

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,558,344,913.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

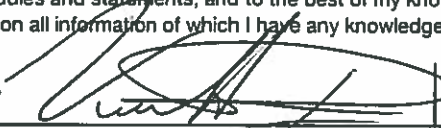
If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.


Sign Here		Date	8/21/16	Title	EXECUTIVE VP & CFO
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date	8/11/16	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	YALE NEW HAVEN HEALTH SERVICES CORP 789 HOWARD AVENUE NEW HAVEN, CT 06519		EIN	22-2529464	
				Phone no.	203-688-9585	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Mary-Evelyn Antonetti		7/25/2016		P00431862
	Firm's name	KPMG LLP		Firm's EIN	13-5565207
	Firm's address	ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103		Phone no.	860-297-6085

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YALE-NEW HAVEN HOSPITAL		D Employer identification number 06-0646652
	Doing business as		E Telephone number 203-688-6088
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code 20 YORK STREET NEW HAVEN, CT 06504		G Gross receipts \$ 2,845,683,707.
F Name and address of principal officer: RICHARD D'AQUILA 20 YORK STREET, NEW HAVEN, CT 06504		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YNHH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1826
			M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH CARE SERVICES
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 26
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 14150
	6 Total number of volunteers (estimate if necessary) 6 2485
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 586,566. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -22,871.
Revenue	8 Contributions and grants (Part VIII, line 1h) 32,013,875. Prior Year 56,214,868. Current Year
	9 Program service revenue (Part VIII, line 2g) 2,338,352,634. 2,457,990,234.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,174,656. 10,381,660.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,386,631. 33,758,151.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,411,927,796. 2,558,344,913.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,684,031. 3,359,630.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,034,853,913. 1,054,013,760.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 7,619,024.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,265,265,306. 1,362,407,293.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,303,803,250. 2,419,780,683.
	19 Revenue less expenses. Subtract line 18 from line 12 108,124,546. 138,564,230.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,941,745,107. Beginning of Current Year 3,121,321,423. End of Year
	21 Total liabilities (Part X, line 26) 1,820,273,618. 1,895,817,609.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,121,471,489. 1,225,503,814.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	VINCENT TAMMARO, EXECUTIVE VP & CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature	Date
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Check if self-employed <input type="checkbox"/> PTIN P00431862
	Firm's address ▶ ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103	Phone no. 860-297-6085	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 2,051,135,180. including grants of \$ 3,359,630.) (Revenue \$ 2,471,547,426.) SEE SCHEDULE O.

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

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

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

4e Total program service expenses 2,051,135,180.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
KEITH TANDLER - 203-688-9642
789 HOWARD AVE, NEW HAVEN, CT 06519

