COLUCCI	-	86,208	-

**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.

JOHN SKELLY	-	85,346	-
STEPHEN ALLEGRETTO	-	82,275	-
ROBERT NORDGREN	-	82,059	-
DAVID WURCEL	-	80,497	-
VINCENT PETRINI	-	78,018	-
VINCENT TAMMARO	-	76,599	-
NANCY LEVITT-ROSENTHAL	-	64,872	-
MICHAEL DIMENSTEIN	-	62,716	-
JAMES B.MORRIS	-	56,305	-
CAROLYN SALSGIVER	-	55,496	-
MELISSA TURNER	-	53,317	-

THE INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNT  
RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION  
II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2013 CALENDAR YEAR THAT  
WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2013  
CALENDAR YEAR FORM W-2.

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
PETER HERBERT	-	\$ 390,067	-

**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.

GAYLE CAPOZZALO - \$ 322,870 -

FOUR FORMER OFFICERS, ROBERT TREFRY, MARK ANDERSEN, JOSEPH JANNEL AND

QUINTON FRIESEN RECEIVED PAYMENTS FROM THE NONQUALIFIED PLAN. THESE

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

MADE DIRECTLY TO THEM FROM THE TRUST:

ROBERT TREFRY \$216,182

QUINTON FRIESEN \$127,684

MARK ANDERSEN \$ 83,767

JOSEPH JANNEL \$ 33,365

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

**Part III** Supplemental Information

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

**PART I, LINE 7:**

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

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 1

OMB No. 1545-0047

**2013**  
Open to Public  
Inspection

▶ 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](http://www.irs.gov/form990)

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number  
22-2529464

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES A	06-0806186	20774YQY6	06/24/14	102,300,000.	REFUND- M		X		X		X
B CHEFA - SERIES B	06-0806186	20774YQP5	06/24/14	168,275,000.	REFUND- J-1		X		X		X
C CHEFA - SERIES C	06-0806186	20774YRV1	06/24/14	83,625,000.	REFUND- K-1, K-2		X		X		X
D CHEFA - SERIES D	06-0806186	20774YQM2	06/24/14	108,275,000.	REFUND- L-1, L-2		X		X		X

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	122,995,448.		176,848,421.		90,435,635.		109,088,097.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,461,826.		1,470,421.		710,635.		808,810.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	121,533,632.		175,378,000.		89,725,000.		108,279,287.	
12 Other unspent proceeds								
13 Year of substantial completion	2014		2014		2014		2014	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15 Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

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

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

**2013**  
Open to Public  
Inspection

▶ 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](http://www.irs.gov/form990)

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number  
22-2529464

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA - SERIES E	06-0806186	20774YQN0	06/24/14	80,935,000.	CONSTRUCTION PROJECT		X		X		X
B											
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	92,331,918.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,173,121.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	62,166,628.							
11 Other spent proceeds								
12 Other unspent proceeds	28,992,169.							
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> 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? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.03 %		.03 %		.02 %		.41 %	
<b>5</b> 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 .....								
<b>6</b> Total of lines 4 and 5 .....	.03 %		.03 %		.02 %		.41 %	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X		X		X

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X		X		X		X	
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....		X		X		X		X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X	X		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X	X		X		X	
<b>b</b> Name of provider .....	BARCLAYS BANK & JP GOLDMAN SASHS CAPITAL BARCLAYS BANK							
<b>c</b> Term of hedge .....	35.0000000 11.0000000 22.0000000							
<b>d</b> Was the hedge superintegrated? .....				X		X		X
<b>e</b> Was the hedge terminated? .....				X		X		X

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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





**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

ON JUNE 24, 2014 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. GHCS AND ITS SUBSIDIARIES ARE PART OF THE SYSTEM, BUT THEY ARE NOT MEMBERS OF THE OBLIGATED GROUP.

**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

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

INVESTMENT EARNINGS OR PREMIUM RECEIVED FROM PURCHASER.

PART III LINE 3B

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

PART III, LINE 9

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.



**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
CENTURY FINANCIAL SERVICES	SEE SCHEDULE O	1,044,605.	SEE PART V		X
UNITED ILLUMINATING CO.	SEE SCHEDULE O	135,952.	SEE PART V		X

