#### ANNUAL REPORTING

#### **FISCAL YEAR 2016**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
Α.	AFFILIATE NAME	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	
		YNHHSC IS THE PARENT CORPORATION OF YALE-NEW HAVEN HOSPITAL, YNHHS MSO INC.	
	Access to the second se	WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP., BRIDGEPORT VERTICAL NETWORK,	
	Affiliate Description Affiliate type of service	AND GREENWICH VERTICAL NETWORK.  Parent Corporation	
	Tax Status	Not for Profit	
	Street Address	789 Howard Avenue	
	Town	New Haven	
6	State	Connecticut	
7	Zip Code	06519 -	
	CEO Name	Marna P. Borgstrom	
	CEO Title	President & CEO	
	CT Agent Name	Corporation Service Company	
	CT Agent Company CT Agent Company Street Address	Corporation Service Company 50 Weston Street	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06120 - 1537	
B.	AFFILIATE NAME	150 SARGENT DRIVE, LLC	
		4500 48: 110: 1: 1: 1: 1: 1:	
1	Affiliate Description	150 Sargent Drive, LLC is a limited liability company formed to hold the mortgage for the property known as 150 Sargent Drive, New Haven, Connecticut. It's sole equity owner is Yale-New Haven Hospital.	
	Affiliate type of service	Real Estate	
	Tax Status	For Profit	
4	Street Address	789 Howard Avenue, CB-230	
	Town	New Haven	
	State	Connecticut	
	Zip Code	06519 -	
	CEO Name	Yale-New Haven Hospital, Inc.	
	CEO Title	Member	
	CT Agent Name	Corporation Service Company	
	CT Agent Company Street Address	Corporation Service Company	
	CT Agent Company Street Address CT Agent Town	50 Weston Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06120 - 1537	
- Č			
C.	AFFILIATE NAME	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)	
		CENTURY OPERATES AN ACENCY OPERAL IZING INTURAL TURARE RATIFAL PERSONANT	
1	Affiliate Description	CENTURY OPERATES AN AGENCY SPECIALIZING IN HEALTHCARE PATIENT RECEIVABLE COLLECTIONS IN WHICH YORK ENTERPRISES OWNS A 47.6% INTEREST.	
2	Affiliate type of service	Collection Agency	
	Tax Status	For Profit	
	Street Address	23 Maiden Lane	
5	Town	North Haven	
6	State	Connecticut	
	Zip Code	06473 -	
	CEO Name	Eugene Colucci	
	CEO Title	Director	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
	CT Agent Tourn	50 Weston Street	
	CT Agent State	Hartford Connecticut	
	CT Agent State CT Agent Zip Code	06120 - 1537	
10	OT Agent Zip Code	00120 1007	

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

(1)	(2)	(3)	
		AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
D.	AFFILIATE NAME	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.	
		MEDICAL CENTER PHARMACY IS A WHOLLY OWNED SUBSIDIARY OF YORK ENTERPRISES, INC.	
1	Affiliate Description	IT OPERATES A RETAIL PHARMACY WITH MULTIPLE LOCATIONS. CURRENTLY INACTIVE IN PROVIDING HOME IV INFUSION SERVICES.	
	Affiliate type of service	Pharmacy	
	Tax Status	For Profit	
	Street Address	50 York Street	
	Town	New Haven	
6	State	Connecticut	
	Zip Code CEO Name	06511 - Keith Tandler	
	CEO Title	President	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
12	CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut 06120 - 1537	
15	CT Agent Zip Code	U0120 - 1537	
E.	AFFILIATE NAME	MEDICAL CENTER REALTY, INC.	
4	AMIL A D. C.	MEDICAL CENTED DEALTY, INC. IS A WILLIAM OF A DIDOUBLADY OF VODY ENTEDDRICES. INC.	
2	Affiliate Description Affiliate type of service	MEDICAL CENTER REALTY, INC. IS A WHOLLY OWNED SUBSIDIARY OF YORK ENTERPRISES, INC. Real Estate	
	Tax Status	For Profit	
4	Street Address	20 York Street	
	Town	New Haven	
	State	Connecticut	
	Zip Code	06510 -	
	CEO Name	Vincent Tammaro	
	CEO Title CT Agent Name	President Corporation Service Company	
	CT Agent Name CT Agent Company	Corporation Service Company  Corporation Service Company	
	CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06120 - 1537	
F.	AFFILIATE NAME	NORTHEAST MEDICAL GROUP, INC.	
•	ALL ILIATE NAME	, , , , , , , , , , , , , , , , , , ,	
		Physician related services, such as patient care, medical education, and research and administration to	
	Affiliate Description	YNHH, BH, GH and the community.	
2	Affiliate type of service	Physicians Services	
3	Tax Status Street Address	Not for Profit  99 Hawley Lane, 3rd Floor	
5	Town	Stratford	
	State	Connecticut	
	Zip Code	06614 -	
	CEO Name	Frank Loria, MD	
	CEO Title	Trustee	
	CT Agent Name	Corporation Service Company	
	CT Agent Company Street Address	Corporation Service Company	
	CT Agent Company Street Address CT Agent Town	50 Weston Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06120 - 1537	
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## REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)			
		AFFILLATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
G.	AFFILIATE NAME	NORTHEAST PEDIATRIC SPECIALISTS, INC.		
		-		
4	Agricus December	Affiliation between VAIIIII and Commentant Obildren Henrich for Dediction Consists		
2	Affiliate Description Affiliate type of service	Affiliation between Y-NHH and Connecticut Childrens Hospital for Pediatric Specialty services.  Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	c/o Ct Children's Medical Cent, 282 Washington Street		
5	Town	Hartford		
6	State	Connecticut		
7 8	Zip Code	06106 -		
	CEO Name CEO Title	Cynthia Sparer President		
	CT Agent Name	Corporation Service Company		
	CT Agent Company	Corporation Service Company		
12	CT Agent Company Street Address	50 Weston Street		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06120 - 1537		
н.	AFFILIATE NAME	SHORELINE SURGERY CENTER, LLC		
		SHORELINE SURGERY CENTER LLC IS A LIMITED LIABLITY COMPANY AND IS A PARTNERSHIP		
		BETWEEN CGC ENDOSCOPY, LLC, UNRELATED THIRD PARTY AND YALE-NEW HAVEN		
1	Affiliate Description	AMBULATORY SERVICES CORP WHICH HAS A 51% INTEREST.		
3	Affiliate type of service Tax Status	Ambulatory/OP Surgery Center Not for Profit		
4	Street Address	111 Goose Lane		
5	Town	Guilford		
6	State	Connecticut		
7	Zip Code	06437 -		
	CEO Name	Abe Lopman		
9	CEO Title	President		
	CT Agent Name	Corporation Service Company		
	CT Agent Company CT Agent Company Street Address	Corporation Service Company 50 Weston Street		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06120 - 1537		
١.				
I.	AFFILIATE NAME	SSC II, LLC		
		SSC II, LLC IS A LIMITED LIABILITY COMPANY AND IS A SUBSIDIARY OF SHORELINE SURGERY		
1	Affiliate Description	CENTER, LLC. SSC II, LLC IS AN ENDOSCOPY SURGERY CENTER		
2	Affiliate type of service	Ambulatory/OP Surgery Center		
3	Tax Status	Not for Profit		
4	Street Address	111 GOOSE LANE		
5 6	Town State	GUILFORD Connecticut		
7	Zip Code	06437 -		
	CEO Name	Yale-New Haven Ambulatory Services		
9	CEO Title	Corp. Member		
	CT Agent Name	Corporation Service Company		
11	CT Agent Company	Corporation Service Company		
	CT Agent Company Street Address	50 Weston Street		
13 14	CT Agent State	Hartford		
15	CT Agent State CT Agent Zip Code	Connecticut 06120 - 1537		
13	OT Agont Zip Gode	100120 1001		

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

(1)	(2)	
	NIE DESCRIPTION	
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)
		NCPD is a CT non-profit, non-stock corporation created to provide support for the development of clinical
4	Aguinto Decembria	programs and services that will enhance the rendering of patient care at Yale University and Yale-New
	Affiliate Description Affiliate type of service	Haven Hospital. Other HealthCare Svcs(Specify)
	Tax Status	Not for Profit
	Street Address	789 Howard Avenue
	Town	New Haven
6	State	Connecticut
	Zip Code	06519 -
	CEO Name CEO Title	Richard D'Aquila President
	CT Agent Name	Corporation Service Company
	CT Agent Company	Corporation Service Company
	CT Agent Company Street Address	50 Weston Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
K.	AFFILIATE NAME	YALE-NEW HAVEN AMBULATORY SERVICES CORP.
		YALE-NEW HAVEN AMBULATORY SERVICES CORP. IS A WHOLLY OWNED SUBSIDIARY OF YALE-
		NEW HAVEN HOSPITAL. IT OPERATES A RECOVERY CARE CENTER. IN FY04, IT ACQUIRED A
2	Affiliate Description	51% INTEREST IN YALE-NEW HAVEN SHORELINE SURGERY CENTER LLC.
3	Affiliate type of service Tax Status	Ambulatory/OP Surgery Center Not for Profit
4	Street Address	60 Temple Street
	Town	New Haven
6	State	Connecticut
	Zip Code	06510 -
	CEO Name	Cynthia N. Sparer
	CEO Title	President & Secretary
	CT Agent Name CT Agent Company	Corporation Service Company Corporation Service Company
	CT Agent Company Street Address	50 Weston Street
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537
	AFFILIATE NAME	YALE-NEW HAVEN CARE CONTINUUM
<u> </u>	AFFICIATE NAME	TALE NEW HAVEN GAILE GONTINGOM
		YNHCCC provides long-term care for those unable to live independently and short-term rehabilitation for
1	Affiliate Description	patients who have experienced elective surgery, an injury or a traumatic major illness.
2	Affiliate type of service	Care for the Aged
3 4	Tax Status Street Address	Not for Profit 789 HOWARD AVENUE
5	Town	New Haven
6	State	Connecticut
	Zip Code	06519 -
	CEO Name	GAYLE CAPOZZALO
	CEO Title	PRESIDENT
	CT Agent Name	Corporation Service Company
	CT Agent Company Street Address	Corporation Service Company
	CT Agent Company Street Address CT Agent Town	50 Weston Street Hartford
	CT Agent Town CT Agent State	Connecticut
	CT Agent Zip Code	06120 - 1537