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE ALEXANDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(2) ROBERT ALPERN TRUSTEE	1.00 0.00	X						0.	0.	0.
(3) MARNA BORGSTROM CEO	24.00 16.00	X		X				1,681,019.	1,120,679.	777,674.
(4) BISHOP THEODORE BROOKS TRUSTEE	1.00 0.00	X						0.	0.	0.
(5) VINCENT CALARCO SECRETARY	1.00 2.00	X		X				0.	0.	0.
(6) JOSEPH CRESPO CHAIRMAN	1.00 2.00	X						0.	0.	0.
(7) RICHARD D'AQUILA PRESIDENT	32.00 8.00	X		X				1,472,100.	368,025.	476,912.
(8) MARY FARRELL TRUSTEE	1.00 2.00	X						0.	0.	0.
(9) MICHAEL FLYNN TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) WILLIAM GINSBERG TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) THOMAS HANSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) ROBERT HAVERSAT TRUSTEE	1.00 0.00	X		X				0.	0.	0.
(13) CARLTON HIGHSMITH TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) THOMAS B. KETCHUM TRUSTEE	1.00 1.00	X						0.	0.	0.
(15) JOHN LAHEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(16) MILES LASATER TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MARVIN LENDER TRUSTEE	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA KOCH LORIMER TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) LINDA MASCI TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JULIA MCNAMARA VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(21) THANASIS MOLOKOTOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) SISTER ROSEMARY MOYNIHAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) PETER SALOVEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) MICHAEL SPROULE TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JAMES TORGERSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) SUSAN WHETSTONE TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Sub-total								3,153,119.	1,488,704.	1,254,586.
c Total from continuation sheets to Part VII, Section A								12,285,857.	1,725,210.	3,216,883.
d Total (add lines 1b and 1c)								15,438,976.	3,213,914.	4,471,469.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,991**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NURSEFINDERS, INC, 524 EAST LAMAR BLVD, SUITE 300, ARLINGTON, TX 76011	EMPLOYMENT SERVICES	10,454,815.
UNITEX TEXTILE RENTAL, 161 SOUTH MACQUESTEN PARKWAY, MOUNT VERNON, NY 10550	LAUNDERING SERVICE	6,447,273.
BERKLEY RESEARCH GROUP LLC, 2200 POWELL STREET, SUITE 200, EMERYVILLE, CA 94608	CONSULTING SERVICES	5,345,204.
BARD RAO & ATHANAS CONSULTING ENGINEERS LLC 10 GUEST STREET, 4TH FLOOR, BOSTON, MA 0213	CONSULTING SERVICES	2,867,961.
AMERICAN MEDICAL RESPONSE OF CONNECTICUT PO BOX 100296, ATLANTA, GA 30384	AMBULANCE SERVICES	2,762,281.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **277**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM ASELTYN SR. VP	22.00 18.00			X				507,386.	398,176.	273,286.
(28) DANIEL BARCHI SR. VP	24.00 16.00			X				589,736.	393,158.	269,556.
(29) THOMAS BALCEZAK SR. VP	40.00 0.00			X				740,094.	0.	228,135.
(30) PATRICIA SUE FITZSIMONS SR. VP	40.00 0.00			X				738,955.	0.	37,923.
(31) MICHEAL HOLMES SR. VP	40.00 0.00			X				613,130.	0.	208,417.
(32) THOMAS LEARY VP	38.00 2.00			X				462,963.	24,367.	182,418.
(33) ABE LOPMAN SR. VP	40.00 0.00			X				695,711.	0.	220,751.
(34) STEPHEN MERZ VP	40.00 0.00			X				404,366.	0.	151,008.
(35) KEVIN MYATT SR. VP	24.00 16.00			X				508,092.	338,728.	271,915.
(36) PAUL PATTON VP	40.00 0.00			X				539,521.	0.	180,269.
(37) VINCENT PETRINI SR. VP	40.00 0.00			X				625,458.	0.	213,665.
(38) CYNTHIA SPARER SR. VP	40.00 0.00			X				772,448.	0.	118,371.
(39) JAMES STATEN SR. VP	24.00 16.00			X				856,171.	570,781.	418,378.
(40) KEVIN WALSH VP	40.00 0.00			X				542,838.	0.	169,957.
(41) RICHARD LISITANO VP	40.00 0.00					X		451,871.	0.	90,056.
(42) PETER HERBERT SR. VP	40.00 0.00					X		1,466,414.	0.	30,616.
(43) VICTOR MORRIS VP	40.00 0.00					X		527,530.	0.	95,183.
(44) THOMAS SWEENEY DIRECTOR	40.00 0.00					X		660,447.	0.	23,487.
(45) THOMAS DONOHUE VP	40.00 0.00					X		539,934.	0.	33,492.
(46) PATRICK LUDDY - RET 11/11/11 FORMER	0.00 0.00						X	42,792.	0.	0.
Total to Part VII, Section A, line 1c								12,285,857.	1,725,2103	216,883.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,294,476.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,388,417.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,531,975.				
	g Noncash contributions included in lines 1a-1f: \$		4,883,642.				
	h Total. Add lines 1a-1f		56,214,868.				
Program Service Revenue	2 a INPATIENT SERVICES	Business Code 612990	1,374,328,159.	1,374,328,159.			
	b OUTPATIENT SERVICES	621400	1,083,092,779.	1,083,092,779.			
	c LABORATORY SERVICES	621500	569,296.		569,296.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,457,990,234.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,334,938.		17,270.	7,317,668.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	714,634.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		714,634.				
	d Net rental income or (loss)		714,634.			714,634.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	289,676,207.				
		(ii) Other					
		Less: cost or other basis and sales expenses	286,629,485.				
		c Gain or (loss)		3,046,722.			
	d Net gain or (loss)		3,046,722.			3,046,722.	
	8 a Gross income from fundraising events (not including \$ 2,294,476. of contributions reported on line 1c). See Part IV, line 18	a	271,799.				
		b Less: direct expenses	709,309.				
c Net income or (loss) from fundraising events			-437,510.			-437,510.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER ANCILIARY SERVICES		900099	14,115,720.	14,115,720.			
	b CAFETERIA/VENDING	900099	11,663,139.			11,663,139.	
	c PARKING	900099	7,691,400.			7,691,400.	
	d All other revenue	900099	10,768.	10,768.			
e Total. Add lines 11a-11d			33,481,027.				
12 Total revenue. See instructions.			2,558,344,913.	2,471,547,426.	586,566.	29,996,053.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,319,630.	3,319,630.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,000.	40,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,603,483.		20,603,483.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	801,792,825.	661,679,365.	138,393,283.	1,720,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,787,505.	49,972,590.	11,690,196.	124,719.
9 Other employee benefits	109,772,007.	92,146,525.	17,372,898.	252,584.
10 Payroll taxes	60,057,940.	48,573,751.	11,362,962.	121,227.
11 Fees for services (non-employees):				
a Management				
b Legal	3,462,565.	2,807,448.	655,117.	
c Accounting	385,250.		385,250.	
d Lobbying	771,458.	771,458.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	599,027,881.	487,014,246.	110,985,600.	1,028,035.
12 Advertising and promotion	24,471.	19,841.	4,630.	
13 Office expenses	68,287,611.	55,249,410.	12,919,711.	118,490.
14 Information technology				
15 Royalties				
16 Occupancy	50,983,672.	41,337,561.	9,646,111.	
17 Travel	2,953,083.	2,341,154.	558,723.	53,206.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,695,953.	20,695,953.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	119,156,727.	96,612,282.	22,544,445.	
23 Insurance	16,952,339.	16,506,217.	446,122.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & PHARMACY SUPP	457,332,591.	457,329,414.	0.	3,177.
b LINEN & LAUNDERING SERV	6,091,956.	4,939,358.	1,152,598.	
c PROPERTY TAXES	4,488,198.	3,639,031.	849,167.	
d COMMUNITY ACTIVITIES	4,006,432.			4,006,432.
e All other expenses	7,787,106.	6,139,946.	1,456,183.	190,977.
25 Total functional expenses. Add lines 1 through 24e	2,419,780,683.	2,051,135,180.	361,026,479.	7,619,024.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	942,030.	1	743,845.
	2 Savings and temporary cash investments	150,740,001.	2	151,638,288.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	312,337,411.	4	340,127,258.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	32,802,450.	8	39,407,544.
	9 Prepaid expenses and deferred charges	110,327,525.	9	90,503,378.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,745,859,151.		
	b Less: accumulated depreciation	10b 809,074,720.		
	11 Investments - publicly traded securities	914,511,940.	10c	936,784,431.
	12 Investments - other securities. See Part IV, line 11	503,540,175.	11	551,757,304.
	13 Investments - program-related. See Part IV, line 11	685,861,806.	12	768,495,000.
	14 Intangible assets	44,817,878.	13	44,774,265.
	15 Other assets. See Part IV, line 11	185,863,891.	14	197,090,110.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,941,745,107.	15	3,121,321,423.	
Liabilities	17 Accounts payable and accrued expenses	345,522,842.	16	346,209,496.
	18 Grants payable		17	
	19 Deferred revenue	44,378,312.	18	42,720,046.
	20 Tax-exempt bond liabilities	94,815,000.	19	94,815,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	182,725,000.	22	182,725,000.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,152,832,464.	24	1,229,348,067.
	26 Total liabilities. Add lines 17 through 25	1,820,273,618.	25	1,895,817,609.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,020,591,968.	26	1,107,464,594.
	28 Temporarily restricted net assets	64,973,848.	27	71,153,450.
	29 Permanently restricted net assets	35,905,673.	28	46,885,770.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
33 Total net assets or fund balances	1,121,471,489.	32	1,225,503,814.	
34 Total liabilities and net assets/fund balances	2,941,745,107.	33	3,121,321,423.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,558,344,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,419,780,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	138,564,230.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,121,471,489.
5	Net unrealized gains (losses) on investments	5	-5,764,736.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-28,767,169.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,225,503,814.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> :		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity <i>(see instructions)</i> .		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 10,205.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 67,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 20,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 10,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 10,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 7,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 11,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 6,804.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 14,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 250,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,817.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 25,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 13,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 12,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 2,252,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 26,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 11,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 154,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 29,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 1,356,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 24,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 13,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 9,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 5,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 28,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 100,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 7,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 6,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 101,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 69,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 58,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ <u>9,707.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ <u>7,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ <u>6,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ <u>8,350.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>185,054.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ <u>10,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ <u>42,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ <u>5,660.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ <u>99,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 12,431.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 527,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>20,709.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ <u>112,645.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ <u>153,101.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 30,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 6,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 7,180.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ <u>101,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ <u>11,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ <u>5,090.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ <u>10,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ <u>5,043.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>44,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>9,169.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ <u>25,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ <u>116,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	<hr/> <hr/> <hr/>	\$ <u>42,524.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ <u>70,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ <u>116,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ <u>58,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ 6,015.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<hr/> <hr/> <hr/>	\$ <u>7,426.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ <u>8,227.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 5,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 186,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 78,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 6,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 108,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	<hr/> <hr/> <hr/>	\$ <u>6,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ <u>5,614.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<hr/> <hr/> <hr/>	\$ <u>894,876.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
230	<hr/> <hr/> <hr/>	\$ 96,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
232	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<hr/> <hr/> <hr/>	\$ 58,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	<hr/> <hr/> <hr/>	\$ 55,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	<hr/> <hr/> <hr/>	\$ 8,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	<hr/> <hr/> <hr/>	\$ 23,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	<hr/> <hr/> <hr/>	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	<hr/> <hr/> <hr/>	\$ 16,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	<hr/> <hr/> <hr/>	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	<hr/> <hr/> <hr/>	\$ 9,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	<hr/> <hr/> <hr/>	\$ 9,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	<hr/> <hr/> <hr/>	\$ 53,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	<hr/> <hr/> <hr/>	\$ 13,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	<hr/> <hr/> <hr/>	\$ 19,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	<hr/> <hr/> <hr/>	\$ 10,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	<hr/> <hr/> <hr/>	\$ 50,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	<hr/> <hr/> <hr/>	\$ 160,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	HOLIDAY GIFT BASKETS/EVENT TICKETS _____ _____ _____	\$ 10,205.	12/22/14
15	ICEE MACHINE AND SUPPLIES _____ _____ _____	\$ 6,500.	03/24/15
29	STOCKS _____ _____ _____	\$ 10,481.	12/18/14
30	STOCKS _____ _____ _____	\$ 10,268.	08/04/15
33	ELECTRONICS/GIFT BAGS/OTHER MISC _____ _____ _____	\$ 7,350.	12/19/14
35	BREAKFAST FOR 150 RIDERS AND VOLUNTEERS _____ _____ _____	\$ 11,400.	09/30/15

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
36	SEE STATEMENT 1 _____ _____ _____	\$ 6,804.	08/18/15
56	ASSORTED DISNEY PRODUCTS _____ _____ _____	\$ 5,817.	05/01/15
60	STOCKS _____ _____ _____	\$ 25,360.	12/30/14
62	GIFT CERTIFICATE TO RESORT _____ _____ _____	\$ 13,400.	03/09/15
66	STOCKS _____ _____ _____	\$ 1,709,096.	12/19/14
82	STOCKS _____ _____ _____	\$ 8,083.	06/29/14

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
83	ELECTRONICS/GIFT CARDS/OTHER MISC _____ _____ _____	\$ 5,654.	11/10/14
107	TOYS AND ART SUPPLIES _____ _____ _____	\$ 7,750.	01/22/15
109	PILLOWS/PARKING PASSES/TOYS/GIFTCARDS _____ _____ _____	\$ 8,350.	12/17/14
116	STOCKS _____ _____ _____	\$ 10,040.	05/22/15
120	STOCKS _____ _____ _____	\$ 96,552.	02/26/15
122	STUFFED PLUSH TEDDY BEARS _____ _____ _____	\$ 12,431.	12/10/14

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
144	ELECTRONIC DEVICES AND VIDEO GAMES	\$ 7,180.	10/07/14
158	PAJAMAS & BOOKS	\$ 5,090.	12/11/14
168	STOCKS	\$ 4,919.	12/17/14
191	EVENT FOOD & SUPPLIES	\$ 6,015.	09/30/15
193	ELECTRONICS/BOOKS/COMPUTER/PRINTER	\$ 7,426.	12/15/14
195	STOCKS	\$ 25,000.	12/16/14

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
200	FOOD FOR EVENTS	\$ 5,000.	10/07/14
201	2856 SANDWICHES FOR BIKE RIDE EVENT	\$ 10,000.	10/07/14
228	STOCKS	\$ 894,876.	02/19/15
229	EVENT MISC SUPPLIES	\$ 5,000.	09/28/15
231	BOTTLED WATER FOR EVENT PARTICIPANTS	\$ 5,000.	09/28/15
258	WATER BOTTLES, GIFT CARDS, FOOD	\$ 25,000.	09/28/15

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE B

STATEMENT 1

GIFT BAGS/SNACKS

GIFT BAGS/SNACKS

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Name of organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		500.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		406,469.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		364,489.
j Total. Add lines 1c through 1i			771,458.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT REPORTED IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING DURING 2015.