**Part V Supplemental Information**

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

**PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS**

**PART IV, COLUMN D**

**BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS**

**NAME OF INTERESTED PERSON: CENTURY FINANCIAL SERVICES, INC.**

**OFFICERS EUGENE J. COLUCCI, PATRICK MCCABE AND DAVID WURCEL ARE**

**OFFICERS AND/OR DIRECTORS OF CENTURY FINANCIAL SERVICES, INC., WHICH**

**PROVIDES BILLING AND COLLECTION SERVICES FOR AND IS PARTIALLY OWNED BY**

**YALE-NEW HAVEN HEALTH SERVICES CORPORATION.**

**AMOUNT OF TRANSACTION: \$1,044,605**

**NAME OF INTERESTED PERSON: UNITED ILLUMINATING CO.**

**TRUSTEES DANIEL J. MIGLIO AND JOHN L. LAHEY AND OFFICER JAMES TORGERSON**

**ARE DIRECTORS OF UIL HOLDINGS CORPORATION, THE PARENT COMPANY OF UNITED**

**ILLUMINATING CO. YALE-NEW HAVEN HEALTH SERVICES CORPORATION PURCHASED**

**ELECTRICITY AND GAS SERVICES FROM UNITED ILLUMINATING CO., THE ONLY**

**SUPPLIER OF ELECTRICITY AND GAS AVAILABLE TO YALE-NEW HAVEN HEALTH**

**SERVICES CORPORATION. RATES CHARGED BY UNITED ILLUMINATING CO. ARE**

**REVIEWED AND APPROVED BY THE CONNECTICUT DEPARTMENT OF PUBLIC UTILITY**

**CONTROL.**

**AMOUNT OF TRANSACTION: \$135,952**

**Part V Supplemental Information**

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

PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SOME OF THE ORGANIZATION'S CURRENT OFFICERS SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM. THE ORGANIZATION ENGAGES IN BUSINESS TRANSACTIONS WITH SOME OF THESE TAXABLE 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 TAXABLE AFFILIATES AND SERVE ONLY AS A FUNCTION OF THEIR ROLES AT THE ORGANIZATION.

**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

YALE NEW HAVEN HEALTH SERVICES CORP

Employer identification number

22-2529464

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

YALE NEW HAVEN HEALTH SYSTEM (YNHHS OR THE SYSTEM),

CONNECTICUT'S LEADING HEALTHCARE SYSTEM, WAS FORMED IN 1996 TO ENHANCE

THE QUALITY AND SCOPE OF HEALTHCARE SERVICES FOR RESIDENTS OF

CONNECTICUT AND BEYOND. YNHHS INCLUDES THREE DELIVERY NETWORKS:

BRIDGEPORT HOSPITAL, GREENWICH HOSPITAL AND YALE-NEW HAVEN HOSPITAL,

AND A PHYSICIAN FOUNDATION, NORTHEAST MEDICAL GROUP. YNHHS HAS CLINICAL

RELATIONSHIPS WITH SEVERAL OTHER HOSPITALS IN CONNECTICUT AND NUMEROUS

OUTPATIENT LOCATIONS THROUGHOUT THE STATE. YNHHS IS AFFILIATED WITH

YALE UNIVERSITY IN SUPPORT OF PATIENT CARE, MEDICAL EDUCATION AND

CLINICAL RESEARCH.

YNHHS PROVIDES QUALITY ACCESSIBLE CARE TO A BROAD PATIENT POPULATION.

THE SYSTEM IS COMMITTED TO CREATING A CULTURE OF SAFETY FOR PATIENTS.

IT CONTINUED A MULTI-YEAR INITIATIVE TO BECOME A HIGH RELIABILITY

ORGANIZATION (HRO), IN COLLABORATION WITH THE CONNECTICUT HOSPITAL

ASSOCIATION.

THE SYSTEM HAS FURTHER CONTINUED AND BEEN SUCCESSFUL IN ITS EFFORTS TO

IMPROVE QUALITY OUTCOMES WHILE REDUCING EXPENSES IN A TIME OF GREAT

CHANGE IN HEALTHCARE REIMBURSEMENT IN ORDER TO CONTINUE ITS MISSION OF

PROVIDING QUALITY AFFORDABLE CARE TO A BROAD PATIENT POPULATION

REGARDLESS OF ABILITY TO PAY AND OTHERWISE WITHOUT DISCRIMINATION,

FURTHERING MEDICAL EDUCATION AND ADVANCEMENTS IN HEALTHCARE THROUGH

CLINICAL RESEARCH. SPECIFICALLY, IT HAS LED CLINICAL INITIATIVES

DESIGNED TO REDUCE CLINICAL VARIATION, POTENTIALLY AVOIDABLE

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

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

332211  
09-04-13

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COMPLICATIONS AND EXCESS COST THROUGH BEST PRACTICES AND IMPROVED CARE MODELS - AND IN DOING SO IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT IN LENGTH OF STAY, READMISSIONS, EXPENSE REDUCTIONS, REVENUE IMPROVEMENT AND INCREASED VOLUME.

FOR EXAMPLE, AN INITIATIVE TO STANDARDIZE DRUG INVENTORIES AT ALL THREE SYSTEM HOSPITALS RESULTED IN SIGNIFICANT SAVINGS AND HELPED ELIMINATE "DUPLICATE THERAPIES" - DEFINED AS USING SIMILAR, BUT MORE COSTLY MEDICATIONS TO TREAT THE SAME CONDITIONS. THE PROJECT EARNED BAXTER HEALTHCARE CORPORATION'S LEADERSHIP EXCELLENCE AWARD IN PHARMACY AND WAS RECOGNIZED AS PART OF AN EXCELLENCE AWARD FOR SUPPLY CHAIN MANAGEMENT FROM VHA INC., A NATIONAL NETWORK OF NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS.