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
М.	AFFILIATE NAME	YALE-NEW HAVEN HOSPITAL, INC.	
		YALE-NEW HAVEN HOSPITAL, INC. IS THE PARENT CORPORATION TO YALE-NEW HAVEN	
1	Affiliate Description	AMBULATORY SERVICES CORP, YORK ENTERPRISES, INC, YALE-NEW HAVEN CARE CONTINUUM, CARITAS INSURANCE COMPANY LTD., AND LUKAN INDEMNITY COMPANY LTD.	
2	Affiliate type of service	Hospital	
3	Tax Status	Not for Profit	
	Street Address	20 YORK STREET	
5	Town	NEW HAVEN	
6	State	Connecticut	
7	Zip Code	06510 -	
	CEO Name	MARNA BORGSTROM	
	CEO Title	PRESIDENT & CEO	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
	CT Agent Company Street Address	50 Weston Steet	
	CT Agent Town	Hartford	
14 15	CT Agent State CT Agent Zip Code	Connecticut 06120 - 1537	
15	CT Agent Zip Code	00120 - 133 <i>1</i>	
N.	AFFILIATE NAME	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	
	741127412174112	A TAX-EXEMPT NONPROFIT ORGANIZATION WITH THE PRIMARY PURPOSE TO COORDINATE	
		ACTIVITIES OF YALE-NEW HAVEN HOSPITAL, INC. AND YALE UNIVERSITY-SCHOOLS OF	
	Affiliate Description	MEDICINE AND NURSING IN AREAS OF MUTUAL CONCERN AND TO CONDUCT LONG-RANGE	
	Affiliate type of service	Affilate Support Services	
	Tax Status	Not for Profit	
4	Street Address	20 York Street, Suite T-102	
	Town	New Haven	
6	State	Connecticut	
7	Zip Code	06504 -	
	CEO Name CEO Title	Ann E. Navin President	
	CT Agent Name	Corporation Service Company	
	CT Agent Name CT Agent Company	Corporation Service Company	
	CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06120 - 1537	
Ο.	AFFILIATE NAME	YNH NETWORK CORPORATION	
		YNH NETWORK CORP WAS THE PARENT CORPORATION TO YALE-NEW HAVEN HOSP., YALE-	
	Affiliate Description	NEW HAVEN AMBULATORY SERVICES CORP., YORK ENTERPRISES, INC., COMMUNITY HEALTH	
2	Affiliate Description	CARE PHYSICIANS (CHCP), AND QUINNIPIAC MEDICAL PC. THIS ENTITY WAS MERGED INTO	
	Affiliate type of service	Parent Corporation Not for Profit	
4	Tax Status Street Address	789 Howard Avenue, New Haven, Connecticut	
	Town	New Haven	
	State	Connecticut	
	Zip Code	06519 -	
8	CEO Name	Marvin K. Lender	
9	CEO Title	Director	
	CT Agent Name	William Aseltyne	
	CT Agent Company	Yale-New Haven Health Services Corporation	
	CT Agent Company Street Address	789 Howard Ave, CB 230, Legal and Risk Services Dept	
	CT Agent Town	New Haven	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06519 -	

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#### **FISCAL YEAR 2016**

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
P.	AFFILIATE NAME	YNHH-PHYSICIANS CORPORATION	
	, , , , , , , , , , , , , , , , , , ,	PHYSICIAN HOSPITAL ORGANIZATION IS A MANAGED CARE CONTRACTING ORGANIZATION.	
4	ACCURATE STATE	YNHH DOES NOT CONSIDER THE PHO AN AFFILIATE BECAUSE IT IS NOT CONTROLLED BY OR	
	Affiliate Description Affiliate type of service	UNDER COMMON CONTROL OR OWNERSHIP WITH YNHH OR YNHH AFFILIATES.  Physicians Hospital Org. (PHO)	
	Tax Status	For Profit	
	Street Address	789 Howard Avenue	
5	Town	New Haven	
	State	Connecticut	
	Zip Code	06519 -	
	CEO Name CEO Title	Dr. Michael Berman President	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
	CT Agent Company Street Address	50 Weston Street	
13	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06120 - 1537	
Q.	AFFILIATE NAME	YNHHS-MSO, INC.	
Q.	AFFILIATE NAME	THING MOO, INC.	
		YNNH-MSO, INC. WAS ORIGINALLY FORMED TO MANAGE PHYSICIAN PRACTICES AND PROVIDE	
	Affiliate Description	THIRD PARTY ADMINISTRATIVE SERVICES ON CERTAIN MANAGED CARE CONTRACTS.	
	Affiliate type of service	Managed Services Org. (MSO)	
	Tax Status	For Profit 789 Howard Avenue	
	Street Address Town	New Haven	
	State	Connecticut	
	Zip Code	06519 -	
8	CEO Name	Gayle Capozzalo	
	CEO Title	President	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
	CT Agent Company Street Address CT Agent Town	50 Weston Street Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent Zip Code	06120 - 1537	
	3		
R.	AFFILIATE NAME	YORK ENTERPRISES, INC.	
		YORK ENTERPRISES, INC. IS A WHOLLY OWNED SUBSIDIARY OF YALE-NEW HAVEN HOSPITAL. YORK ENTERPRISES INC IS THE PARENT CORPORATION OF MEDICAL CENTER REALTY INC AND	
1	Affiliate Description	MEDICAL CENTER PHARMACY AND HOME CARE CENTER INC.	
	Affiliate type of service	Affilate Support Services	
	Tax Status	For Profit	
	Street Address	20 York Street	
	Town	New Haven	
	State	Connecticut	
	Zip Code CEO Name	06510 - Vincent Tammaro	
	CEO Title	President	
	CT Agent Name	Corporation Service Company	
	CT Agent Company	Corporation Service Company	
12	CT Agent Company Street Address	50 Weston Street	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06120 - 1537	

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#### ANNUAL REPORTING FISCAL YEAR 2016

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION

\* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
(.,	\-/	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
			57557=515
Α.	YALE-NEW HAVEN HOSPITAL		
1	TALE NEW HAVEN HOOF HAE	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
		Totali	ų.
В.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		
1		Unrestricted	\$418,104,000
2		Temporarily Restricted by Donor	\$20,497,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$15,704,000
5		Intercompany Eliminations	\$0
		Total:	\$454,305,000
			Ţ 10 1,000, <b>300</b>
C.	150 SARGENT DRIVE, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0 \$0
		Total:	\$0
			7.
	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY		
D.	(CENTURY)		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
1	,	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F.	MEDICAL CENTER REALTY, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	
		Total:	\$0
G.	NORTHEAST MEDICAL GROUP, INC.		
1		Unrestricted	\$4,597,194
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,597,194

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\-7	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016
н.	NORTHEAST PEDIATRIC SPECIALISTS, INC.		
	NORTHEAST FEDIATRIC SFECIALISTS, INC.	Unrestricted	<b>C</b> O
1		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	ΦO
5		Intercompany Eliminations	\$0 \$0
<u> </u>		Total:	\$0
		Total:	\$0
	CHORELINE CURCERY CENTER 11.C		
1.	SHORELINE SURGERY CENTER, LLC	Lieus etriete d	¢4 707 044
1		Unrestricted	\$1,727,014
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	\$0
$\vdash$			
		Total:	\$1,727,014
	200    110		
J.	SSC II, LLC	I love etviete el	M4 000 00=
1		Unrestricted	\$1,882,397
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5		i i	
		Total:	\$1,882,397
l	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION		
	(NCPD)		
1		Unrestricted	\$7,292
2		Temporarily Restricted by Donor	(\$2,292)
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	
		Total:	\$5,000
L.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
1		Unrestricted	\$12,439,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0 \$0
5		Intercompany Eliminations	*** ***
		Total:	\$12,439,000
М.	YALE-NEW HAVEN CARE CONTINUUM		
1		Unrestricted	(\$5,328,000)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$5,328,000)
	VALE NEW HAVEN HOOP: 11 11 12		
N.	YALE-NEW HAVEN HOSPITAL, INC.		
1		Unrestricted	\$1,239,508,000
2		Temporarily Restricted by Donor	\$56,203,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$47,233,000
5		Intercompany Eliminations	(\$18,872,000)
1		Total:	\$1,324,072,000

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#### REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
Ο.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)		
1	TALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	Unrestricted	\$2,534,216
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,534,216
_	VALUE NETWORK CORRORATION		
	YNH NETWORK CORPORATION		00
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Q.	YNHH-PHYSICIANS CORPORATION		
1		Unrestricted	\$73,593
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$73,593
R.	YNHHS-MSO, INC.		
1	1141110-11100; 1140.	Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ū		Total:	\$0
S.	YORK ENTERPRISES, INC.	He as a tale to al	<b>#0.004.000</b>
1		Unrestricted	\$8,201,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
ວ		Total:	\$0 \$8,201,000
		Total.	\$0,∠01,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$1,823,380,414
	Intercompany Eliminations		(\$18,872,000)
	Total of all Affiliates	Fund Balance:	\$1,804,508,414

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
	VALE NEW HAVEN HEAT TH OFFINIOSO CORP. (VALUE OF			
Α.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			
			0/00/0045	(00.040.040)
		Beginning Unconsolidated Intercompany Balance:	<b>9/30/2015</b> 09/30/2016	(\$9,243,913)
1 2		System Support Fee Information System Contract Fee	09/30/2016	(\$31,636,693)
		System Business Office Contract Fee	09/30/2016	(\$78,592,167) (\$65,971,426)
3		Professional General Liability Insurance	09/30/2016	
5		Management Services	09/30/2016	
6		Shared Capital Projects Funding	09/30/2016	(\$64,241,283) (\$15,696,369)
7		Yale Medical Group/Yale University	09/30/2016	(\$4,990,262)
8		NEMG Community Practices	09/30/2016	
9		Vendor Rebates/Trade Payables	09/30/2016	\$3,983,581
10		Pension	09/30/2016	\$5,836,451
11		Other-Salary, PTO, Fidelity, Misc	09/30/2016	(\$4,210,904)
12		Facilities Rental	09/30/2016	\$3,278,000
13		Payment for Bal Due	09/30/2016	
-13		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$21,087,053)
		Zitanig enconcentation intercempany Zalancer	0/00/2010	(421,001,000)
В.	150 SARGENT DRIVE, LLC			
В.	130 SARGENT DRIVE, LLC			
		Beginning Hugganedideted Intercommunity Belonce.	0/20/2045	40
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b>
-		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	<b>Φ</b> U
C.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)			
				_
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Collection Agency Fees Charged	09/30/2016	\$2,001,726
2		Payment for Bal Due	09/30/2016	
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$903,945
1		Sales/Purchases of Services	09/30/2016	\$68,057,501
2		Payments to YNHH	09/30/2016	
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$4,659,771)
E.	MEDICAL CENTER REALTY, INC.			
	<del>'</del>		•	