ALSO, THE HEALTH SYSTEM OFFICIALS HAD MEETINGS AND CONTACTS WITH STATE GOVERNMENT OFFICIALS, INCLUDING STATE LEGISLATORS AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS.

Part IV Supplemental Information (continued)

YALE-NEW HAVEN HOSPITAL IS PART OF A CONTROLLED GROUP WITH THE

FOLLOWING LOBBYING EXPENSES:

GREENWICH HOSPITAL	EIN	06-0646659	\$ 116,429
BRIDGEPORT HOSPITAL	EIN	06-0646554	\$ 149,774
NORTHEAST MEDICAL GROUP	EIN	06-1330992	\$ 51,985

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,145,000.	63,261,000.	63,422,000.	62,861,000.	68,085,000.
b Contributions	18,630,331.	3,493,000.		2,000.	2,000.
c Net investment earnings, gains, and losses	1,271,318.	11,289,000.	6,181,000.	7,683,000.	2,814,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,615,049.	5,898,000.	6,342,000.	7,124,000.	8,040,000.
f Administrative expenses					
g End of year balance	85,431,600.	72,145,000.	63,261,000.	63,422,000.	62,861,000.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 54.88 %
- c Temporarily restricted endowment 45.12 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,256,351.		46,256,351.
b Buildings		253,965,666.	90,972,786.	162,992,880.
c Leasehold improvements		17,632,132.	14,965,720.	2,666,412.
d Equipment		1,347,231,121.	703,101,137.	644,129,984.
e Other		80,773,881.	35,077.	80,738,804.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				936,784,431.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) YALE ENDOWMENT FUND	768,495,000.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	768,495,000.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS	8,909,271.
(2) OTHER ASSETS	147,644,116.
(3) MALPRACTICE RECEIVABLE	40,536,723.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	197,090,110.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST RETIREMENT BENEFITS	228,810,365.
(3) OTHER LONG TERM LIABILITIES	420,946,835.
(4) CAPITAL LEASES	48,853,156.
(5) DUE TO PARENT- T/E BOND LIABILITY	530,737,711.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,229,348,067.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,522,715,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	20,129,244.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-23,448,740.
e	Add lines 2a through 2d	2e	-3,319,496.
3	Subtract line 2e from line 1	3	2,526,035,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	32,309,449.
c	Add lines 4a and 4b	4c	32,309,449.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,558,344,913.

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

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

1	Total expenses and losses per audited financial statements	1	2,413,364,497.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,413,364,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,416,186.
c	Add lines 4a and 4b	4c	6,416,186.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,419,780,683.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

YNHCCC AND THE HOSPITAL ARE NOT FOR PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. YNHCCC AND THE HOSPITAL ARE ALSO EXEMPT FROM STATE INCOME TAX. THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED "UNRELATED BUSINESS INCOME" AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS

Part XIII Supplemental Information (continued)

TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED.

ASC AND YORK ARE SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. DEFERRED INCOME TAXES ARE PROVIDED ON TEMPORARY DIFFERENCES BETWEEN FINANCIAL STATEMENT AND TAX REPORTING. THE PROVISION FOR INCOME TAXES AND DEFERRED TAXES ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS RELEASED FOR WINCHESTER/MCFADDEN/OTHER	11,324,323.
CHANGE IN MARKET VALUE OF SWAPS	-28,247,979.
RECLASS EXPENSES NETTED WITH INVESTMENT INCOME TO EXPENSES	-6,525,084.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-23,448,740.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BEQUESTS, GIFTS & GRANTS	31,614,541.
INVESTMENT INCOME RELEASE FROM RESTRICTIONS	621,858.
AUXILIARY INCOME	781,907.
RECLASS FOR SPECIAL EVENTS	-708,857.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	32,309,449.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES	600,410.
EXPENSE RECLASS TO SPECIAL EVENTS	-709,309.
FUNDRAISING EXPENSES RECLASS FROM INVESTMENT REVENUE	6,525,085.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,416,186.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

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

432071
09-24-14

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ► _____

432072
09-24-14

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CLOSER TO FREE BIKE RIGOLF EVENTS (event type)	(event type)	6 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,947,893.	150,947.	467,435.	2,566,275.
	2	Less: Contributions	1,834,503.	96,793.	363,180.	2,294,476.
	3	Gross income (line 1 minus line 2)	113,390.	54,154.	104,255.	271,799.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	18,521.	66,025.	18,694.	103,240.
	8	Entertainment	1,255.			1,255.
	9	Other direct expenses	575,906.	21,886.	7,022.	604,814.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				709,309.
11	Net income summary. Subtract line 10 from line 3, column (d)				-437,510.	

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a		%
b An outside facility	13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		33,633	171,710,559.	9,282,686.	162,427,873.	6.71%
b Medicaid (from Worksheet 3, column a)		362,387	536,783,220.	304,329,906.	232,453,314.	9.61%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		396,020	708,493,779.	313,612,592.	394,881,187.	16.32%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	22	60,409	10,352,642.	2,685,595.	7,667,047.	.32%
f Health professions education (from Worksheet 5)	6	2,830	104,703,631.	22,826,143.	81,877,488.	3.38%
g Subsidized health services (from Worksheet 6)	1	19,272	9,500,339.	5,230,499.	4,269,840.	.18%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	773	1,980,342.	0.	1,980,342.	.08%
j Total. Other Benefits	41	83,284	126,536,954.	30,742,237.	95,794,717.	3.96%
k Total. Add lines 7d and 7j	41	479,304	835,030,733.	344,354,829.	490,675,904.	20.28%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		10,000.	0.	10,000.	.00%
2 Economic development	1	10	501,258.		501,258.	.02%
3 Community support	2		225,912.		225,912.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		1,500.		1,500.	.00%
7 Community health improvement advocacy						
8 Workforce development	2	43	104,653.		104,653.	.00%
9 Other	1		2,655,642.		2,655,642.	.11%
10 Total	8	53	3,498,965.		3,498,965.	.14%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	782,825,029.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	900,988,244.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-118,163,215.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V</u>		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of _____ %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION A:

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

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. YALE-NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE:

YNNH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX

PART V, SECTION B, LINE 7B - OTHER WEBSITES:

[HTTP://WWW.CTDATAHAVEN.ORG/REPORTS/GREATER-NEW-HAVEN-COMMUNITY-INDEX;](http://WWW.CTDATAHAVEN.ORG/REPORTS/GREATER-NEW-HAVEN-COMMUNITY-INDEX;)
[HTTP://WWW.CITYOFNEWHAVEN.COM/UPLOADS/2013_COMMUNITYINDEX%20REPORT.PDF;](http://WWW.CITYOFNEWHAVEN.COM/UPLOADS/2013_COMMUNITYINDEX%20REPORT.PDF;)
[HTTP://WWW.CPHA.INFO/NEWS/146744/THE-GREATER-NEW-HAVEN-COMMUNITY-INDEX-2013.HTM;](http://WWW.CPHA.INFO/NEWS/146744/THE-GREATER-NEW-HAVEN-COMMUNITY-INDEX-2013.HTM;) [HTTP://WWW.NEIGHBORHOODINDICATORS.ORG/LIBRARY/CATALOG/2013-GREATER-NEW-HAVEN-COMMUNITY-INDEX;](http://WWW.NEIGHBORHOODINDICATORS.ORG/LIBRARY/CATALOG/2013-GREATER-NEW-HAVEN-COMMUNITY-INDEX;)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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