EPIC, THE SYSTEM'S ELECTRONIC MEDICAL RECORD SYSTEM, WAS UPGRADED IN 2014 TO OPTIMIZE USAGE AND ADD NEW TOOLS, SEARCH FUNCTIONS AND SAFETY FEATURES, AND WAS FURTHER EXTENDED INTO COMMUNITY PRACTICES IN 2014. YNHHS AND ITS MEMBER HOSPITALS WERE AGAIN SELECTED AS ONE OF THE MOST WIRED HEALTH SYSTEMS IN THE NATION BY HOSPITALS AND HEALTH NETWORKS MAGAZINE WITH CLINICAL INFORMATION TECHNOLOGY INITIATIVES THAT ENHANCE ACCESS AND CONTINUITY FOR PATIENTS AND PROVIDERS IN THE DELIVERY OF HEALTHCARE.

TO SUPPORT ITS' THREE-FOLD STRATEGY, IT WAS PARAMOUNT THAT THE YALE-NEW HAVEN HEALTH SYSTEM PARTNER WITH YALE UNIVERSITY TO CREATE A CUTTING EDGE DATA AND ANALYTICS TEAM THAT WOULD COMBINE DISPARATE REPORTING RESOURCES FROM YNHHS, YALE MEDICAL GROUP (YMG), YALE SCHOOL OF MEDICINE (YSM). THE NEW DEPARTMENT CALLED THE JOINT DATA ANALYTICS TEAM (JDAT)



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WAS FORMED ON OCTOBER 1, 2014 TO SUPPORT THE ORGANIZATIONS IN A DATA DRIVEN, TRANSPARENT AND SECURITY FOCUSED MISSION UNDER THE LEADERSHIP OF THE YNHHS AND YSM CHIEF MEDICAL INFORMATION OFFICER. SINCE ITS' FORMATION, JDAT HAS HAD NUMEROUS SUCCESSES INCLUDING CREATING A CENTRALLY MANAGED AND SINGLE PORTAL FOR ALL DATA REQUESTS, BUILDING A RESEARCH FOCUSED TEAM OF ANALYSTS, CREATING STANDARDIZED METRICS AND DASHBOARDS ACROSS THE INSTITUTIONS AND DEVELOPING THE 'HELIX' BRAND REPRESENTING THE ENTERPRISE DATA WAREHOUSE AND ALL ANALYTICS PRODUCED BY THE 60+ MEMBER TEAM. EACH JDAT ANALYST HAS OBTAINED AT LEAST ONE EPIC CERTIFICATION AND ALL ARE TRAINED IN THE LATEST BUSINESS INTELLIGENCE (BI) TECHNOLOGIES AS WELL AS DATABASE QUERYING TOOLS.

YNHHS CONTINUED TO SERVE A BROAD PATIENT POPULATION EXPANDING ITS CLINICAL SERVICE PARTNERSHIPS AND PROGRAMS TO MAKE CARE MORE ACCESSIBLE AND AVAILABLE ACROSS THE STATE. FURTHERING EXPANDING ACCESS TO CARE, YNHHS PARTNERED WITH ANOTHER AREA NONPROFIT HEALTH SYSTEM TO PROVIDE EMERGENCY HOSPITAL-TO-HOSPITAL TRANSPORT BY HELICOPTER. SPECIFIC EXAMPLES OF CLINICAL SERVICE PARTNERSHIPS AND PROGRAM EXPANSIONS IMPLEMENTED DURING 2014 INCLUDE:

- THE YALE-NEW HAVEN CHILDREN'S HOSPITAL SPECIALTY CENTER IN TRUMBULL OPENED.

- YNHHS AND MILFORD HOSPITAL SIGNED AN AGREEMENT TO BRING VARIOUS YALE-NEW HAVEN HOSPITAL PROGRAMS TO THE MILFORD CAMPUS, INCLUDING A 24-BED INPATIENT REHABILITATION UNIT.

- BRIDGEPORT HOSPITAL EXPANDED ITS CARDIAC SURGERY PROGRAM BY INTEGRATING WITH YALE-NEW HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE.

- SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN, IN COLLABORATION WITH THE PHYSICIANS AND STAFF FORMERLY OF ONCOLOGY ASSOCIATES OF BRIDGEPORT (WHO

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JOINED THE YALE SCHOOL OF MEDICINE), BEGAN TO PROVIDE CANCER SERVICES AT BRIDGEPORT HOSPITAL'S TRUMBULL AND FAIRFIELD LOCATIONS IN SEPTEMBER.

- PEDIATRIC AND HEART AND VASCULAR SERVICES WERE EXPANDED AT GREENWICH HOSPITAL.

- YNHHS EXTENDED MATERNAL FETAL MEDICINE, HEART AND VASCULAR SERVICES AND NEUROSURGICAL SERVICES TO LAWRENCE & MEMORIAL HOSPITAL.

- YALE-NEW HAVEN CHILDREN'S HOSPITAL ESTABLISHED A RELATIONSHIP WITH STAMFORD HOSPITAL TO PROVIDE PEDIATRIC EMERGENCY DEPARTMENT SERVICES.