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$464,155
1		Sales/Purchases of Services	09/30/2016	\$14,213
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$478,368
F.	NORTHEAST MEDICAL GROUP, INC.			
	NOTITIES IN INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$7,985,032)
1		Strategic Support	09/30/2016	(\$47,561,590)
2		Pension	09/30/2016	\$4,669,000
3		Sales/Purchases of Services	09/30/2016	
4		Payments to NEMG	09/30/2016	
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$9,487,579)
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$496,048
1		Sales/Purchases of Services	09/30/2016	(\$462,030)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$34,018
Н.	SHORELINE SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	<b>\$0</b>
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
	SSC II, LLC			
<u> </u>	COO II, EEO			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	0/00/2010	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
١.,	THE NEW CLINICAL DEVELOPMENT PROCESM CORRORATION (NCPD)			
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Sales/Purchases of Services	09/30/2016	
2		Payments	09/30/2016	
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0

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

(1)	(2)	(3)	(4)	(5)
	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
		Beginning Unconsolidated Intercompany Balance: Sales/Purchases of Services	<b>9/30/2015</b> 09/30/2016	\$3,157,522
2		Payments to YNHH	09/30/2016	\$6,623,884 (\$7,832,984)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$1,948,422
		Ending choonsendated intercompany Edianoc.	3/33/2013	<b>\$1,545,422</b>
L.	YALE-NEW HAVEN CARE CONTINUUM			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$8,057,835
2		AP Processing/Other Cross Charges Payments to YNHH	09/30/2016 09/30/2016	\$4,300,902
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$5,175,961) \$7,182,776
		Ending Onconsolidated Intercompany Balance.	3/30/2010	\$1,102,110
М.	YALE-NEW HAVEN HOSPITAL, INC.			
141.	TALL-NEW HAVEN HOOF HAE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
N.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$25,624)
1		Sales/Purchases of Services Ending Unconsolidated Intercompany Balance:	09/30/2016 <b>9/30/2016</b>	\$24,400 (\$4,224)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	(\$1,224)
0.	YNH NETWORK CORPORATION			
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b> \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0 \$0
		Ending choonsondated intercompany Bulance.	3/33/2013	ψ0
P.	YNHH-PHYSICIANS CORPORATION			
H	THILL IT GIOLANG CONT CHATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
1		Cash Transfer	09/30/2016	(\$73,343)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$73,343)
Q.	YNHHS-MSO, INC.			

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:  Nothing to Report	9/30/2015	<b>\$0</b>
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
R.	YORK ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$15,929)
1		Noting to Report	09/30/2016	\$7,595
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$8,334)
			Grand Total:	(\$25,673,720)

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2015	\$21,406,404
Α.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)		intercompany Balance	10/01/2013	Ψ21,400,404
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	150 SARGENT DRIVE, LLC				*
<u> </u>			Nothing to Report	0/00/0046	\$0 <b>\$0</b>
			Total:	9/30/2016	\$0
C.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)				
<b>⊢</b> •	SELTION I THE MISTAL SELTIOLS, INS. AND SOCIOIDIAN (SERTON)		Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.				
		YALE-NEW HAVEN HEALTH SERVICES CORP.			
1		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	Management Services	09/30/2016	\$558,173
2		(YNHHSC)	Payments/Adjustments	09/30/2016	\$166,512
		(11411100)	Total:	9/30/2016	\$724,685
			10.0	0/00/2010	<b>\$121,000</b>
E.	MEDICAL CENTER REALTY, INC.				
		YALE-NEW HAVEN HEALTH SERVICES CORP.			
1		(YNHHSC)	Management Services	09/30/2016	\$28,314
			Total:	9/30/2016	\$28,314
F.	NORTHEAST MEDICAL GROUP, INC.				
F.	NONTHEAST MEDICAL GROOF, INC.	YALE-NEW HAVEN HEALTH SERVICES CORP.			
1		(YNHHSC)	System Support Fee	09/30/2016	\$2,809,680
		YALE-NEW HAVEN HEALTH SERVICES CORP.			
2		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	Management Services	09/30/2016	\$8,716,064
		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	00/20/2046	(\$27 E64 000)
3		(TINDOC)	Total:	09/30/2016 <b>9/30/2016</b>	(\$27,561,900) <b>(\$16,036,156)</b>
			Total.	3/30/2010	(ψ10,030,130)
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.				
	·		Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	SHORELINE SURGERY CENTER, LLC	VALE NEW HAVEN UP 11 21 21 21 21 21 21 21 21 21 21 21 21			
_		YALE-NEW HAVEN HEALTH SERVICES CORP.	Management Cardens	00/20/2040	Ф44 QQQ
1		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	Management Services	09/30/2016	\$41,203
2		(YNHHSC)	Payments/Adjustments	09/30/2016	(\$44,892)
			Total:	9/30/2016	(\$3,689)

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#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
` '	,,	, ,	, ,	, ,	` '
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
I.	SSC II, LLC				
		YALE-NEW HAVEN HEALTH SERVICES CORP.			
1		(YNHHSC)	Management Services	09/30/2016	\$40,968
		YALE-NEW HAVEN HEALTH SERVICES CORP.	B . (A.E	00/00/00/0	(00 ( 505)
2		(YNHHSC)	Payments/Adjustments Total:	09/30/2016 <b>9/30/2016</b>	(\$34,535) \$6,433
			i otai:	9/30/2016	\$0,433
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.				
		YALE-NEW HAVEN HEALTH SERVICES CORP.	Overtone Oversont For	00/00/0040	<b>C4 440</b>
1		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	System Support Fee	09/30/2016	\$1,143
2		(YNHHSC)	Payments/Adjustments	09/30/2016	\$39,969
		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	r dyments//tdjdstments	03/00/2010	ψ00,000
3		(YNHHSC)	Management Services	09/30/2016	\$46,918
			Total:	9/30/2016	\$88,030
L.	YALE-NEW HAVEN CARE CONTINUUM				
		YALE-NEW HAVEN HEALTH SERVICES CORP.		//	
1		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	System Support Fee	09/30/2016	\$161,831
2		(YNHHSC)	Payments/Adjustments	09/30/2016	\$250,070
		(11411100)	Total:	9/30/2016	\$411, <b>90</b> 1
				0,00,2010	<b>\$111,551</b>
М.	YALE-NEW HAVEN HOSPITAL, INC.				
	<i>,</i>		Nothing to Report		\$0
			Total:	9/30/2016	\$0
N.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)				
4		YALE-NEW HAVEN HEALTH SERVICES CORP.	Managament Candaga	00/20/2016	<b>\$40.004</b>
1		(YNHHSC) YALE-NEW HAVEN HEALTH SERVICES CORP.	Management Services	09/30/2016	\$46,964
2		(YNHHSC)	Payments/Adjustments	09/30/2016	\$253,565
<u> </u>		(	Total:	9/30/2016	\$300,529
					, , , , , , ,
0.	YNH NETWORK CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
P.	YNHH-PHYSICIANS CORPORATION				

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
Q.	YNHHS-MSO, INC.				
		YALE-NEW HAVEN HEALTH SERVICES CORP.	5		
1		(YNHHSC)	Payments/Adjustments	09/30/2016	(\$4,713)
			Total:	9/30/2016	(\$4,713)
	VODY ENTERPRISES INC				
R.	YORK ENTERPRISES, INC.	VALE NEW HAVEN HEALTH GERVICES CORR			
1		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	System Support Fee	09/30/2016	\$63,360
2		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Management Services	09/30/2016	\$185,517
3		YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	Payments/Adjustments	09/30/2016	\$29,984
Ť		()	Total:	9/30/2016	\$278,861
			Ending Unconsolidated		
			Intercompany Balance	9/30/2016	\$7,200,599

#### REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)		(3)	(4)
LINE	AFFILIATE NAME &		AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE		AWOONT	DATE
Α.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
В.	450 SADCENT DRIVE LLC			
0	150 SARGENT DRIVE, LLC  Nothing to Report		\$0	
Ť		Total:	\$0	9/30/2016
	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)			
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		Total.	Ψ0	3/30/2010
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
E.	MEDICAL CENTER REALTY, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	NORTHEAST MEDICAL GROUP, INC.		90	
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
		. Julian	40	3/30/2010
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
Н.	SHORELINE SURGERY CENTER, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
<b>I.</b>	SSC II, LLC  Nothing to Report		00	
0	Nothing to Report	Total:	\$0 \$0	9/30/2016
			<del></del>	5,63,2010
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)			
0	Nothing to Report	7	\$0	
		Total:	\$0	9/30/2016
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
_				
<b>L</b> .	YALE-NEW HAVEN CARE CONTINUUM  Nothing to Report		\$0	
-	Nothing to Report	Total:	\$0	9/30/2016
М.	YALE-NEW HAVEN HOSPITAL, INC.			
0	Nothing to Report	Total:	\$0	0/20/2046
		Total.	\$0	9/30/2016
N.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2016
	VNIL NETWORK CORDODATION			
<b>O</b> .	YNH NETWORK CORPORATION  Nothing to Report		\$0	
Ť	Housing to Hopoit	Total:	\$0	9/30/2016
P.	YNHH-PHYSICIANS CORPORATION			
0	Nothing to Report	Total:	\$0 <b>\$0</b>	9/30/2016
		i otai.	\$0	9/30/2016

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#### REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
Q.	YNHHS-MSO, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
R.	YORK ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	Grand Total:	\$0	9/30/2016

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

(1)	(2)	(3)	(4)
l	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
_	VALE NEW HAVEN HEALTH CEDVICES CORD (VAIDURE)		
<b>A.</b>	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)  YNHH Series E debt service related to Series E Obligated Group (YNHH & BH) debt.	\$52,738,111	21
	Total:	\$52,738,111	21
	i otti.	Ψ32,733,111	
В.	150 SARGENT DRIVE, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
		**	
C.	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY (CENTURY)		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	MEDICAL CENTER REALTY, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	NORTHEAST MEDICAL GROUP, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	SHORELINE SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	SSC II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION (NCPD)		
0	Nothing to Report	\$0	0
	Total:	\$0	