[ARTICLEID/254/COMMUNITY-INDEX-2013.ASPX](https://www.cfgnh.org/about/newsevents/viewarticle/tabid/96/articleid/254/community-index-2013.aspx)

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 6B: UNDERSTANDING THE CURRENT HEALTH STATUS OF THE COMMUNITY IS IMPORTANT IN ORDER TO IDENTIFY PRIORITIES FOR FUTURE PLANNING AND FUNDING, THE EXISTING STRENGTHS AND ASSETS ON WHICH TO BUILD UPON, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION ACROSS ORGANIZATIONS, INSTITUTIONS, AND COMMUNITY GROUPS. TO THIS END, YALE NEW HAVEN HOSPITAL, AS PART OF THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN - A COALITION INCLUDING YALE NEW HAVEN HOSPITAL, THE NEW HAVEN HEALTH DEPARTMENT, NEW HAVEN CITY SERVICES ADMINISTRATION, FAIR HAVEN COMMUNITY HEALTH CENTER, CORNELL SCOTT-HILL HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT - IS LEADING A COMPREHENSIVE EFFORT TO ADDRESS HEALTH DISPARITIES IN THE CITY OF NEW HAVEN.

THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN MEMBERS BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT. MEMBERS OF THE PARTNERSHIP INCLUDE RESPECTED PUBLIC HEALTH EXPERTS FROM THE NEW HAVEN HEALTH DEPARTMENT AND YALE SCHOOL OF PUBLIC HEALTH AS WELL AS THOSE WITH SPECIFIC KNOWLEDGE AND EXPERTISE SERVING UNDERSERVED AND MINORITY POPULATIONS SUCH AS PROJECT ACCESS-NEW HAVEN, FAIR HAVEN COMMUNITY HEALTH CENTER AND CORNELL SCOTT-HILL HEALTH CENTER.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 10A:

[HTTPS://WWW.YNHH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX](https://www.ynhh.org/about/community/health-needs-assessment.aspx)

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 11: BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, SEVEN HEALTH ISSUES WERE PRIORITIZED: ACCESS TO CARE, ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS, OBESITY AND CHRONIC DISEASE AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES. YALE NEW HAVEN HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, OBESITY AND CHRONIC DISEASE AND SOCIAL DETERMINANTS OF HEALTH. TO LEARN MORE ABOUT HOW YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS ARE MEETING THESE NEEDS PLEASE REVIEW THE YALE NEW HAVEN HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLAN ATTACHED TO THIS FILING. IN ADDITION, YALE NEW HAVEN HOSPITAL WILL CONTINUE EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, INJURY AND VIOLENCE, MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND ADDICTIONS AND SEXUALLY TRANSMITTED AND COMMUNICABLE DISEASES.

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 13H: THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 22D: PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART V, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT YALE-NEW HAVEN HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE.

PART V, SECTION B, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.YNHH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/
FINANCIAL-ASSISTANCE.ASPX](https://www.ynhh.org/patients-visitors/billing-insurance/financial-assistance.aspx)

PART V, SECTION B, LINE 16B, FAP APPLICATION FORM WEBSITE:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

[HTTPS://WWW.YNHHS.ORG/FORMS.ASPX](https://www.ynhhs.org/forms.aspx)

PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.YNHHS.ORG/FORMS.ASPX](https://www.ynhhs.org/forms.aspx)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of Facility (describe)
1 MEDICAL CENTER 6 DEVINE STREET NORTH HAVEN, CT 06473	MEDICAL OFFICE
2 SHORELINE MEDICAL CENTER 111 GOOSE LANE GUILFORD, CT 06437	MEDICAL OFFICE
3 RADIOLOGY/WOMEN'S SURGICAL 40-60 TEMPLE STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
4 SMILOW CANCER HOSPITAL CARE CENTER 1075 CHASE PARKWAY WATERBURY, CT 06708	MEDICAL FACILITY
5 SMILOW CANCER HOSPITAL CARE CENTER 200-220 KENNEDY DRIVE TORRINGTON, CT 06790	MEDICAL OFFICE
6 SMILOW CANCER HOSPITAL CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER CENTER
7 MEDICAL CENTER 1 LONG WHARF NEW HAVEN, CT 06511	MATERNAL/PEDIATRIC/RADIOLOGY
8 PRIMARY CARE CENTER 789 HOWARD AVENUE NEW HAVEN, CT 06519	LABORATORY; MEDICAL OFFICE; DIAGNOSTIC RADIOLOGY
9 SMILOW CANCER HOSPITAL CARE CENTER 350 SEYMOUR AVENUE DERBY, CT 06418	MEDICAL OFFICE
10 SMILOW CANCER HOSPITAL CARE CENTER 240 INDIAN RIVER ROAD ORANGE, CT 06477	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
11 PEDIATRIC SPECIALTY CENTER 1 PARK STREET NEW HAVEN, CT 06511	PEDIATRIC SERVICES
12 YNH H BLOOD DRAW 330 ORCHARD STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
13 YNHASC TEMPLE SURGICAL CENTER 60 TEMPLE STREET NEW HAVEN, CT 06511	SATELLITE
14 YNH H LAB 55 PARK STREET NEW HAVEN, CT 06511	LABORATORY
15 HAMDEN RADIOLOGY/DENTAL CLINIC 2560 DIXWELL AVENUE HAMDEN, CT 06518	RADIOLOGY; DENTAL CLINIC
16 YNH H BLOOD DRAW 2 DEVINE STREET NORTH HAVEN, CT 06473	BLOOD DRAW CENTER
17 SOUND MEDICAL CENTER 1591 BOSTON POST ROAD GUILFORD, CT 06437	MEDICAL FACILITY
18 SMILOW CANCER HOSPITAL CARE CENTER 2080 WHITNEY AVE HAMDEN, CT 06518	MEDICAL OFFICE
19 YNH H BLOOD DRAW/RADIOLOGY 150 SARGENT DRIVE NEW HAVEN, CT 06511	BLOOD DRAW CENTER; DIAGNOSTIC RADIOLOGY
20 YNH H BLOOD DRAW 46 PRINCE STREET NEW HAVEN, CT 06511	MEDICAL FACILITY

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

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

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

Name and address	Type of Facility (describe)
21 AMBULATORY SERVICES EAST HAVEN 500 ELM STREET WEST HAVEN, CT 06516	DIAGNOSTIC RADIOLOGY
22 YNH H BLOOD DRAW 11 HARRISON AVE BRANFORD, CT 06405	BLOOD DRAW CENTER
23 AMBULATORY SERVICES / BLOOD LAB 556 MAIN STREET EAST HAVEN, CT 06512	MEDICAL FACILITY
24 ADULT SLEEP CENTER 8 DEVINE STREET NORTH HAVEN, CT 06473	MEDICAL FACILITY
25 YNH H MEDICAL CENTER 2200 WHITNEY AVENUE HAMDEN, CT 06518	MEDICAL FACILITY
26 LAKEBROOK MEDICAL CENTER 5 PEQUOT PARK ROAD WESTBROOK, CT 06498	MEDICAL FACILITY
27 YNH H MEDICAL CENTER 633 MIDDLESEX TURNPIKE OLD SAYBROOK, CT 06475	MEDICAL FACILITY
28 CONTINUING CARE CLINIC 1294 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
29 HEART & VASCULAR OUTPATIENT 325 POST ROAD ORANGE, CT 06477	MEDICAL OFFICE
30 SLEEP LAB/UROLOGY 1291 BOSTON POST ROAD MADISON, CT 06443	SLEEP LAB/UROLOGY