- COLLABORATING WITH EASTERN CONNECTICUT HEALTH NETWORK, YNHHS EXPANDED HEART AND VASCULAR AND SLEEP MEDICINE SERVICES.

THE SERVICE EXCELLENCE COUNCIL CONTINUED TO IDENTIFY STRATEGIES AND IMPLEMENT MEASURES THAT IMPROVE THE PATIENT EXPERIENCE. THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SURVEY, DEVELOPED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, WAS ONE OF MANY MEASURES OF THE PATIENT EXPERIENCE. IN MARCH, HCAHPS REPORTED THAT GREENWICH HOSPITAL HAD THE HIGHEST RANKING FOR BOTH "OVERALL RATING" AND "WILLINGNESS TO RECOMMEND" IN THE STATE OF CONNECTICUT AS WELL AS THE NEARBY NEW YORK COUNTIES. THE ANNUAL YNHHS SERVICE EXCELLENCE CONFERENCE DREW MORE THAN 950 ATTENDEES AND 96 PRESENTATIONS ON PROJECTS THAT STAFF DEVELOPED TO IMPROVE THE OVERALL PATIENT EXPERIENCE.

A REFRESHED DIVERSITY AND INCLUSION PROGRAM WAS IMPLEMENTED TO HELP EMPLOYEES BETTER UNDERSTAND AND WORK WITH DIVERSE PATIENT AND STAFF POPULATIONS. FOR THE SECOND CONSECUTIVE YEAR, YNHHS HOSPITALS WERE NAMED "LEADERS IN LGBT HEALTHCARE EQUALITY" BY THE NATIONAL HUMAN RIGHTS CAMPAIGN FOUNDATION FOR COMMITMENT TO EQUITABLE, INCLUSIVE CARE

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FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER PATIENTS AND FAMILIES.

YNHHS FORMED A SYSTEM-WIDE PRICING ALIGNMENT COMMITTEE AND A NEW PATIENT AND FAMILY ADVISORY COMMITTEE TO ADDRESS THE PRICING OF OUR HEALTHCARE SERVICES, TAKING A PROACTIVE STANCE ON PRICING TRANSPARENCY, AND ADVISING LEADERS ON BILLING APPROACHES AND THE SIMPLIFICATION OF PATIENT BILLS. THE PATIENT AND FAMILY ADVISORY COMMITTEE HAS GUIDED THE HEALTH SYSTEM TOWARD SIMPLER, MORE UNDERSTANDABLE PATIENT STATEMENTS AND MORE EFFECTIVE COMMUNICATIONS TO PATIENTS REGARDING THE PRICES OF SERVICES. COST ESTIMATES FOR PATIENTS PRIOR TO SERVICE WERE IMPLEMENTED SYSTEM-WIDE IN 2014. VIRTUALLY ALL HEALTH BENEFIT PLANS NOW CONSIST OF SUBSTANTIAL DEDUCTIBLES AND COPAYMENTS; YNHHS RECOGNIZES THE IMPORTANCE TO CONSUMERS OF UNDERSTANDING THEIR FINANCIAL OBLIGATIONS AND RESOURCES AVAILABLE TO THEM TO HELP PAY FOR MEDICALLY NECESSARY CARE AND, TO THAT END, IS WORKING TO PROVIDE GREATER TRANSPARENCY OF PRICING, AND AWARENESS AROUND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO HELP CONSUMERS PAY THEIR MEDICAL BILLS, IF NEEDED.

YNHHS CONTINUES TO BUILD ITS CAPABILITIES TO MANAGE POPULATION-BASED HEALTH CARE, INCLUDING WAYS TO ADDRESS THE INTERRELATED FACTORS THAT IMPACT THE HEALTH OF SPECIFIC POPULATIONS OF PATIENTS. THE GOAL OF BUILDING A SCALABLE INFRASTRUCTURE AND IMPLEMENTING TARGETED PROGRAMS TO BETTER COORDINATE THE PREVENTIVE, WELLNESS AND MEDICAL CARE OF PATIENTS ACROSS THE HEALTHCARE CONTINUUM WAS EVIDENCED IN MANY WAYS.

IN 2014, NORTHEAST MEDICAL GROUP ACHIEVED LEVEL III (THE HIGHEST LEVEL) PATIENT CENTERED MEDICAL HOME (PCMH) RECOGNITION FROM THE NATIONAL

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COMMITTEE ON QUALITY ASSURANCE (NCQA) IN 12 PRIMARY CARE PRACTICES, UTILIZING A CARE MANAGEMENT MODEL THAT USES EMBEDDED AND CENTRALIZED CARE COORDINATORS AND PATIENT NAVIGATORS TO MANAGE THE CARE OF PATIENTS. THESE MODELS OF CARE FOCUS ON IMPROVING ACCESS AND COORDINATING PATIENT CARE ACROSS THE HEALTHCARE CONTINUUM THROUGH THE PRIMARY CARE PROVIDER'S OFFICE. THIS HELPS ENSURE THAT PATIENTS RECEIVE THE CARE THEY NEED, WHEN THEY NEED IT, THEREBY IMPROVING BOTH THE PHYSICIAN'S AND PATIENT'S EXPERIENCE WHILE LOWERING COSTS. ACROSS YNHHS, PATIENT REGISTRIES WERE ESTABLISHED FOR DIABETES, CARDIOVASCULAR DISEASE AND GERIATRICS WHICH IMPROVED OUR AFFILIATED PROVIDERS' ABILITY TO IDENTIFY PATIENTS IN NEED OF SUPPORT.