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	YALE-NEW HAVEN CARE CONTINUUM		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	YALE-NEW HAVEN HOSPITAL, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)	·	
0	Nothing to Report	\$0	0
	Total:	\$0	
0.	YNH NETWORK CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	YNHH-PHYSICIANS CORPORATION	40	
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	YNHHS-MSO, INC.	Φ0	
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	YORK ENTERPRISES, INC.	60	
0	Nothing to Report	\$0	0
	Total:	\$0	
	AccelTatel	<b>650 700 444</b>	
	Grand Total:	\$52,738,111	

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# YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$10,425,630.00	\$10,241,909.00	(\$183,721.00)	-2%
1	Donations	\$0.00	\$3,000.00		0%
2	Income	\$96,155.00	\$115,058.00		20%
3	Expenditures	\$596,000.00	\$600,000.00		1%
4	Unrealized Gains and Losses	\$316,124.00	\$654,060.00		107%
	Ending Balance	\$10,241,909.00	\$10,414,027.00		2%
5	Projected Interest Income	\$370,000.00	\$11,000.00	(\$359,000.00)	-97%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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YALE-NEW HAVEN HOSPITAL				
	ANNUAL REPORTING FISCAL YEAR 2016			
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL				
A. Patient Activity	A Patient Activity			
(1)	(2)	(3)		
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount		
Number of Applications for I     A Number of Batianta receiving	•	67		
2. B. The Actual Total Dollar Amount	A. Number of Patients receiving Hospital Bed Fund Grants B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: \$600,000.1			
1	Strouse Adler Loring W. Andrews	\$608.58 \$4.024.53		
1	The "Anna" Fund	\$1,031.52 \$1,468.94		
1	Anna F. Ardenghi	\$1,031.52		
1	Harriet Atwater Mary E. Baldwin	\$1,031.52 \$2,312.95		
1	George Benedict	\$1,031.52		
1	Bennett Edwin B. Bowditch	\$1,237.82 \$1,031.52		
1	Henry Bronson	\$1,031.52		
1	Susan Ellen Brown Samuel Clifford Carlisle	\$1,313.73 \$1,031.52		
1	William & Laura Carmalt	\$2,578.79		
1	Joseph Cimerol, Jr. Charles Henry Collins	\$412.61 \$562.83		
2	Charles Henry Collins	\$468.69		
2	Idalina Darrow Deane	\$753.78 \$954.99		
2	George B. Dines, Jr.	\$954.99		
2	Cora C.T. Dwight	\$515.76		
2	Dr. Jonathan Edwards Henry Eld	\$1,031.52 \$515.76		
2	Henry F. English	\$1,031.52		
2	James E. English Henry Farnum	\$3,182.71 \$515.76		
2	William Fitch	\$515.76		
3	Edwin Foote	\$37,202.89 \$2,066.00		
4	Edwin Foote	\$9,783.90		
5 5	Edwin Foote Grace Salisbury Foote	\$13,991.75 \$1,031.52		
5	Levi Goodell Fox	\$1,031.52		
5 5	Elizabeth Hamlin Fox Simeon & Arthur Ward Fox	\$1,031.52 \$3,370.00		
5	Charles D. Hall	\$3,379.99 \$1,507.16		
5	Sylvia C. Hall	\$1,981.97		
6 6	Sylvia C. Hall Jessie A. Harmon	\$844.39 \$1,031.52		
6	Henry Baldwin Harrison	\$1,001.82		
6 6	Mrs. Henry Baldwin Harrison Home for the Friendliness	\$1,001.81 \$138.34		
6	John H. Hopson	\$515.76		
6 6	Henry Hotchkiss Timothy A. Hunt	\$276.14 \$943.59		
6	Abigail Bradley Hunt	\$943.59		
6 6	Hoadley B. Ives Mary E. Ives	\$515.76 \$515.76		
6	Robert E. Ives	\$15.76 \$1,031.52		
6	Walter Judson Charles Kohn	\$103.15		
6	Lenhardt	\$10.32 \$515.76		
6	George W. Mallory	\$515.76		
6 6	Mary B. Mallory John W. Mansfield	\$412.61 \$515.76		
6	Philip Marett	\$192.73		
7	Philip Marett Levy Morris	\$15,845.29 \$1,231.48		
7	Organized Charities	\$552.30		
7	Paul Maud Trowbridge Reynolds	\$515.76 \$4,797.39		
7	Leonard J.Sanford & Anna Cutter	\$4,797.39 \$1,002.64		
7	Julia Sanford	\$1,031.52		
7	Sargent Mark M. Selleck	\$515.76 \$102.60		
8	Mark M. Selleck	\$928.92		
8	George Thomas Smith Chris Tanuis	\$515.76 \$3.09		
8	Margarette Elford Dean Trowbridge	\$1,547.26		
8	Morton Warner Hermanus M. Welch	\$1,237.80 \$515.74		
8	Whitney	\$515.74 \$1,072.75		

YALE-NEW HAVEN HOSPITAL				
	ANNUAL REPORTING			
FISCAL YEAR 2016				
REPORT 1	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL		
A. Patient Activity				
(1)	(2)	(3)		
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount		
1. Number of Applications for F	ospital Bed Funds	67		
2. A. Number of Patients receiving	Hospital Bed Fund Grants	67		
2. B. The Actual Total Dollar Amou	int provided to all patients from Hospital Bed Funds:	\$600,000.11		
8	Albert Aaron Williams	\$2,788.55		
8	Ann Phillips Wurtenberg	\$736.53		
8	Alfred Blakeslee	\$1,031.49		
9	Julia Alling	\$2,199.36		
10	Julia Alling	\$967.53		
10	Charles Amos Baldwin	\$8,181.96		
10	Deane	\$1,213.82		
11	Deane	\$6,343.16		
11	Ellen M. Gifford	\$1,809.53		
12	Ellen M. Gifford	\$2,222.86		
12	Wyllys Atwater	\$240.40		
13	Wyllys Atwater	\$6,762.20 \$1,075.44		
14 14	Wyllys Atwater Dwight Place Church	\$1,075.11 \$1,065.25		
14	William Townsend Hayes	\$1,965.35 \$8,077.71		
14	Dr. Thomas Wells	\$8,077.71 \$4,038.84		
14	Armstrong	\$4,038.84 \$5,499.43		
14	Frank Walter Benedict	\$5,499.43 \$6.598.77		
15	Frank Walter Benedict	\$1,466.04		
15	Henry Walter Benedict	\$8,064.81		
15	Helen & John T. Mason	\$11,557.29		
15	Frank L. Hunt	\$5,071.56		
16	Frank L. Hunt	\$10,221.04		
17	Frank L. Hunt	\$17,931.06		
18	Frank L. Hunt	\$18,970.73		
18	Evelina J. Jones	\$4,204.92		
18	Elizabeth Hotchkiss	\$3,043.99		
19	Elizabeth Hotchkiss	\$1,160.93		
19	Mary Lamb	\$205.64		
19 20	Bassett Bed #2 Bassett Bed #2	\$2,222.85		
21	Bassett Bed #2	\$2,730.00 \$3,465.12		
21	Fannie Keyes	\$3,405.12 \$494.57		
22	Fannie Keyes	\$7,978.73		
22	Leete	\$3,523.49		
23	Leete	\$377.23		
24	Leete	\$8,813.95		
25	Leete	\$11.67		
25	George T. Newhall & Julia Leete	\$8,375.80		
26	George T. Newhall & Julia Leete	\$3,639.50		
27	George T. Newhall & Julia Leete	\$2,406.93		
27	Stiles	\$3,605.42		
28	Stiles	\$12,988.03		
29 30	Stiles Stiles	\$8,106.92		
31	Stiles	\$6,665.46 \$20,242.20		
32	Stiles	\$29,342.39 \$7,929.38		
33	Stiles	\$7,929.38 \$941.85		
34	Stiles	\$38,367.92		
35	Stiles	\$7,797.31		
36	Stiles	\$5,543.43		
37	Stiles	\$8,300.73		
38	Stiles	\$4,458.53		
39	Stiles	\$690.83		
40	Stiles	\$8,213.67		
41	Stiles	\$250.00		
42	Stiles	\$14,400.33		
43	Stiles	\$35,197.96		
44	Stiles	\$7,757.47		
44	Rose Porter	\$4,921.84		
45	Rose Porter	\$577.59 \$5.048.30		
45 46	Lucy Hall Boardman Ellen M. Gifford Executors	\$5,948.29 \$3,800.16		
46	Ellen M. Gifford Executors	\$3,890.16 \$335.58		
46	Nathan Howell Sanford	\$333.38 \$6,389.28		
47	Nathan Howell Sanford	\$6,389.28 \$2,063.88		
47	Arthur Herbert Trowbridge	\$2,003.00		
47	Edwin Harrison Beebe	\$5,547.57		
47	Julia A. Leete Newhall	\$3,547.37 \$3,514.37		
48	Julia A. Leete Newhall	\$3,514.37 \$4,352.18		
49	Julia A. Leete Newhall	\$5,109.62		
50	Julia A. Leete Newhall	\$4,016.95		
		ψ-1,0 10.00		

	YALE-NEW HAVEN HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2016	
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY TH	IE HOSPITAI
	REPORT T/A - HOSPITAL BED TONDS HELD OR ADMINISTERED BY H	IL HOSFITAL
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applica	ations for Hospital Bed Funds	67
	s receiving Hospital Bed Fund Grants	67
2 B The Actual Total D	Pollar Amount provided to all patients from Hospital Bed Funds:	\$600,000.11
	The state of the s	<del>*************************************</del>
51	Julia A. Leete Newhall	\$1,905.39
52	Bassett Bed #1	\$193.13
53	New Haven Grays	\$106.31
54	New Haven Grays	\$1,347.57
55	New Haven Grays	\$2,807.03
56	New Haven Grays	\$654.70
57	Trinity Church	\$3,000.00
58	Trinity Church	\$425.00
59	Robert Dickerman	\$294.50
60	Robert Dickerman	\$6.92
61	German Society	\$1,068.45
62	Alma DeBeust Streitlein	\$1,807.69
63	Mary Southgate Trowbridge	\$251.18
64	Ellen Treadway Yeckley	\$252.06
65	Marcellus B. Wilcox	\$1,942.81
66	Marcellus B. Wilcox	\$469.40
67	Marcellus B. Wilcox	\$1,400.00
	Grand Total	\$600,000.11