Schedule H (Form 990) 2014

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

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

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

Name and address	Type of Facility (describe)
31 BRANFORD ADOLESCENT CARE 21 BUSINESS PARK DRIVE BRANFORD, CT 06405	ADOLESCENT CARE
32 AMBULATORY SERVICES GUILFORD 1445 BOSTON POST ROAD GUILFORD, CT 06437	DIAGNOSTIC RADIOLOGY; PHYSICAL THERAPY
33 YNHH CARDIOLOGY 84 NORTH MAIN STREET BRANFORD, CT 06405	MEDICAL OFFICE
34 DIAGNOSTIC RADIOLOGY/BLOOD DRAW 317 FOXON ROAD EAST HAVEN, CT 06512	RADIOLOGY; BLOOD DRAW; URGENT CARE
35 ADULT PHP 1100 SHERMAN AVENUE HAMDEN, CT 06514	ADULT CARE
36 ADOLESCENT CARE 646 GEORGE STREET NEW HAVEN, CT 06511	ADOLESCENT CARE
37 YNHH BLOOD DRAW/PEDIATRIC/RADIOLOGY 747 BELDEN AVENUE NORWALK, CT 06850	PEDIATRIC SPECIALTY
38 MILFORD OFFICE PARK 48 WELLINGTON ROAD MILFORD, CT 06460	RADIOLOGY
39 REHABILITATION/OCCUPATIONAL 175 SHERMAN AVENUE NEW HAVEN, CT 06511	CARDIAC SERVICES
40 YNHH MEDICAL CENTER 50 HOSPITAL HILL ROAD SHARON, CT 06069	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
41 YNH H BLOOD DRAW 1475 WHALLEY AVE NEW HAVEN, CT 06511	MEDICAL FACILITY
42 YNH H BLOOD DRAW 665 NORTH COLONY ROAD WALLINGFORD, CT 06492	BLOOD DRAW CENTER
43 YNH H BLOOD DRAW 236 BOSTON POST ROAD ORANGE, CT 06477	BLOOD DRAW CENTER
44 YNH H BLOOD DRAW 252 EAST MAIN STREET CLINTON, CT 06413	BLOOD DRAW CENTER
45 ADLER GERIATRIC CENTER 874 HOWARD AVE NEW HAVEN, CT 06511	MEDICAL OFFICE
46 YNH H BLOOD DRAW 247 BROAD STREET MILFORD, CT 06460	BLOOD DRAW CENTER
47 YNH H BLOOD DRAW 170 BOSTON POST ROAD NEW HAVEN, CT 06344	BLOOD DRAW CENTER
48 CENTER FOR WOMEN'S HEALTH 1441 CHAPEL STREET NEW HAVEN, CT 06511	OB/GYN SERVICES
49 YNH H BLOOD DRAW 1 NEW HAVEN AVENUE MILFORD, CT 06460	BLOOD DRAW CENTER
50 RADIOLOGY 100 BROADWAY NORTH HAVEN, CT 06473	TEMPLE RADIOLOGY

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

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

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

Name and address	Type of Facility (describe)
51 YNH MEDICAL CENTER 1000 ASYLUM AVENUE HARTFORD, CT 06105	MEDICAL OFFICE
52 YALE-GRIFFIN PREVENTION RESEARCH 130 DIVISION STREET DERBY, CT 06418	RESEARCH
53 YNH DIALYSIS 137 WATER STREET NEW HAVEN, CT 06511	DIALYSIS
54 YNH MEDICAL CENTER 1401 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
55 YNH BLOOD DRAW 141 MILL HILL AVE BRIDGEPORT, CT 06610	BLOOD DRAW CENTER
56 YNH MEDICAL CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06511	PATIENT SERVICES
57 YALE ORTHOPEDIC ASSOCIATES 157 GOOSE LANE GUILFORD, CT 06437	DIAGNOSTIC RADIOLOGY
58 YNH MEDICAL CENTER 158 STATE STREET NORTH HAVEN, CT 06473	MEDICAL FACILITY
59 SMILOW ONCOLOGY 19 LUNAR DRIVE WOODBIDGE, CT 06525	CANCER CARE
60 YNH MEDICAL CENTER 2 IVY BROOK ROAD SHELTON, CT 06484	MEDICAL OFFICE

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

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

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

Name and address	Type of Facility (describe)
61 YNH MEDICAL CENTER 200 ORCHARD STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
62 YNH DIALYSIS 266 STATE STREET NORTH HAVEN, CT 06473	DIALYSIS
63 REHABILITATION & WELLNESS 300 SEASIDE AVENUE MILFORD, CT 06460	MEDICAL FACILITY
64 CARDIAC OUTPATIENT SERVICES/YALE CARD 311 HARRISON AVE BRANFORD, CT 06405	CARDIAC SERVICES
65 YNH BLOOD DRAW 3115 MAIN STREET STRATFORD, CT 06614	BLOOD DRAW CENTER
66 SHORELINE DIALYSIS 34 EAST INDUSTRIAL RD BRANFORD, CT 06405	DIALYSIS
67 CARDIAC OUTPATIENT SERVICES 365 MONTAUK AVENUE NEW LONDON, CT 06320	CARDIAC SERVICES
68 MERIDEN DIALYSIS 377 RESEARCH PARKWAY MERIDEN, CT 06450	DIALYSIS
69 PEDIATRIC INFUSION CENTER 405 CHURCH STREET NEW HAVEN, CT 06437	DIAGNOSTIC RADIOLOGY
70 YNH MEDICAL CENTER 430 CONGRESS AVENUE NEW HAVEN, CT 06511	MEDICAL FACILITY

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

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

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

Name and address	Type of Facility (describe)
71 HEMATOLOGY & ONCOLOGY 455 LEWIS AVE MERIDEN, CT 06450	CANCER SERVICES
72 YNHH DIALYSIS 50 COMMERCE PARK DRIVE MILFORD, CT 06460	DIALYSIS
73 YNHH MEDICAL CENTER 51 YORK STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
74 YNHH MEDICAL CENTER 55 CHURCH STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
75 YNHH BLOOD DRAW/UROLOGY 6 WOODLAND MADISON, CT 06443	BLOOD DRAW; UROLOGY
76 YNHH MEDICAL CENTER 674 WASHINGTON AVENUE WEST HAVEN, CT 06516	MEDICAL FACILITY
77 CARDIAC DIAGNOSTIC CENTER/UROLOGY/MED 687 CAMPBELL AVE WEST HAVEN, CT 06516	CARIACE SERVICES/UROLOGY
78 YNHH MEDICAL CENTER 79 WAWECUS STREET NORWICH, CT 06360	MEDICAL FACILITY
79 YNHH MEDICAL CENTER 85 WILLOW STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
80 OLD PEDI DENTAL CLINIC 860 HOWARD AVENUE NEW HAVEN, CT 06511	MEDICAL OFFICE

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Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 7:

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

PART I, LINE 7 CONTINUED

DESCRIPTION OF INCONSISTENCIES FROM REPORTING IN PRIOR YEARS:

THE CATHOLIC HOSPITAL ASSOCIATION'S WHAT COUNTS TASK FORCE DISCUSSED WHETHER THE COSTS FOR CANCER REGISTRIES SHOULD BE REPORTED AS COMMUNITY BENEFIT. THE TASK FORCE WAS ASKED TO REVIEW ITS RECOMMENDATION THAT CANCER REGISTRIES NOT BE REPORTED AS COMMUNITY BENEFIT. THE TASK FORCE CONCLUDED THAT SINCE REGISTRIES ARE REQUIRED FOR ACCREDITATION AS A CANCER HOSPITAL, IT SHOULD AFFIRM ITS GUIDANCE THAT THEIR COST NOT BE

Part VI Supplemental Information (Continuation)

REPORTED AS COMMUNITY BENEFIT. IN 2014, YALE NEW HAVEN HOSPITAL ATTRIBUTED \$1.4 MILLION IN TOTAL COSTS TO ITS CANCER REGISTRY.

PART II, COMMUNITY BUILDING ACTIVITIES:

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

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, YALE NEW HAVEN HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING

Part VI Supplemental Information (Continuation)

FISCAL YEAR 2015, YALE NEW HAVEN HOSPITAL PROVIDED \$3.5 MILLION IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT AFFORDABLE HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND WORKFORCE DEVELOPMENT INITIATIVES.

REVITALIZING OUR NEIGHBORHOODS

OVER THE PAST SEVERAL YEARS, YALE NEW HAVEN HOSPITAL HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 25.6 PERCENT OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 61.4 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE. TO REVERSE THIS TREND, YALE NEW HAVEN HOSPITAL HAS FOCUSED ON SUPPORT EFFORTS TO INCREASE PERMANENT HOME OWNERSHIP.

THE HOME OWNERSHIP MADE EASIER (H.O.M.E.) PROGRAM AT YALE NEW HAVEN HOSPITAL PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 12 EMPLOYEES AND THEIR FAMILIES. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 131 HOMES HAVE BEEN PURCHASED BY YALE NEW HAVEN HOSPITAL EMPLOYEES.