YNHHS CONTINUED TO ENHANCE CARE MANAGEMENT WITH ITS EMPLOYEES RESULTING IN A SIGNIFICANT IMPROVEMENT IN HEALTHCARE UTILIZATION PATTERNS AND REDUCING THE PER MEMBER PER MONTH INDEX OF TARGETED PATIENTS WHILE MAINTAINING A GREATER THAN 97 PERCENT PARTICIPANT SATISFACTION RATING. IN 2014 THE PROGRAM GREW TO NEARLY 500 PARTICIPANTS AND INCLUDED A LOWER ACUITY HEALTH COACHING PROGRAM AT ALL YNHHS CAMPUSES.

YNHHS ALSO LAID THE GROUNDWORK FOR A CLINICALLY INTEGRATED NETWORK OF PHYSICIANS, HOSPITALS AND OTHER HEALTHCARE PROVIDERS TO PROVIDE PATIENTS WITH SAFE, HIGH-QUALITY, COORDINATED AND COST-EFFECTIVE HEALTHCARE SERVICES. CALLED TOTAL HEALTH, THIS COLLABORATIVE NETWORK DELIVERS HEALTH CARE THAT IS PATIENT-FOCUSED, PHYSICIAN-LED AND COMMITTED TO OUR COMMUNITIES. IT IS ANTICIPATED, THAT TOTAL HEALTH WILL GROW THE INFRASTRUCTURE, RESOURCES, POLICIES, PROCESSES AND ORGANIZATIONAL STRUCTURE NEEDED TO SUPPORT A NETWORK OF PHYSICIANS AND PRACTICES WORKING WITH EACH OTHER AND WITH YNHHS TO DELIVER

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EVIDENCE-BASED CARE TO IMPROVE THE QUALITY, EFFICIENCY AND COORDINATION OF HEALTH CARE SERVICES. THE CONIFER VALUE-BASED CARE SUITE OF TECHNOLOGIES WILL ASSIST CLINICAL INTEGRATION WITH A FOCUS ON PHYSICIAN DASHBOARDS FOR METRIC REPORTING FROM THE POPULATION LEVEL DOWN TO THE PATIENT LEVEL. TOTAL HEALTH IS ONE OF SEVERAL WAYS YNHHS IS CHANGING TO MEET THE CHALLENGES AND DEMANDS OF THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT IN INCREASING QUALITY, AFFORDABILITY AND ACCESS TO HEALTH CARE.

EACH YEAR YNHHS DELIVERY NETWORKS PROVIDE OVER \$565.3 MILLION (AT COST) IN COMMUNITY BENEFIT AND COMMUNITY-BUILDING ACTIVITIES. AS PART OF THE SYSTEM-WIDE COMMITMENT TO SERVE AS STRONG COMMUNITY PARTNERS, EACH YNHHS DELIVERY NETWORK PROVIDED NUMEROUS HEALTH SCREENINGS, COMMUNITY EDUCATION SESSIONS, COMMUNITY-BUILDING EVENTS, COMMUNITY LEADERSHIP ACTIVITIES AND GRANTS AND ASSISTANCE TO IMPROVE AND ENHANCE THE HEALTH OF ITS LOCAL COMMUNITY. IN ADDITION, THE AREA OF COMMUNITY BENEFITS ALSO INCLUDES COSTS ASSOCIATED WITH HEALTH PROFESSIONS EDUCATION, UNCOMPENSATED AND UNDER-COMPENSATED CARE. BASED ON THE RESULTS OF LAST YEAR'S COMMUNITY HEALTH NEEDS ASSESSMENTS, EACH YNHHS HOSPITAL IMPLEMENTED COMMUNITY HEALTH IMPROVEMENT PLANS WITH PARTNERS IN THEIR LOCAL COMMUNITIES THAT ADDRESSED THEIR TOP THREE PUBLIC HEALTH ISSUES.

BUILDING ON THE SUCCESS OF LAST YEAR'S "KNOW YOUR NUMBERS" EMPLOYEE WELLNESS PROGRAM, YNHHS OFFERED "KNOW YOUR NUMBERS PLUS" TO FURTHER SUPPORT EMPLOYEE WELLNESS. EMPLOYEES WHO COMPLETED A HEALTH SCREENING AND DOCUMENTATION OF HEALTHY BEHAVIOR RECEIVED A \$500 CREDIT TOWARD THE COST OF THEIR ANNUAL MEDICAL PREMIUM. MORE THAN 10,000 SYSTEM EMPLOYEES PARTICIPATED IN HEALTH SCREENINGS.