		YALE-NEW HAVEN			
	REPORT 17B - HOSPITA	FISCAL YEAR		THE HOSDITAL	
		L BED FONDS HELD (	OR ADMINISTERED BY	THE HOSPITAL	
	D FUND ACTIVITY	(2)	(4)	/E)	(c)
(1) Line	(2) Name of Hospital Bed Fund	(3) FMV of Principal	(4) Actual Earnings	(5) Earnings Reinvested	(6) Earnings Availabl
	·	in dividual Hamital D	d Found on the Deinein		ab Hassital Bad
(3)	Fair Market Value of the Principal of each	Individual Hospital Be	ed Fund, or the Princip	al attributable to ead	cn Hospital Bed
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earnin	gs attributable to each	Hospital Bed Fund.	
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	y.		
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
	New Haven Grays Hospital Bed Fund	\$321,632.00	\$3,376.00	\$0.00	\$3,376.0
	Thanksgiving Hospital Bed Fund	\$35,326.00	\$366.00	\$0.00	\$366.0
	Trinity Church Hospital Bed Fund	\$166,837.00	\$1,764.00	\$0.00	\$1,764.0
	Mary Wade Hospita Bed Fund	\$203,430.00	\$2,110.00	\$0.00	\$2,110.0
	Erika Banhan Hospital Bed Fund	\$73,766.00	\$765.00	\$0.00	\$765.0
	Womens Seamans Friend Society of Conn. Hospital Bed Fund	\$413,798.00	\$4,291.00	\$0.00	\$4,291.0
	Adelaide Bushnell Curtis Hospital Bed Fund	\$5,000.00	\$56.00	\$0.00	\$56.0
	Robert Dickerman Hospital Bed Fund	\$6,122.00	\$67.00	\$0.00	\$67.0
	German Society Hospital Bed Fund	\$21,700.00	\$237.00	\$0.00	\$237.0
	Walter Charles Goodrich Hospital Bed Fund	\$30,325.00	\$314.00	\$0.00	\$314.0
	Sarah Barney Harrison Hospital Bed Fund	\$9,712.00	\$108.00	\$0.00	\$108.0
	Elret Stone Hospital Bed Fund	\$500.00	\$6.00	\$0.00	\$6.0
	Alma DeBeust Streitein Hospital Bed Fund	\$36,714.00	\$401.00	\$0.00	\$401.0
	Mary Southgate Trowbridge Hospital Bed Fund	\$5,101.00	\$56.00	\$0.00	\$56.0
	Ellen Treadway Yeckley Hospital Bed Fund	\$5,101.00	\$56.00	\$0.00	\$56.0
	Marcellus B Wilcox Hospital Bed Fund	\$10,207.00	\$144.00	\$0.00	\$144.0
	Henry Baldwin Harrison Hospital Bed Fund	\$10,548.00	\$119.00	\$0.00	\$119.0
	Mrs. Henry Baldwin Harrison Hospital Bed Fund	\$10,548.00	\$119.00	\$0.00	\$119.0
	Home for the Friendliness Hospital Bed Fund	\$2,668.00	\$29.00	\$0.00	\$29.0
	John H. Hopson Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Henry Hotchkiss Hospital Bed Fund	\$5,336.00	\$58.00	\$0.00	
	Timothy A. Hunt Hospital Bed Fund	\$9,935.00	\$112.00	\$0.00	\$112.0
	Abigail Bradley Hunt Hospital Bed Fund	\$9,935.00	\$112.00	\$0.00	
	Hoadley B. Ives Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	
	Mary E. Ives Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	· · · · · · · · · · · · · · · · · · ·
	Robert E. Ives Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	
	Walter Judson Hospital Bed Fund	\$1,086.00	\$12.00	\$0.00	
	Charles Kohn Hospital Bed Fund	\$109.00	\$1.00	\$0.00	
	Lenhardt Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	George W. Mallory Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Mary B. Mallory Hospital Bed Fund	\$4,344.00	\$49.00	\$0.00	
	John W. Mansfield Hospital Bed Fund Philip Marett Hospital Bed Fund	\$5,430.00 \$168,859.00	\$61.00 \$1,906.00	\$0.00 \$0.00	\$61.0 \$1,906.0
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## YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

#### **FISCAL YEAR 2016**

#### REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Availabl
	Organized Charities Hospital Bed Fund	\$10,672.00	\$116.00	\$0.00	\$116.00
	Paul Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Maud Trowbridge Reynolds Hospital Bed				
	Fund	\$50,510.00	\$570.00	\$0.00	\$570.0
	Leonard J.Sanford & Anna Cutter				
	Hospital Bed Fund	\$10,556.00	\$119.00	\$0.00	\$119.0
	Julia Sanford Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.0
	Sargent Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Mark M. Selleck Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.0
	George Thomas Smith Hospital Bed				
	Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Chris Tanuis Hospital Bed Fund	\$33.00	\$0.00	\$0.00	\$0.0
	Margarette Elford Dean Trowbridge				
	Hospital Bed Fund	\$16,291.00	\$184.00	\$0.00	\$184.0
	Morton Warner Hospital Bed Fund	\$13,033.00	\$147.00	\$0.00	\$147.0
		<b>4.</b>	***		
	Hermanus M. Welch Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
	Cynthia Ann Tracy Wetmore Hospital Bed Fund	¢c0 000 00	¢cc0.00	¢0.00	*************
		\$60,000.00	\$669.00	\$0.00	\$669.
	Whitney Hospital Bed Fund	\$11,295.00	\$127.00	\$0.00	\$127.
	Albert Aaron Williams Hospital Bed Fund	£20, 200, 00	¢224.00	¢0.00	¢224
	Ann Phillips Wurtenberg Hospital Bed	\$29,360.00	\$331.00	\$0.00	\$331.
	Fund	\$7,755.00	\$88.00	\$0.00	\$88.
	Alfred Blakeslee Hospital Bed Fund	\$10,861.00	\$123.00	\$0.00	\$123.
	Julia Alling Hospital Bed Fund	\$45,761.00	\$514.00	\$0.00	\$514.
	Charles Amos Baldwin Hospital Bed	ψ+3,701.00	Ψ314.00	Ψ0.00	Ψ51-1.0
	Fund	\$116,767.00	\$1,313.00	\$0.00	\$1,313.0
	Deane Hospital Bed Fund	\$108,230.00	\$1,216.00	\$0.00	\$1,216.
	Ellen M. Gifford Hospital Bed Fund	\$57,583.00	\$647.00	\$0.00	\$647.
	Wyllys Atwater Hospital Bed Fund	\$115,343.00	\$1,296.00	\$0.00	\$1,296.
		<b>*</b> ***********************************	<b>V</b> 1,20000	7	<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Dwight Place Church Hospital Bed Fund	\$29,349.00	\$328.00	\$0.00	\$328.
	William Townsend Hayes Hospital Bed		·		
	Fund	\$115,343.00	\$1,296.00	\$0.00	\$1,296.
	Dr. Thomas Wells Hospital Bed Fund	\$57,671.00	\$648.00	\$0.00	\$648.
	Armstrong Hospital Bed Fund	\$77,622.00	\$873.00	\$0.00	\$873.
	Frank Walter Benedict Hospital Bed				
	Fund	\$115,167.00	\$1,294.00	\$0.00	\$1,294.0
	Henry Walter Benedict Hospital Bed				
	Fund	\$115,167.00	\$1,294.00	\$0.00	\$1,294.0
	Helen & John T. Mason Hospital Bed				
	Fund	\$165,033.00	\$1,855.00	\$0.00	\$1,855.0
	Frank L. Hunt Hospital Bed Fund	\$753,482.00	\$8,460.00	\$0.00	\$8,460.0
	•				
	Evelina J. Jones Hospital Bed Fund	\$59,940.00	\$674.00	\$0.00	\$674.0

raui nospitai beu ruiiu	\$5, <del>4</del> 30.00	\$01.0U	\$U.UU	\$01.00
Maud Trowbridge Reynolds Hospital Bed Fund	¢50 540 00	¢570.00	\$0.00	\$570.00
Leonard J.Sanford & Anna Cutter	\$50,510.00	\$570.00	<b>Ф</b> 0.00	\$570.00
Hospital Bed Fund	\$10,556.00	\$119.00	\$0.00	\$119.00
Julia Sanford Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
Sargent Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
Mark M. Selleck Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
George Thomas Smith Hospital Bed	ψ10,000.00	ψ120.00	ΨΟ.ΟΟ	ψ120.00
Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
Chris Tanuis Hospital Bed Fund	\$33.00	\$0.00	\$0.00	\$0.00
Margarette Elford Dean Trowbridge	77777	70.00	¥3.55	75.5
Hospital Bed Fund	\$16,291.00	\$184.00	\$0.00	\$184.0
Morton Warner Hospital Bed Fund	\$13,033.00	\$147.00	\$0.00	\$147.0
	47 /	***	4	***
Hermanus M. Welch Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.0
Cynthia Ann Tracy Wetmore Hospital	****	****	20.00	****
Bed Fund	\$60,000.00	\$669.00	\$0.00	\$669.0
Whitney Hospital Bed Fund	\$11,295.00	\$127.00	\$0.00	\$127.0
Albert Aaron Williams Hospital Bed	<b>****</b>	<b>#004.00</b>	**	****
Fund Ann Phillips Wurtenberg Hospital Bed	\$29,360.00	\$331.00	\$0.00	\$331.0
Fund	¢7 755 00	00.00	\$0.00	¢00 ∩
	\$7,755.00	\$88.00	\$0.00	\$88.0
Alfred Blakeslee Hospital Bed Fund	\$10,861.00	\$123.00	\$0.00	\$123.0
Julia Alling Hospital Bed Fund	\$45,761.00	\$514.00	\$0.00	\$514.0
Charles Amos Baldwin Hospital Bed Fund	\$116 767 00	¢4 242 00	¢0.00	64 242 0
Deane Hospital Bed Fund	\$116,767.00	\$1,313.00	\$0.00	\$1,313.0
Ellen M. Gifford Hospital Bed Fund	\$108,230.00	\$1,216.00 \$647.00	\$0.00 \$0.00	\$1,216.0
Wyllys Atwater Hospital Bed Fund	\$57,583.00	\$1,296.00	\$0.00	\$647.0 \$1,296.0
wynys Atwater Hospital Bed Fulld	\$115,343.00	\$1,290.00	\$0.00	\$1,290.0
Dwight Place Church Hospital Bed Fund	\$29,349.00	\$328.00	\$0.00	\$328.0
William Townsend Hayes Hospital Bed	Ψ23,343.00	ψ320.00	ψ0.00	ψ320.0
Fund	\$115,343.00	\$1,296.00	\$0.00	\$1,296.0
Dr. Thomas Wells Hospital Bed Fund	\$57,671.00	\$648.00	\$0.00	\$648.0
Armstrong Hospital Bed Fund	\$77,622.00	\$873.00	\$0.00	\$873.0
Frank Walter Benedict Hospital Bed	Ψ11,022.00	φονοισσ	ΨΟ.ΟΟ	ψ070.0
Fund	\$115,167.00	\$1,294.00	\$0.00	\$1,294.0
Henry Walter Benedict Hospital Bed	<b>4.110,101100</b>	¥1,201100	<b>40.00</b>	<b>V</b> 1, <b>20</b> 110
Fund	\$115,167.00	\$1,294.00	\$0.00	\$1,294.0
Helen & John T. Mason Hospital Bed	Ţ:- <b>ɔ</b> ,·•··••	Ţ-,= <b>-</b>	7	+ -,== 110
Fund	\$165,033.00	\$1,855.00	\$0.00	\$1,855.0
Frank L. Hunt Hospital Bed Fund	\$753,482.00	\$8,460.00	\$0.00	\$8,460.0
Evelina J. Jones Hospital Bed Fund	\$59,940.00	\$674.00	\$0.00	\$674.0
·	• •	·	·	•
Elizabeth Hotchkiss Hospital Bed Fund	\$59,940.00	\$674.00	\$0.00	\$674.0
Mary Lamb Hospital Bed Fund	\$2,947.00	\$33.00	\$0.00	\$33.0
Bassett Bed #2 Hospital Bed Fund	\$119,990.00	\$1,349.00	\$0.00	\$1,349.0
Fannie Keyes Hospital Bed Fund	\$120,746.00	\$1,357.00	\$0.00	\$1,357.0
Leete Hospital Bed Fund	\$181,343.00	\$2,039.00	\$0.00	\$2,039.0
George T. Newhall & Julia Leete Hospital	, ,	. ,	·	• •
Bed Fund	\$205,715.00	\$2,312.00	\$0.00	\$2,312.0
Stiles Hospital Bed Fund	\$2,796,947.00	\$31,501.00	\$0.00	\$31,501.0
Rose Porter Hospital Bed Fund	\$77,622.00	\$873.00	\$0.00	\$873.0
Lucy Hall Boardman Hospital Bed Fund	\$86,922.00	\$975.00	\$0.00	\$975.0
Ellen M. Gifford Executors Hospital Bed				
Fund	\$60,224.00	\$677.00	\$0.00	\$677.0

#### YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING

#### **FISCAL YEAR 2016**

#### REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL

B. BF	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
(-/	(-)	FMV of Principal	Actual Earnings	Earnings	Earnings Availabl
Line	Name of Hospital Bed Fund	-		Reinvested	_
	Nathan Howell Sanford Hospital Bed				
	Fund	\$120,471.00	\$1,354.00	\$0.00	\$1,354.00
	Arthur Herbert Trowbridge Hospital Bed		<b>.</b>		
	Fund	\$63,817.00	\$718.00	\$0.00	\$718.00
	Edwin Harrison Beebe Hospital Bed Fund	\$88,292.00	\$982.00	\$0.00	\$982.0
	Julia A. Leete Newhall Hospital Bed	\$66,292.00	φ302.00	<b>\$0.00</b>	φ902.00
	Fund	\$266,858.00	\$3,003.00	\$0.00	\$3,003.00
	Bassett Bed #1 Hospital Bed Fund	\$404,434.00	\$4,196.00	\$0.00	\$4,196.00
	·	, ,		·	. ,
	Richard S Fellowes Hospital Bed Fund	\$47,010.00	\$488.00	\$0.00	\$488.0
	Isaphene Hillhouse Hospital Bed Fund	\$203,430.00	\$2,110.00	\$0.00	\$2,110.00
	Joseph T Mary L Hotchkiss Hospital Bed	****	<b>^</b>		*****
	Fund	\$611,057.00	\$6,337.00	\$0.00	\$6,337.00
	"Anna" Hospital Bed Fund	\$15,466.00	\$175.00	\$0.00	\$175.00
	Anna F. Ardenghi Hospital Bed Fund Strouse Adler Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Oli Ouse Aulei Flospital Deu Fullu	\$6,408.00	\$72.00	\$0.00	\$72.00
	Loring W. Andrews Hospital bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Harriet Atwater	\$10,860.00	\$123.00	\$0.00	\$123.00
	Mary E. Baldwin Hospital Bed Fund	\$24,352.00	\$275.00	\$0.00	\$275.00
	George Benedict Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Bennett Hospital Bed Fund	\$13,033.00	\$147.00	\$0.00	\$147.00
		, ,,,,,,,,	,	, , , , , , , , , , , , , , , , , , , ,	,
	Edwin B. Bowditch Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Henry Bronson Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Susan Ellen Brown Hospital Bed Fund	\$13,832.00	\$156.00	\$0.00	\$156.00
	Samuel Clifford Carlisle Hospital Bed				
	Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	William & Laura Carmalt Hospital Bed	\$07.454.00	<b>#200.00</b>	<b>f</b> 0.00	<b>*</b> 200 0
	Fund	\$27,151.00	\$306.00	\$0.00	\$306.00
	Joseph Cimerol, Jr. Hospital Bed Fund	\$4,344.00	\$49.00	\$0.00	\$49.00
	ooseph officion, or. Hospital Bea Land	ψτ,577.00	ψ+3.00	ψ0.00	ψ+3.00
	Charles Henry Collins Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Idalina Darrow Hospital Bed Fund	\$7,936.00	\$90.00	\$0.00	\$90.00
	Deane Hospital Bed Fund	\$10,055.00	\$113.00	\$0.00	\$113.00
	George B. Dines, Jr. Hospital Bed Fund	\$109.00	\$1.00	\$0.00	\$1.00
	Cora C.T. Dwight Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
	Dr. Jonathan Edwards Hospital Bed				
	Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Henry Eld Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
	Henry F. English Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	James E. English Hospital Bed Fund	\$33,510.00	\$378.00	\$0.00	\$378.00
	Henry Farnum Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
	William Fitch Hospital Bed Fund  Edwin Foote Hospital Bed Fund	\$5,430.00	\$61.00	\$0.00	\$61.00
	Grace Salisbury Foote Hospital Bed	\$663,776.00	\$7,492.00	\$0.00	\$7,492.00
	Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	Levi Goodell Fox Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00
	State Sk Hoopital Bou I uliu	ψ.ο,οοο.οο	ψ120.00	ψυ.υυ	Ψ123.00
	Elizabeth Hamlin Fox Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.0
	Simeon & Arthur Ward Fox Hospital Bed	Ţ.C,CC.00	Ţ.20.00	<del>+2.00</del>	Ţ: <u>_</u> 0.0
	Fund	\$35,587.00	\$402.00	\$0.00	\$402.0
	Charles D. Hall Hospital Bed Fund	\$15,868.00	\$179.00	\$0.00	\$179.0
	Sylvia C. Hall Hospital Bed Fund	\$29,758.00	\$336.00	\$0.00	\$336.00
	Jessie A. Harmon Hospital Bed Fund	\$10,860.00	\$123.00	\$0.00	\$123.00

YALE-NEW HAVEN HOSPITAL								
		ANNUAL REPO	RTING					
		FISCAL YEAR	2016					
	REPORT 17B - HOSPIT	AL BED FUNDS HELD (	OR ADMINISTERED BY	THE HOSPITAL				
B. BE	D FUND ACTIVITY							
(1)	(2)	(3)	(4)	(5)	(6)			
		FMV of Principal	Actual Earnings	Earnings	Earnings Available			
Line	Name of Hospital Bed Fund			Reinvested				
	Total Bed Funds :	\$10,414,019.00	\$115,056.00	\$0.00	\$115,056.00			

REPORT 17B FUND ACTIVITY 29 OF 44 9/20/2017, 8:27 AM

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	
		See Policies and Procedures associated with Credit and Collection files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.50%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
1	Collection Agent Name	Tobin, Cerbery, OMallery, Riley, Sellinger PC
2	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	See Policies and Procedures associated with Credit and Collection files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.40%
В	Collection Agent	
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency

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#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Related / Not Related Entity	Related
	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise	
	Provide Details.	See Policies and Procedures associated with Credit and Collection files as part of Annual Reporting Section 19(a)-167g-91(b)(22)
	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide	
	Details.	Each collection agent is reimbursed for services and rendered based on separately negotiated performance related contracts.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.10%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Chief Executive Officer	Marna Borgstrom	\$2,776,191	\$1,073,805	\$3,849,996
	T=		<u> </u>	•	40.555.00
2.	President	Richard DAquila	\$1,925,928	\$629,156	\$2,555,084
3.	VP, Development	Thomas Leary	\$1,523,578	\$41,906	\$1,565,484
3.	уг, речеюршеш	Thomas Leary	\$1,523,576	\$41,900	<b>Φ1,303,404</b>
4.	Sr. VP/Chief Medical Officer	Thomas Balcezak	\$846,872	\$304,826	\$1,151,698
5.	VP & Exec Director, Health & Vascular Service	Keith Churchwell	\$956,234	\$129,720	\$1,085,954
<u> </u>	VI a Exce Biredel, Floatiff a Vascalar Gervice	Telli Gidioiweii	Ψ330,23+	ψ123,720	ψ1,000,00+
6.	Sr. VP, OPS Cancer Hospital	Abe Lopman	\$785,111	\$260,865	\$1,045,976
7.	Sr. VP, OPS Childrens Hospital	Cynthia Sparer	\$884,455	\$126,694	\$1,011,149
8.	Sr. VP OPS & Chief Integr Officer	Michael Holmes	\$641,208	\$234,872	\$876,080
9.	Sr. VP, Patient Services	Patricia S. Fitzsimons	\$755,778	\$36,962	\$792,740
			· ,	· , , ,	·
10.	VP, Human Resources	Paul Patton	\$509,083	\$212,030	\$721,113
		Grand Total:	\$11,604,438	\$3,050,836	\$14,655,274

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## YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC) ANNUAL REPORTING FISCAL YEAR 2016

#### REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	Marna Borgstrom - YNHH & YNHHSC	\$2,776,191	\$1,073,805	\$3,849,996
2.	Sr. VP Payer Relations	William Gedge - YNHHSC	\$2,967,223	\$171,965	\$3,139,188
3.	Exec VP	Richard D Aquila - YNHH & YNHHSC	\$1,925,928	\$629,156	\$2,555,084
4.	Exec VP, COO	Christopher OConnor - YNHHSC	\$1,226,037	\$449,944	\$1,675,981
5.	Exec VP	William Jennings - Bridgeport Hospital & YNHHSC	\$1,114,692	\$415,294	\$1,529,986
6.	VP Comp & Benefits	Michael Dimenstein - YNHHSC	\$1,430,494	\$90,984	\$1,521,478
7.	Exec VP Strategy & System Development	Gayle Capozzalo - YNHHSC	\$1,406,081	\$108,420	\$1,514,501
8.	Exec VP	Norman Roth - Greenwich & Bridgeport Hospitals & YNHHSC	\$1,183,931	\$110,706	\$1,294,637
9.	Sr. VP, General Counsel	William Aseltyne - YNHH & YNHHSC	\$924,176	\$366,720	\$1,290,896
10.	Exec VP CFO	Vincent Tammaro - YNHH & YNHHSC	\$862,423	\$310,024	\$1,172,447
		Grand Total:	\$15,817,176	\$3,727,018	\$19,544,194

#### REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
LINE	INAME	POSITION TIPE	JALAN I	TAIMENT	VALUE	OAII1	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.	Trot Applicable		\$0 \$0	\$0			\$0
3.			\$0	\$0	\$0		\$0
4.			\$0	\$0	\$0		\$0
5.			\$0	\$0			\$0 \$0
6.			\$0	\$0	\$0		\$0
7.			\$0	\$0	\$0	\$0	\$0 \$0 \$0
8.			\$0	\$0	\$0		\$0
9.			\$0	\$0			\$0
10.			\$0	\$0	\$0		\$0
11.			\$0	\$0	\$0		\$0
12.			\$0	\$0			\$0
13.			\$0	\$0	\$0		\$0 \$0 \$0 \$0
14.			\$0	\$0	\$0		\$0
15.			\$0	\$0			\$0
16.			\$0	\$0			\$0
17.			\$0	\$0	\$0		\$0
18.			\$0	\$0			\$0
19.			\$0	\$0	\$0		\$0 \$0 \$0 \$0
20.			\$0	\$0	\$0		\$0
21.			\$0	\$0			\$0
22.			\$0	\$0			\$0
23.			\$0	\$0	\$0		\$0
24. 25.			\$0	\$0	\$0		\$0
			\$0	\$0	\$0		\$0 \$0
26. 27.			\$0	\$0	\$0		\$0 \$0
28.			\$0 \$0	\$0 \$0	\$0 \$0		\$U
28.			\$0 \$0	\$0 \$0			\$0 \$0
30.			\$0 \$0	\$0 \$0	\$0		φ <u>υ</u>
31.			\$0 \$0	\$0 \$0			\$0 \$0 \$0 \$0
32.			\$0 \$0	\$0 \$0			φ0 • Φ0
33.			\$0 \$0	\$0 \$0			φn
34.			\$0 \$0	\$0 \$0	\$0		φ0 Φ0
35.			\$0 \$0	\$0 \$0			\$0 \$0
აა.			20	Φ0	1 20	\$0	φı

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#### REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON

LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0 \$0	\$0 \$0	\$0	\$0	\$0
38.			\$0	\$0 \$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		Grand Total:	\$0	\$0	\$0	\$0	\$0

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## YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
LINE	DESCRIPTION	indirectly)	y or manechy)	TOTAL
Α.	YALE-NEW HAVEN HEALTH SERVICES CORP. (YNHHSC)	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,966,627	\$584,406	\$2,551,033
2	Paid by the Hospital to Employees of the Entity Listed Above	\$135,467,158	\$40,191,348	\$175,658,506
		, , ,	, , ,	
В.	150 SARGENT DRIVE, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	OFNITURY FINANCIAL OFRVIORO INC. AND OUROBIARY	1		
_	CENTURY FINANCIAL SERVICES, INC. AND SUBSIDIARY			
C.	(CENTURY)   Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<b>¢</b> 0
1 2	Paid by the Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	Ψ	ΨΟ	ΨΟ
D.	MEDICAL CENTER PHARMACY AND HOME CARE CENTER, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		1		
Ε.	MEDICAL CENTER REALTY, INC.			•
1	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F.	NORTHEAST MEDICAL GROUP, INC.	1		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		·		·
G.	NORTHEAST PEDIATRIC SPECIALISTS, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
- 11	OHODELINE OUDGERY OFNITED 110	1		
H.	SHORELINE SURGERY CENTER, LLC Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	<b>\$</b> 0
1 2	Paid by the Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
Ι.	SSC II, LLC	]		
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		1		
] _	THE NEW CLINICAL DEVELOPMENT PROGRAM CORPORATION			
J.	(NCPD)	Φ2	1 00	Φ.
1	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0 \$0	\$0 \$0
2	r ard by the Hospital to Employees of the Entity Listed Above		φυ	Φυ
Κ.	YALE-NEW HAVEN AMBULATORY SERVICES CORP.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L.	YALE-NEW HAVEN CARE CONTINUUM			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N 4	VALE NEW HAVEN HOSPITAL INC	1		
M .	Paid by the Entity Listed Above to Hospital Employees(B)	<b>¢</b> ∩	<u>Φ</u> Ω	ФO
1	raid by the chilly disted Above to Hospital employees(b)	\$0	\$0	\$0

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## YALE-NEW HAVEN HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

#### PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS <sup>A</sup> (DirectI	
LINE	DESCRIPTION	Indirectly) <sup>C</sup>	y or Indirectly) <sup>C</sup>	TOTAL
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
Ν.	YALE-NEW HAVEN MEDICAL CENTER, INC. (MEDICAL CENTER)			
11	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
Ο.	YNH NETWORK CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		_		
Ρ.	YNHH-PHYSICIANS CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q.	YNHHS-MSO, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R.	YORK ENTERPRISES, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

### REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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2. Number of Approved Applicants			AVEN HOSPITAL			
Total Charges (Average Cost to Charges (RCC)   Cost						
(1)   (2)   (3)   (4)   (5)   (6)   %   Charty Care (see Hospital Audited Financial Statement Notes)   (1)   (1)   (2)   (3)   (4)   (5)   (5)   %   (6)   %   (7)   (1)   (				S PROVIDED BY	THE HOSPITAL	
FY 2015						
Number of Applicants	(1)	(2)				
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)           1. Number of Applicants         11,919         10,076         (1,843)         .15%           2. Number of Applicants         8,699         9,367         668         8%           3. Total Charges (A)         \$126,360,000         \$131,382,000         \$5,022,000         4%           Average Charges         \$14,526         \$14,026         (\$500)         -3%           4. Raito of Cost to Charges (RCC)         0.270301         0.276548         0.006247         2%           Average Cost         \$34,155,234         \$36,333,429         \$2,178,195         6%           Average Cost         \$3,966         \$3,879         (\$477         -11%           5. Charity Care - Impatient Charges         \$56,506,520         \$70,744,311         \$12,237,791         21%           6. Charges         23,797,083         17,397,007         (6,400,076)         -27%           Charity Care - Outpatient Charges (Excludes ED         23,797,083         17,397,007         (6,400,076)         -27%           7. Charges         40,456,397         43,240,682         (815,715)         -2%           7. Charges (A)         \$126,3560,000         \$1313,82,000         \$5,022,000         4% <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
1. Number of Applicants	LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
1. Number of Applicants		Hagnital Charity Care (see Hagnital Audited Financial	Statement Notes			
2.         Number of Approved Applicants         8,699         9,367         668         8%           3.         Total Charges (A)         \$126,360,000         \$131,382,000         \$5,022,000         4%           4.         Ratio of Cost to Charges (RCC)         0,270301         0,276548         0,006,247         2%           Total Cost         \$34,155,234         \$36,333,429         \$2,178,195         6%           Average Cost         \$34,155,234         \$36,333,429         \$2,178,195         6%           5.         Charity Care - Inpatient Charges         \$58,506,520         \$70,744,311         \$12,237,791         21%           6.         Charge Cost         23,797,083         17,337,007         (6,400,076)         -27%           6.         Charge Cost         23,797,083         17,337,007         (6,400,076)         -27%           Charly Care - Outpatient Emergency Department         23,797,083         17,337,007         (6,400,076)         -27%           Charly Care - Number of Patient Days         44,056,307         43,240,682         (815,715)         -2%           Charly Care - Number of Patient Days         17,038         61,876         44,838         263%           8.         Charly Care - Number of Patient Days         17,038	<u> </u>	nospital Charity Care (see nospital Addited Financial	Statement Notes)			
2.         Number of Approved Applicants         8,699         9,367         668         8%           3.         Total Charges (A)         \$126,360,000         \$131,382,000         \$5,022,000         4%           4.         Ratio of Cost to Charges (RCC)         0,270301         0,276548         0,006,247         2%           Total Cost         \$34,155,234         \$36,333,429         \$2,178,195         6%           Average Cost         \$34,155,234         \$36,333,429         \$2,178,195         6%           5.         Charity Care - Inpatient Charges         \$58,506,520         \$70,744,311         \$12,237,791         21%           6.         Charge Cost         23,797,083         17,337,007         (6,400,076)         -27%           6.         Charge Cost         23,797,083         17,337,007         (6,400,076)         -27%           Charly Care - Outpatient Emergency Department         23,797,083         17,337,007         (6,400,076)         -27%           Charly Care - Number of Patient Days         44,056,307         43,240,682         (815,715)         -2%           Charly Care - Number of Patient Days         17,038         61,876         44,838         263%           8.         Charly Care - Number of Patient Days         17,038	1.	Number of Applicants	11,919	10,076	(1,843)	-15%
Average Charges	2.	Number of Approved Applicants		9,367	668	8%
Average Charges		7.10	<b>*</b>	<b>*</b>	<b>A</b> = 000 000	40/
4. Ratio of Cost to Charges (RCC) 0.270301 0.276548 0.006247 2% Total Cost 1 \$34,155,234 \$36,333,429 \$2,178,195 6% Average Cost \$34,155,234 \$36,333,429 \$2,178,195 6% \$3,926 \$3,879 (\$477) -1% 6% 6% 6% 6% 6% 6% 6% 6% 6% 6% 6% 6% 6%	3.					
Total Cost		Average Charges	\$14,520	\$14,020	(\$500)	-3%
Total Cost	4.	Ratio of Cost to Charges (RCC)	0.270301	0.276548	0.006247	2%
5.         Charity Care - Inpatient Charges         \$58,506,520         \$70,744,311         \$12,237,791         21%           Charity Care - Outpatient Emergency Department Charges (Excludes ED         23,797,083         17,397,007         (6,400,076)         -27%           Charity Care - Outpatient Charges (Excludes ED         44,056,397         43,240,682         (815,715)         -2%           7.         Charges)         \$126,360,000         \$131,382,000         \$5,022,000         4W           8.         Charity Care - Number of Patient Days         17,038         61,876         44,838         263%           9.         Charity Care - Number of Discharges         3,406         17,486         14,080         413%           10.         Charity Care - Number of Outpatient ED Visits         19,636         21,889         2,253         11%           (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.         40,437         70,462         30,025         74%           B.         Hospital Bed Funds (see Hospital Reporting System - Report 17)         4         4         48,48         67         (19)         -22%           4.         Number of Applicants         86         67         (19)         -22%           2.         Number of Approved Ap						6%
Charily Care - Outpatient Emergency Department Charges Charly Care - Outpatient Charges (Excludes ED Charges) Charges) A4,056,397 A4,240,682 A4,056,397 A4,240,682 A4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 B4,056 B4,056 B4,056,397 B4,056,397 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B5,056 B5,056 B5,056 B6,000 B6,0000 B6,0000 B6,0000 B6,0000 B4,000 B		Average Cost				-1%
Charily Care - Outpatient Emergency Department Charges Charly Care - Outpatient Charges (Excludes ED Charges) Charges) A4,056,397 A4,240,682 A4,056,397 A4,240,682 A4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 A4,240,682 B4,056,397 B4,056 B4,056 B4,056,397 B4,056,397 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B4,056 B5,056 B5,056 B5,056 B6,000 B6,0000 B6,0000 B6,0000 B6,0000 B4,000 B						
6. Charges	5.		\$58,506,520	\$70,744,311	\$12,237,791	21%
Charity Care - Outpatient Charges (Excludes ED Charges)	6	, , , , , , , , , , , , , , , , , , , ,	22 707 002	17 207 007	(6.400.0 <del>7</del> 6)	270/
Total Charges (A)	0.		23,797,083	17,397,007	(6,400,076)	-21%
Total Charges (A)	7.		44.056.397	43.240.682	(815.715)	-2%
9. Charity Care - Number of Discharges 3,406 17,486 14,080 413% 10. Charity Care - Number of Outpatient ED Visits 19,636 21,889 2,253 11% Charity Care - Number of Outpatient Visits (Excludes ED Visits) 40,437 70,462 30,025 74% 11. Visits) 41,42 74% 11. Vi						4%
9. Charity Care - Number of Discharges 3,406 17,486 14,080 413% 10. Charity Care - Number of Outpatient ED Visits 19,636 21,889 2,253 11% Charity Care - Number of Outpatient Visits (Excludes ED Visits) 40,437 70,462 30,025 74% 11. Visits) 41,42 74% 11. Vi						
10. Chariry Care - Number of Outpatient ED Visits   19,636   21,889   2,253   11%						263%
Charity Care - Number of Outpatient Visits (Excludes ED   40,437   70,462   30,025   74%						
11.   Visits	10.		19,636	21,889	2,253	11%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.    B.   Hospital Bed Funds (see Hospital Reporting System - Report 17)	11	·	40 437	70 462	30 025	74%
B.         Hospital Bed Funds (see Hospital Reporting System - Report 17)           1.         Number of Applicants         86         67         (19)         -22%           2.         Number of Approved Applicants         86         67         (19)         -22%           3.         Total Charges (B)         \$596,000         \$600,000         \$4,000         1%           Average Charges         \$6,930         \$8,955         \$2,025         29%           4.         Ratio of Cost to Charges (RCC)         0.270301         0.276548         0.006247         2%           Total Cost         \$161,099         \$165,929         \$4,829         3%           Average Cost         \$1,873         \$2,477         \$603         32%           5.         Bed Funds - Inpatient Charges         \$275,957         \$335,270         \$59,313         21%           6.         Bed Funds - Outpatient Emergency Department Charges         112,243         82,448         (29,795)         -27%           7.         Bed Funds - Outpatient Charges (Excludes ED Charges)         207,800         182,282         (25,518)         -12%           7.         Bed Funds - Number of Patient Days         81         293         212         262%           9. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
B.         Hospital Bed Funds (see Hospital Reporting System - Report 17)           1.         Number of Applicants         86         67         (19)         -22%           2.         Number of Approved Applicants         86         67         (19)         -22%           3.         Total Charges (B)         \$596,000         \$600,000         \$4,000         1%           Average Charges         \$6,930         \$8,955         \$2,025         29%           4.         Ratio of Cost to Charges (RCC)         0.270301         0.276548         0.006247         2%           Total Cost         \$161,099         \$165,929         \$4,829         3%           Average Cost         \$1,873         \$2,477         \$603         32%           5.         Bed Funds - Inpatient Charges         \$275,957         \$335,270         \$59,313         21%           6.         Bed Funds - Outpatient Emergency Department Charges         112,243         82,448         (29,795)         -27%           7.         Bed Funds - Outpatient Charges (Excludes ED Charges)         207,800         182,282         (25,518)         -12%           7.         Bed Funds - Number of Patient Days         81         293         212         262%           9. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
1. Number of Applicants       86       67       (19)       -22%         2. Number of Approved Applicants       86       67       (19)       -22%         3. Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         Average Charges       \$6,930       \$8,955       \$2,025       29%         4. Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5. Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6. Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7. Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8. Bed Funds - Number of Patient Days       81       293       212       262%         9. Bed Funds - Number of Discharges       16       83       67       419%         10. Bed Funds - Number of Outpatient ED Visits       93       104	(A) Th	e total amount must agree with the total amount listed in	n the Hospital Au	dited Financial S	tatement Notes.	
1. Number of Applicants       86       67       (19)       -22%         2. Number of Approved Applicants       86       67       (19)       -22%         3. Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         Average Charges       \$6,930       \$8,955       \$2,025       29%         4. Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5. Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6. Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7. Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8. Bed Funds - Number of Patient Days       81       293       212       262%         9. Bed Funds - Number of Discharges       16       83       67       419%         10. Bed Funds - Number of Outpatient ED Visits       93       104						
1. Number of Applicants       86       67       (19)       -22%         2. Number of Approved Applicants       86       67       (19)       -22%         3. Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         Average Charges       \$6,930       \$8,955       \$2,025       29%         4. Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5. Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6. Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7. Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8. Bed Funds - Number of Patient Days       81       293       212       262%         9. Bed Funds - Number of Discharges       16       83       67       419%         10. Bed Funds - Number of Outpatient ED Visits       93       104	В.	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
2.       Number of Approved Applicants       86       67       (19)       -22%         3.       Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         Average Charges       \$6,930       \$8,955       \$2,025       29%         4.       Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5.       Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient Visits(Excludes ED       192       3						
3. Total Charges (B) \$596,000 \$600,000 \$4,000 196, Average Charges \$6,930 \$8,955 \$2,025 2996  4. Ratio of Cost to Charges (RCC) 0.270301 0.276548 0.006247 296, Total Cost \$161,099 \$165,929 \$4,829 396, Average Cost \$1,873 \$2,477 \$603 3296  5. Bed Funds - Inpatient Charges \$275,957 \$335,270 \$59,313 2196  6. Bed Funds - Outpatient Emergency Department Charges 112,243 82,448 (29,795) -2796  7. Bed Funds - Outpatient Charges (Excludes ED Charges) 207,800 182,282 (25,518) -1296  Total Charges (B) \$596,000 \$600,000 \$4,000 196  8. Bed Funds - Number of Patient Days 81 293 212 26296  9. Bed Funds - Number of Discharges 16 83 67 41996  10. Bed Funds - Number of Outpatient ED Visits 93 104 11 1296  Bed Funds - Number of Outpatient Visits(Excludes ED 192 334 142 74%)	1.		86	67	(19)	-22%
Average Charges       \$6,930       \$8,955       \$2,025       29%         4.       Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5.       Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         11.       Visits)       192       334       142       74%	2.	Number of Approved Applicants	86	67	(19)	-22%
Average Charges       \$6,930       \$8,955       \$2,025       29%         4.       Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5.       Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         11.       Visits)       192       334       142       74%		T	<b>A</b>	****		40/
4. Ratio of Cost to Charges (RCC)       0.270301       0.276548       0.006247       2%         Total Cost       \$161,099       \$165,929       \$4,829       3%         Average Cost       \$1,873       \$2,477       \$603       32%         5. Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6. Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7. Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8. Bed Funds - Number of Patient Days       81       293       212       262%         9. Bed Funds - Number of Discharges       16       83       67       419%         10. Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%	3.					
Total Cost		Average Charges	\$0,930	<b>ФО,9</b> 33	\$2,025	2970
Total Cost	4.	Ratio of Cost to Charges (RCC)	0.270301	0.276548	0.006247	2%
5.       Bed Funds - Inpatient Charges       \$275,957       \$335,270       \$59,313       21%         6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%						3%
6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%		Average Cost	\$1,873	\$2,477	\$603	32%
6.       Bed Funds - Outpatient Emergency Department Charges       112,243       82,448       (29,795)       -27%         7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%			*****	****	<b>0</b> =0.010	2.10.
7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%	5.	Bed Funds - Inpatient Charges	\$275,957	\$335,270	\$59,313	21%
7.       Bed Funds - Outpatient Charges (Excludes ED Charges)       207,800       182,282       (25,518)       -12%         Total Charges (B)       \$596,000       \$600,000       \$4,000       1%         8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%	6	Red Funds - Outpatient Emergency Department Charges	112 2/13	82 448	(29 795)	-27%
Total Charges (B)   \$596,000   \$600,000   \$4,000   1%	0.	Dea Funds Odipation Emergency Department onlarges	112,240	02,440	(20,100)	21 70
8.       Bed Funds - Number of Patient Days       81       293       212       262%         9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%	7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	207,800	182,282	(25,518)	-12%
9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%			\$596,000	\$600,000	\$4,000	1%
9.       Bed Funds - Number of Discharges       16       83       67       419%         10.       Bed Funds - Number of Outpatient ED Visits       93       104       11       12%         Bed Funds - Number of Outpatient Visits(Excludes ED       192       334       142       74%		Ded Friede Minister ( De Cont De	2.1	222	046	20021
10. Bed Funds - Number of Outpatient ED Visits 93 104 11 12% Bed Funds - Number of Outpatient Visits(Excludes ED 11. Visits) 192 334 142 74%						
Bed Funds - Number of Outpatient Visits(Excludes ED  11. Visits)  192  334  142  74%						
11. Visits) 192 334 142 74%	10.		33	104	11	1270
	11.	. ,	192	334	142	74%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.						
	(B) Th	e total amount must agree with the total amount listed o	on Hospital Repor	rting System - Re	port 17.	

	YALE-NEW HAVEN HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2016						
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL							
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2015	FY 2016	AMOUNT	%		
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE		

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