RESULTS FROM THE FALL 2012 COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT AT YALE SCHOOL OF PUBLIC HEALTH SURVEY OF NEW HAVEN'S LOW-INCOME NEIGHBORHOODS, INCLUDING THE HILL NORTH NEIGHBORHOOD WHERE THE HOSPITAL IS LOCATED, PROVIDE EVIDENCE THAT ACCESS TO HEALTHY AFFORDABLE FOOD IS A MAJOR PUBLIC HEALTH CONCERN. FOR EXAMPLE, ABOUT 40% OF RESPONDENTS SAID

Part VI Supplemental Information (Continuation)

THEY WERE NOT ALWAYS ABLE TO AFFORD TO BUY VEGETABLES, FRUIT, HEALTHY OILS OR WHOLE GRAINS. OVER THE PAST FOUR YEARS, YALE NEW HAVEN HOSPITAL HAS BEEN A PROUD SPONSOR, ALONG WITH THE CONNECTICUT MENTAL HEALTH CENTER, OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YALE NEW HAVEN HOSPITAL'S YORK STREET CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER AND OFFERS HEALTHY, AFFORDABLE FOOD FOR LOCAL RESIDENTS. IN ADDITION, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY, YALE NEW HAVEN HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATED IT TO THE COMMUNITY SOUP KITCHEN AT CHRIST CHURCH AND ST. LUKE'S EPISCOPAL CHURCH IN NEW HAVEN AS WELL AS ST. ANN'S SOUP KITCHEN IN HAMDEN.

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

CREATING EDUCATIONAL OPPORTUNITIES

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

Part VI Supplemental Information (Continuation)

DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. IN RESPONSE, YALE NEW HAVEN HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2015.

REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TO SUPPORT NEW HAVEN PROMISE. NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS. YALE NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVE'S PARTNERSHIP COMPONENT. ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS. THE PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN. THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE FOR SEVERAL YEARS, HUNDREDS OF NEW HAVEN STUDENTS APPLY FOR AND ARE ACCEPTED EACH YEAR. IN 2015, NEW HAVEN PROMISE RECEIVED 574 APPLICATIONS WITH 44% QUALIFYING FOR THE PROGRAM.

THE YALE NEW HAVEN HOSPITAL SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS. COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YALE NEW HAVEN HOSPITAL AND ACES YOUTH EMPLOYABILITY PROGRAM. OVER 30 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2015. IN ADDITION TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS.

THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS. THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT. THE JOHN C. DANIELS SCHOOL PARTNERSHIP

Part VI Supplemental Information (Continuation)

INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE. THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSES THEM TO CAREERS IN HEALTH CARE.

STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YALE NEW HAVEN HOSPITAL, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE. IN 2015, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST. MARTIN DE PORRES ACADEMY. AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION. ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS. YALE NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

CONTINUED -

WORKFORCE DEVELOPMENT INITIATIVES

LIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN. ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 9.0% COMPARED TO 6.6% STATE-WIDE. AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH. AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE NEW HAVEN HOSPITAL PROVIDES IN-KIND

Part VI Supplemental Information (Continuation)

AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW.

SINCE 1996, THE HOSPITAL'S AWARD-WINNING HOPE (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) TRAINING AND SKILLS DEVELOPMENT PROGRAM HAS HELPED MORE THAN 100 ADULTS TRANSITION FROM INCOME SUPPORT SITUATIONS INTO EMPLOYMENT. INITIALLY TARGETED TO WOMEN, THE PROGRAM NOW INCLUDES MEN. PARTICIPANTS RECEIVE CLASSROOM TRAINING AND ONE-ON-ONE MENTORING ON TOPICS SUCH AS INTERVIEWING, RESUME PREPARATION, TIME MANAGEMENT AND CUSTOMER SERVICES, AND ARE TAUGHT ABOUT WORKPLACE DIVERSITY AND MEETING EMPLOYER EXPECTATIONS.

PART III, LINE 2:

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

PART III, LINE 3:

THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

Part VI Supplemental Information (Continuation)

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

YNHH MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF YNHH, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY YNHH TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE THE PROVISION FOR BAD DEBTS. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY YNHH, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND THE PROVISION FOR BAD DEBTS REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$114.4 MILLION AND \$132.4 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY.

THE ESTIMATED COST OF CHARITY CARE AND FREE CARE PROVIDED WAS \$82.4 MILLION AND \$85.3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES. THE ALLOCATION BETWEEN THE PROVISION FOR BAD DEBTS AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

Part VI Supplemental Information (Continuation)

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE PROVISION FOR BAD DEBTS, AT CHARGES, WAS \$50.4 MILLION AND \$72.8 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE PROVISION FOR BAD DEBTS, WAS \$32.0 MILLION AND \$47.1 MILLION, RESPECTIVELY. THE PROVISION FOR BAD DEBTS IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, THE HOSPITAL RECEIVED \$9.3 MILLION AND \$26.6 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$6.7 MILLION AND \$17.1 MILLION, RESPECTIVELY WAS RELATED TO CHARITY CARE. Y NHH MADE PAYMENTS INTO THE CDSHP OF \$89.3 MILLION AND \$73.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY, FOR THE ASSESSMENT.

THE STATE OF CONNECTICUT IMPLEMENTED CHANGES TO THE HOSPITAL FUNDING LEVELS FOR THE CDSHP IN THEIR FISCAL 2016 BIENNIUM BUDGET. AS A RESULT OF THESE BUDGET CHANGES, THE FUNDING FOR THIS PROGRAM WAS REDUCED EFFECTIVE JULY 1, 2015. THE REDUCTION IN FUNDING WAS APPROXIMATELY \$6.8 MILLION FOR THE PERIOD JULY 1, 2015 TO SEPTEMBER 30, 2015 AND THE FUNDING HAS BEEN ELIMINATED FOR STATE FISCAL YEAR 2016 IN THE AMOUNT OF \$27.2 MILLION.

ADDITIONALLY, YNHH PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS INDIGENT BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NONENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY

Part VI Supplemental Information (Continuation)

SUPPORT GROUPS. Y NHH VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

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

PART III, LINE 8:

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

PART III, LINE 9B:

IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE. THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS,

Part VI Supplemental Information (Continuation)

FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED. AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY. IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY.

PART VI, LINE 2:

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

PART VI, LINE 3:

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

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

YALE NEW HAVEN HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE SPECIFICALLY FOCUSED IN THE TOWNS WHERE THE HOSPITAL IS ENGAGED WITH COMMUNITY PARTNERS. THIS GEOGRAPHIC AREA INCLUDES THE CITY OF NEW HAVEN AND THE TOWNS COMPRISING THE INNER AND OUTER RING SUBURBS INCLUDING: EAST HAVEN, HAMDEN, WEST HAVEN, BETHANY, BRANFORD, GUILFORD, MILFORD, MADISON, ORANGE, NORTH BRANFORD, NORTH HAVEN, AND WOODBRIDGE. OVER 461,930 PEOPLE LIVE IN THESE TOWNS INCLUDING 91,945 UNDER THE AGE OF 18, 113,544 BETWEEN THE AGES OF 18 AND 34, 180,587 BETWEEN THE AGES OF 35 AND 64, AND 75,319 OVER THE AGE OF 65.

APPROXIMATELY 12% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$15,000, 29% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$15,000 AND \$50,000, 44% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND THE REMAINING 15% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

EVERY YEAR, YALE NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2015, YALE NEW HAVEN HOSPITAL MANAGED \$581.1 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES.

YALE NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT

Part VI Supplemental Information (Continuation)

COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS 4,128 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS.