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THE LIVINGWELLCARES ON SITE CARE COORDINATION PROGRAM, WHICH PROVIDES FREE, CONFIDENTIAL HEALTHCARE COORDINATION SERVICES TO EMPLOYEES, INCREASED ENROLLMENT. THE PROGRAM EXPANDED THIS YEAR FROM A FOCUS ON DIABETES TO CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, ASTHMA, COPD, HYPERTENSION, HYPERLIPIDEMIA AND CERTAIN MUSCULOSKELETAL CONDITIONS. PARTICIPANTS DEMONSTRATED DECREASED BLOOD PRESSURE, CHOLESTEROL AND HEMOGLOBIN LEVELS OVER THE PAST YEAR, AND RANKED THEIR SATISFACTION WITH THE PROGRAM AT 97 PERCENT.

THE E-LEARNING DEPARTMENT PROVIDED 381,000 HOURS OF ONLINE EDUCATION TO MORE THAN 20,000 EMPLOYEES. AMONG OTHER THINGS THE CENTER PROVIDED HIGH-IMPACT TRAINING THAT INCLUDED EBOLA PREPAREDNESS TRAINING FOR PERSONAL PROTECTIVE EQUIPMENT.

TO FACILITATE ITS STRATEGIES DESIGNED TO PREPARE YNHHS TO CONTINUE TO DELIVER COMPREHENSIVE, INTEGRATED, QUALITY HEALTH CARE IN A CONSUMER FRIENDLY AND ACCESSIBLE MANNER IN A CHANGING AND CHALLENGING ENVIRONMENT, YNHHS FORMED AN "OBLIGATED GROUP" TO ENHANCE THE SYSTEM'S ACCESS TO AND COORDINATED DEPLOYMENT OF CAPITAL.

#### BRIDGEPORT DELIVERY NETWORK

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014. A MEMBER OF YNHHS SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER; THE JOEL E. SMILOW HEART INSTITUTE; THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE

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AND AHLBIN CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL.

DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED APPROXIMATELY \$66.4 MILLION IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$53.5 MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$10.3 MILLION IN HEALTH PROFESSIONS EDUCATION, AND OVER \$2.6 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$90,759 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, ADVOCACY AND COALITION BUILDING. BRIDGEPORT HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS .

#### GREENWICH HOSPITAL DELIVERY NETWORK

GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, WITH MORE THAN 12,500 INPATIENT DISCHARGES AND NEARLY 290,000 OUTPATIENT ENCOUNTERS LAST YEAR. THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS. SPECIALIZED SERVICES ARE OFFERED AT THE BENDHEIM CANCER CENTER, BREAST CENTER, ENDOSCOPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R. PIVIROTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD.

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DURING FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED APPROXIMATELY \$35.6 MILLION IN COMMUNITY BENEFITS. THIS FIGURE INCLUDES \$27.4 MILLION IN CHARITY CARE (AT COST) AND UNDER REIMBURSED MEDICAID (AT COST), \$3.6 MILLION IN HEALTH PROFESSIONS EDUCATION AND \$4.7 MILLION IN COMMUNITY HEALTH IMPROVEMENT AND EDUCATION ACTIVITIES, SUBSIDIZED SERVICES, RESEARCH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. AN ADDITIONAL \$319,409 WAS PROVIDED IN THE AREA OF COMMUNITY BUILDING ACTIVITIES, WHICH INCLUDED SUPPORT FOR ECONOMIC DEVELOPMENT, ENVIRONMENTAL IMPROVEMENTS, WORKFORCE DEVELOPMENT, COALITION BUILDING AND PHYSICAL IMPROVEMENT AND HOUSING. GREENWICH HOSPITAL HAS INVESTED A SIGNIFICANT AMOUNT OF TIME, MONEY AND RESOURCES IN THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

#### YALE-NEW HAVEN DELIVERY NETWORK

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



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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 DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH PROJECTS TO IMPROVE HEALTH AND INCREASE ACCESS.

NORTHEAST MEDICAL GROUP

NEMG, ESTABLISHED IN 2010, IS A SYSTEM-WIDE PHYSICIAN GROUP DESIGNED TO CREATE OPPORTUNITIES FOR BETTER COLLABORATION, QUALITY OF CARE AND PHYSICIAN ALIGNMENT. A NOT-FOR-PROFIT MULTISPECIALTY MEDICAL FOUNDATION, NEMG HAS ALIGNED PHYSICIANS AND ADVANCED PRACTICE CLINICIANS ACROSS THE SYSTEM. NEMG INCLUDES PHYSICIANS THROUGHOUT THE SYSTEM, INCLUDING HOSPITAL-EMPLOYED PHYSICIANS AT GREENWICH HOSPITAL, BRIDGEPORT HOSPITAL AND THE HOSPITALISTS OF YALE- NEW HAVEN HOSPITAL AND COMMUNITY PHYSICIANS.

BASED IN BRIDGEPORT, CONNECTICUT, NEMG COMMUNITY PRACTICES EXTEND FROM RYE BROOK, NEW YORK, TO GALES FERRY, CONNECTICUT. THROUGH ITS GROWING

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PHYSICIAN NETWORK, NEMG HELPS THE SYSTEM BETTER CARE FOR PATIENTS ACROSS THE CARE CONTINUUM-FROM HOSPITALS TO AMBULATORY CARE SETTINGS TO HOME. NEMG OFFERS ITS EMPLOYED PHYSICIANS OPPORTUNITIES FOR COLLABORATION AND RESOURCES TO IMPROVE PRACTICE MANAGEMENT AND CLINICAL QUALITY. NEMG PHYSICIAN PRACTICES CAN TAKE ADVANTAGE OF ECONOMIES OF SCALE, ASSISTANCE WITH RECRUITMENT EFFORTS AND SUPPORT FOR THE DELIVERY OF INTEGRATED, HIGH-QUALITY CARE.

BY GROWING ITS PROVIDER NETWORK, NEMG STRENGTHENED ITS ABILITY TO INCREASE PATIENT ACCESS TO HIGH-QUALITY HEALTHCARE SERVICES, ESPECIALLY IN PRIMARY CARE, IN A COST-EFFICIENT, COORDINATED MANNER.

NEMG CONTINUED TO DEVOTE ATTENTION TO THE PATIENT EXPERIENCE, MAINTAINING STRONG GAINS REFLECTED IN ITS PATIENT SATISFACTION SCORES. NEMG RANKED IN THE 97TH PERCENTILE NATIONALLY FOR OVERALL PATIENT SATISFACTION.

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 13 VOTING MEMBERS ARE INDEPENDENT.

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

PART VI, LINE 2

BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES

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

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: CENTURY FINANCIAL SERVICES, INC.; GREENWICH HEALTH SERVICES, INC.; GREENWICH INTEGRATIVE MEDICINE, P.C.; GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.; GREENWICH PEDIATRIC SERVICES, P.C.; MEDICAL CENTER REALTY, INC.; MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.; SHORELINE SURGERY CENTER LLC; SSC II, LLC; YNH-HMSO, INC.; YNH PHYSICIANS CORP.; YALE-NEW HAVEN AMBULATORY SERVICES CORPORATION; AND YORK ENTERPRISES, INC.

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

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GROUP ARE CLEARED, THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ENTITY AND A FINAL VERSION OF THE RETURN IS SENT BACK TO ERNST & YOUNG US, LLP FOR FINAL REVIEW. PRIOR TO FILING, THE ORGANIZATION MADE AVAILABLE A COMPLETE COPY OF THE RETURN TO THE BOARD OF TRUSTEES. A SECURE WEB PORTAL IS AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN.

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

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

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

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"

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

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

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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:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	4,831,413.
MANAGEMENT AND GENERAL EXPENSES	852,602.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,684,015.

PERSONNEL SUPPORT/OUTSIDE CONTRACTUAL:

PROGRAM SERVICE EXPENSES	35,561,027.
MANAGEMENT AND GENERAL EXPENSES	6,275,475.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,836,502.

TEMPORARY HELP/TRAINING/DEVELOPMENT:

PROGRAM SERVICE EXPENSES	1,382,908.
MANAGEMENT AND GENERAL EXPENSES	244,043.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,626,951.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	49,147,468.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER TO/FROM AFFILIATES- NEMG/PRIMED	34,540,467.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**YALE NEW HAVEN HEALTH SERVICES CORP**

**Employer identification number  
22-2529464**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BRIDGEPORT RENEWAL, LLC - 06-1452169 267 GRANT STREET BRIDGEPORT, CT 06610	REAL ESTATE RENTAL	CONNECTICUT	89,131.	483,138.	SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES
900 KING STREET ASSOCIATES, LLC - 26-0805259 5 PERRYRIDGE ROAD GREENWICH, CT 06830	BUILDING OPERATIONS	CONNECTICUT	0.	0.	GREENWICH HOSPITAL
GREENWICH PATHOLOGY ASSOCIATES, LLC - 06-6140101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	3,418,510.	643,708.	GREENWICH HOSPITAL
GREENWICH CLINICAL PATHOLOGY, LLC - 26-2455578, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	1,303,060.	251,548.	GREENWICH HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	GREENWICH HEALTH CARE SERVICES INC.	X	
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES CORP	X	
THE GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	
BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES - MERGED 5/16/2014 - 06-1066729, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	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 SERVICES	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 SERVICES	CONNECTICUT	501C3	LINE 11A, I	SEE PART VII	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 7	SEE PART VII	X	
NORMA F PFREIM BREAST CANCER INC -MERGED 2/20/2014 - 06-0567752, 111 BEACH ROAD, FAIRFIELD, CT 06430	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP INC - 06-1330992 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 9	YALE NEW HAVEN HEALTH SERVICES CORP	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 226 MILL HILL AVENUE BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC	X	
YNH NETWORK CORP -MERGED 5/2014 - 06-1513687 789 HOWARD AVE NEW HAVEN, CT 06519	SYSTEM SUPPORT SERVICES	CONNECTICUT	501C3	LINE 11A, I	YALE NEW HAVEN HEALTH SERVICES CORP	X	
YALE-NEW HAVEN HOSPITAL - 06-0646652 20 YORK STREET NEW HAVEN, CT 06504	HEALTHCARE SERVICES	CONNECTICUT	501C3	LINE 3	SEE PART VII	X	
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME	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 SERVICES	CONNECTICUT	501C3	LINE 11B, II	GREENWICH HEALTH CARE SERVICES INC.	X	