YALE NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE NEW HAVEN IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE NEW HAVEN HOSPITAL DISCHARGED 78,452 INPATIENTS AND PROVIDED 1,282,529 OUTPATIENT ENCOUNTERS. YALE NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 12,522 EMPLOYEES IN 2015.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

Part VI Supplemental Information (Continuation)

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

CONNECTICUT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501 (C)(3)	20,000.	0.			SUPPORT MISSION
CAMP RISING SUN CHARITABLE 779 ROUTE 82 OAKDALE, CT 06370	20-4853548	501 (C)(3)	5,100.	0.			SUPPORT MISSION
CENTER FOR CHILDREN ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501 (C)(3)	180,000.	0.			SUPPORT MISSION
CITY OF NEW HAVEN 165 CHURCH STREET NEW HAVEN, CT 06511		GOVERNMENT	2,655,642.	0.			COMMUNTY BENEFIT DEV
COLUMBUS HOUSE 586 ELLA T GRASSO BOULEVARD NEW HAVEN, CT 06519	22-2511873	501 (C)(3)	10,600.	0.			SUPPORT MISSION
CONNECTICUT CENTER FOR ARTS (CONNCAT) - 70 AUDUBON STREET - NEW HAVEN, CT 06521	45-1257955	501 (C)(3)	100,000.	0.			SUPPORT MISSION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **18.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT SPORTS FOUNDATION 455 BOSTON POST ROAD NO. 203B OLD SAYBROOK, CT 06475	06-1240574	501 (C)(3)	100,000.	0.			SUPPORT MISSION
DONATE LIFE CONNECTICUT PO BOX 278 DURHAM, CT 06422	06-1346099	501 (C)(3)	10,000.	0.			SUPPORT MISSION
FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	501 (C)(3)	12,000.	0.			SUPPORT MISSION
GREATER NEW ENGLAND MINORITY 333 STATE STREET BRIDGEPORT, CT 06604	06-1025890	501 (C)(3)	8,500.	0.			SUPPORT MISSION
HABITAT FOR HUMANITY 37 UNION STREET NEW HAVEN, CT 06511	06-1178712	501 (C)(3)	10,000.	0.			SUPPORT MISSION
HAVEN 835 WEST QUEEN STREET, 2ND FL SOUTHINGTON, CT 06489	51-0642913	501 (C)(3)	10,000.	0.			SUPPORT MISSION
PROJECT ACCESS OF NEW HAVEN INC PO BOX 9293 NEW HAVEN, CT 06533	26-4379967	501 (C)(3)	30,000.	0.			SUPPORT MISSION
THE BIG APPLE CIRCUS ONE METROTECH CENTER BROOKLYN, NY 12101	13-2906037	501 (C)(3)	78,500.	0.			SUPPORT MISSION
THE NORMA F PFRIEM BREAST CARE 267 GRANT STREET BRIDGEPORT, CT 06610	22-2908698	501 (C)(3)	5,750.	0.			SUPPORT MISSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMMY FUND FOR CHILDHOOD CANCER 20 YORK STREET NEW HAVEN, CT 06510	06-2356787	501 (C)(3)	10,000.	0.			SUPPORT MISSION
YALE UNIVERSITY P.O. BOX 6028 NEW HAVEN, CT 06510	06-0646973	501 (C)(3)	63,440.	0.			SUPPORT MISSION
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET BRIDGEPORT, CT 06610	22-2908698	501 (C)(3)	10,098.	0.			SUPPORT MISSION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NURSING SCHOLARSHIPS	20	40,000.	0.	FMV	

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

PART I, LINE 2:

YALE-NEW HAVEN HOSPITAL ("Y-NHH") CARRIES OUT DUE DILIGENCE IN PROVIDING
 MONETARY ASSISTANCE ONLY TO QUALIFYING 501(C)(3) ORGANIZATIONS THAT
 COMPLEMENT ITS MISSION OR SUPPORT THE GREATER GOOD IN THE COMMUNITIES
 SERVES. NONE OF THE AMOUNTS REPORTED ON SCHEDULE I, PART II ARE GRANTS.
 THESE AMOUNTS ARE DONATIONS AND SPONSORSHIPS GIVEN TO ORGANIZATIONS TO
 ASSIST IN THE FURTHERANCE OF THEIR CHARITABLE MISSION.

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

Part IV Supplemental Information

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

(This area contains horizontal lines for supplemental information.)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARNA BORGSTROM CEO	(i)	1,153,625.	494,496.	32,898.	457,705.	8,900.	2,147,624.	121,715.
	(ii)	769,083.	329,664.	21,932.	305,136.	5,933.	1,431,748.	81,144.
(2) RICHARD D'AQUILA PRESIDENT	(i)	993,627.	342,138.	136,335.	363,770.	17,759.	1,853,629.	102,559.
	(ii)	248,407.	85,534.	34,084.	90,943.	4,440.	463,408.	25,640.
(3) WILLIAM ASELTINE SR. VP	(i)	368,517.	87,115.	51,754.	140,672.	12,450.	660,508.	29,686.
	(ii)	289,196.	68,365.	40,615.	110,393.	9,771.	518,340.	23,296.
(4) DANIEL BARCHI SR. VP	(i)	419,553.	107,283.	62,900.	148,820.	12,914.	751,470.	10,134.
	(ii)	279,702.	71,522.	41,934.	99,213.	8,609.	500,980.	91,202.
(5) THOMAS BALCEZAK SR. VP	(i)	524,714.	137,205.	78,175.	206,085.	22,050.	968,229.	119,800.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICIA SUE FITZSIMONS SR. VP	(i)	410,770.	121,554.	206,631.	23,100.	14,823.	776,878.	16,938.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHEAL HOLMES SR. VP	(i)	428,704.	130,032.	54,394.	180,853.	27,564.	821,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS LEARY VP	(i)	340,378.	81,629.	40,956.	154,738.	18,559.	636,260.	22,118.
	(ii)	17,915.	4,296.	2,156.	8,144.	977.	33,488.	1,164.
(9) ABE LOPMAN SR. VP	(i)	467,863.	136,530.	91,318.	202,540.	18,211.	916,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHEN MERZ VP	(i)	295,343.	61,036.	47,987.	117,751.	33,257.	555,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN MYATT SR. VP	(i)	350,269.	100,490.	57,333.	152,824.	10,325.	671,241.	21,155.
	(ii)	233,512.	66,994.	38,222.	101,882.	6,884.	447,494.	14,104.
(12) PAUL PATTON VP	(i)	380,940.	87,579.	71,002.	159,767.	20,502.	719,790.	11,579.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) VINCENT PETRINI SR. VP	(i)	434,497.	117,804.	73,157.	192,513.	21,152.	839,123.	35,533.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CYNTHIA SPARER SR. VP	(i)	492,168.	158,272.	122,008.	98,000.	20,371.	890,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES STATEN SR. VP	(i)	579,621.	215,154.	61,396.	239,204.	11,823.	1,107,198.	10,883.
	(ii)	386,414.	143,436.	40,931.	159,469.	7,882.	738,132.	7,256.
(16) KEVIN WALSH VP	(i)	364,375.	104,128.	74,335.	148,857.	21,100.	712,795.	16,696.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) RICHARD LISITANO VP	(i)	314,703.	76,777.	60,391.	69,200.	20,856.	541,927.	21,003.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) PETER HERBERT SR. VP	(i)	968,454.	231,174.	266,786.	18,000.	12,616.	1,497,030.	140,293.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VICTOR MORRIS VP	(i)	375,314.	90,046.	62,170.	73,911.	21,272.	622,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) THOMAS SWEENEY DIRECTOR	(i)	563,509.	51,023.	45,915.	13,899.	9,588.	683,934.	4,400.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) THOMAS DONOHUE VP	(i)	502,801.	10,414.	26,719.	15,450.	18,042.	573,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PATRICK LUDDY - RET 11/11/11 FORMER	(i)	0.	0.	42,792.	0.	0.	42,792.	42,792.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

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

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
MARNA P. BORGSTROM	\$0	\$469,952	\$0
RICHARD D'AQUILA	-	286,713	-
JAMES M. STATEN	-	241,123	-
DANIEL BARCHI	-	146,210	-
WILLIAM J. ASELTINE	-	139,643	-
KEVIN A. MYATT	-	136,706	-
THOMAS J. BALCEZAK	-	119,985	-
ABE LOPMAN	-	119,334	-
MICHAEL HOLMES	-	113,229	-
VINCENT PETRINI	-	101,963	-
PAUL N. PATTON	-	91,767	-
KEVIN F. WALSH	-	86,857	-

Part III Supplemental Information

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

THOMAS D. LEARY	-	83,018	-
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STEPHEN M. MERZ	-	67,661	-
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INDIVIDUALS LISTED BELOW BECAME VESTED IN BENEFITS VALUED AT THE AMOUNTS
RESPECTIVELY REPORTED BELOW DURING THE REPORTING YEAR. INCLUDED IN SECTION
II, COLUMN B (III) ARE AMOUNTS VESTED DURING THE 2014 CALENDAR YEAR THAT
WERE RECOGNIZED AS TAXABLE EVENTS AND REPORTED IN THE INDIVIDUALS' 2014
CALENDAR YEAR FORM W-2S.