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" 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 SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	3,390,452.	1,263,971.		X	N/A		X	51.00%
SSC II LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE SERVICES	CT	YALE NEW HAVEN AMBULATORY SERVICE CORP	RELATED	4,070,552.	1,412,995.		X	N/A		X	51.00%
ORTHOPAEDIC & NEUROSURGERY CENTER, LLC - 27-3477197, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH AMBULATORY SERVICE CORP	RELATED	2,317,736.	824,618.		X	N/A		X	35.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	1,707,648.	368,236.	100.00%	X	
YALE-NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	SEE PART VII	C CORP	4,275,292.	13,270,460.	100.00%	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	REAL ESTATE RENTAL	CT	YORK ENTERPRISES INC	C CORP	1,703,790.	4,528,007.	100.00%	X	
GREENWICH HEALTH SERVICES INC - 06-1233643 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH HEALTH CARE SERVICES CORP	C CORP	377,977.	831,138.	100.00%	X	
GREENWICH PEDIATRIC SERVICES PC - DISSOLVED 9/2014 - 74-3054409, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C CORP	1,170.	441.	100.00%	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 9/2014 - 26-0236411, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C CORP	166,380.	0.	100.00%	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	GREENWICH HEALTH SERVICES INC	C CORP	2,378,146.	1,985,666.	100.00%	X	
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	SEE PART VII	C CORP	33,058.	8,862,600.	100.00%	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	21.	100,626.	100.00%	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	YORK ENTERPRISES INC	C CORP	8,554,227.	11,371,300.	100.00%	X	
CENTURY FINANCIAL SERVICES INC - 06-1110797 23 MAIDEN LANE NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	5,635,442.	3,094,101.	95.29%	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC-NY - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NY	GREENWICH HEALTH SERVICES INC	C CORP	287,000.	264,970.	100.00%	X	
LUKAN INDEMNITY COMPANY - 98-1072793 58 PAR-LA-VALLIS RD HAMILTON, BERMUDA	INSURANCE	BERMUDA	YALE-NEW HAVEN HOSPITAL	C CORP	0.	0.	100.00%	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES INC- NJ - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE	NJ	GREENWICH HEALTH SERVICES INC	C CORP	219,786.	118,276.	100.00%	X	
PRIMARYNET OF CT INC - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE	CT	CHC PHYSICIANS INC	C CORP	0.	0.	100.00%	X	

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

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

**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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRIDGEPORT HOSPITAL	L	65,145,444.	COMPARABLE MARKET VALUE
(2) BRIDGEPORT HOSPITAL	Q	9,480,937.	TRANSACTION REVIEW
(3) YALE-NEW HAVEN HOSPITAL	L	188,471,600.	COMPARABLE MARKET VALUE
(4) YALE-NEW HAVEN HOSPITAL	Q	26,886,799.	TRANSACTION REVIEW
(5) YALE-NEW HAVEN HOSPITAL	K	3,066,000.	COMPARABLE MARKET VALUE
(6) YALE-NEW HAVEN HOSPITAL	S	25,000,000.	CASH

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)GREENWICH HOSPITAL	L	46,393,443.	COMPARABLE MARKET VALUE
(8)NORTHEAST MEDICAL GROUP INC	L	7,180,141.	COMPARABLE MARKET VALUE
(9)NORTHEAST MEDICAL GROUP INC	R	47,183,195.	CASH
(10)YALE NEW HAVEN AMBULATORY SERVICES, CORP.	L	138,526.	COMPARABLE MARKET VALUE
(11)YORK ENTERPRISES, INC.	L	339,156.	COMPARABLE MARKET VALUE
(12)GREENWICH HOSPITAL	Q	5,647,266.	TRANSACTION REVIEW
(13)CENTURY FINANCIAL SERVICES INC	L	98,959.	COMPARABLE MARKET VALUE
(14)YALE NEW HAVEN CARE CONTINUUM CORP	L	163,052.	COMPARABLE MARKET VALUE
(15)BRIDGEPORT HOSPITAL	S	25,000,000.	CASH
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





**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

YALE-NEW HAVEN HOSPITAL -

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

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

PART IV (D), DIRECT CONTROLLING ENTITY OF ORGANIZATIONS TAXABLE AS CORP

OR TRUST:

**Part VII** Supplemental Information

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

YALE NEW HAVEN AMBULATORY SERVICES -

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

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

YORK ENTERPRISES INC -

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

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