PETER HERBERT	\$ 186,155
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PATRICIA FITZSIMONS	\$ 141,012
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THE FORMER OFFICER LISTED BELOW RECEIVED PAYMENTS THROUGHOUT THE YEAR FROM
THE NONQUALIFIED PLAN. THESE AMOUNTS ARE INCLUDED IN SECTION II, COLUMN B
(III). THE TOTAL OF THESE PAYMENTS LISTED BELOW WAS MADE DIRECTLY TO HIM
FROM THE RABBI TRUST.

PATRICK LUDDY	\$ 42,792
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PART I, LINE 7:

THE SHORT TERM INCENTIVE PLAN (STIP) IS A VARIABLE COMPENSATION PLAN WHICH
PROVIDES ONE-TIME PAYMENTS TO ELIGIBLE MEMBERS OF MANAGEMENT IN RECOGNITION
OF THE ACCOMPLISHMENT OF KEY ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE

Part III Supplemental Information

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

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

Supplemental Information on Tax-Exempt Bonds

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

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

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA-SERIES N	06-0806186	2077NYNE3	02/14/13	44,815,000.	ACQUISITION OF ASSETS-HSR		X		X		X
B CHEFA-SERIES O	06-0806186	20774YNE3	02/14/13	50,000,000.	ACQUISITION OF ASSETS-HSR		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	49,999,105.		50,000,000.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	640,219.		640,218.							
8 Credit enhancement from proceeds	14,606.		14,607.							
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	49,344,280.		49,345,175.							
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2013		2013							
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?		X		X						
15 Were the bonds issued as part of an advance refunding issue?		X		X						
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

PART II LINE 3

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

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*
 GHCS AND ITS SUBSIDIARIES ARE PART OF THE SYSTEM, BUT THEY ARE NOT
 MEMBERS OF THE OBLIGATED GROUP.

PART III LINE 3B

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

PART III, LINE 9 & PART V

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBST CONTR #8	VENDOR	743,814.	WASTE MANAG		X
SUBST CONTR #12	VENDOR	2,752,656.	MEDICAL TRA		X
SUBST CONTR #73	VENDOR	898,891.	CONSTRUCTIO		X
SUBST CONTR #133	VENDOR	529,694.	ADVERTISING		X
SUBST CONTR #149	VENDOR	13,226,102.	FOOD SERVIC		X
SUBST CONTR #152	VENDOR	468,232.	MEDICAL PRO		X
SUBST CONTR #165	VENDOR	256,429.	CONSTRUCTIO		X
SUBST CONTR #169	VENDOR	471,511.	MANAGEMENT		X
SUBST CONTR #190	VENDOR	2,492,239.	ARCHITECTUR		X
SUBST CONTR #232	VENDOR	37,134,036.	CONSTRUCTIO		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBST CONTR #8

(D) DESCRIPTION OF TRANSACTION: WASTE MANAGEMENT AND RECYCLING SERVICES

(A) NAME OF PERSON: SUBST CONTR #12

(D) DESCRIPTION OF TRANSACTION: MEDICAL TRANSPORTATION SERVICES

(A) NAME OF PERSON: SUBST CONTR #73

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES

(A) NAME OF PERSON: SUBST CONTR #133

(D) DESCRIPTION OF TRANSACTION: ADVERTISING SERVICES

(A) NAME OF PERSON: SUBST CONTR #149

(D) DESCRIPTION OF TRANSACTION: FOOD SERVICE

(A) NAME OF PERSON: SUBST CONTR #152

(D) DESCRIPTION OF TRANSACTION: MEDICAL PRODUCTS SUPPLIER

(A) NAME OF PERSON: SUBST CONTR #165

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES

(A) NAME OF PERSON: SUBST CONTR #169

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES

(A) NAME OF PERSON: SUBST CONTR #190

(D) DESCRIPTION OF TRANSACTION: ARCHITECTURAL SERVICES

(A) NAME OF PERSON: SUBST CONTR #232

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES

(A) NAME OF PERSON: SUBST CONTR #238

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VENDOR

(C) AMOUNT OF TRANSACTION \$ 6,713,256.

(D) DESCRIPTION OF TRANSACTION: MEDICAL LINEN AND UNIFORM RENTAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	1,950.	COMPARABLE MARKET
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,945.	COMPARABLE MARKET
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	3	683.	COMPARABLE MARKET
19 Food inventory	X	48	91,519.	COMPARABLE MARKET
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VACCINES & WI)	X	4	4,673,191.	COMPARABLE MARKET
26 Other ▶ (GIFTS / TOYS)	X	39	67,096.	COMPARABLE MARKET
27 Other ▶ (TRAVEL)	X	5	15,074.	COMPARABLE MARKET
28 Other ▶ (EVENT TICKETS)	X	29	14,149.	COMPARABLE MARKET

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

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

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

Schedule M (Form 990) (2014)

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CERTIFICATES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 30
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10050.
- (D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

JEWELRY/HANDBAGS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 16
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3805.
- (D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

ATHLETIC INSTRUCTION & PHOTOGRAPHY

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 7
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3180.
- (D) METHOD OF DETERMINING REVENUE: COMPARABLE MARKET

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

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

YALE-NEW HAVEN HOSPITAL REMAINED FOCUSED ON PROVIDING THE HIGHEST LEVEL OF CLINICAL QUALITY CARE AND PATIENT EXPERIENCE WHILE ALSO MAINTAINING A SAFE ENVIRONMENT THROUGHOUT 2015. ACCOMPLISHMENTS INCLUDED MEETING AND EXCEEDING MANY SAFETY AND QUALITY GOALS SUCH AS REDUCING CATHETER-ASSOCIATED URINARY TRACT INFECTION RATES AND EMERGENCY DEPARTMENT TREAT-AND-RELEASE MEDIAN TIME. THE HOSPITAL REDUCED SERIOUS SAFETY EVENTS RATES WHILE INCREASING EVENT RATE REPORTING. IN 2015, THE HOSPITAL CONTINUED ITS HIGH RELIABILITY ORGANIZATION JOURNEY COMMITTING TO LEVEL 3 PARTICIPATION IN THE STATE HIGH RELIABILITY WORK WITH HEALTHCARE PERFORMANCE IMPROVEMENT. IN ORDER TO OPTIMIZE THE USE OF RESOURCES AND REDUCE HOSPITAL-ACQUIRED CONDITIONS AND READMISSIONS, THE HOSPITAL LAUNCHED SIX INNOVATION UNITS DESIGNED TO ALSO HELP ELIMINATE UNNECESSARY LENGTHS OF STAY. ONGOING-EFFORTS TO PREVENT HOSPITAL-ACQUIRED INFECTIONS SUCH AS SURGICAL SITE INFECTIONS (SSI), INCLUDED IMPLEMENTING SSI BUNDLES OR SETS OF PROTOCOLS AND PROCEDURES FOR CARE BEFORE, DURING AND AFTER SURGERY. AS PART OF ONGOING EFFORTS TO IMPROVE OPERATIONS, THE HOSPITAL PARTICIPATED IN CLINICAL REDESIGN INITIATIVES RELATED TO CRITICAL CARE, BLOOD UTILIZATION MANAGEMENT, ABDOMINAL SURGERY, SICKLE CELL SERVICE REDESIGN, HIP FRACTURE, SURGICAL TRAYS AND LAB REDESIGN. THESE HIGHLY TARGETED EFFORTS IMPROVED QUALITY OUTCOMES WITHIN THE HOSPITAL AND THROUGHOUT THE SYSTEM WHILE REDUCING EXPENSES AS PART OF PHYSICIAN-LED CLINICAL REDESIGN INITIATIVES. THE HOSPITAL RECEIVED NATIONAL RECOGNITION FOR CLINICAL PROGRAMS AND SERVICES RANKING AMONG THE COUNTRY'S TOP HOSPITALS IN 8 ADULT SPECIALTIES AND 6 PEDIATRIC SPECIALTIES IN U.S. NEWS & WORLD REPORT.

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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THE HOSPITAL WAS CERTIFIED BY THE JOINT COMMISSION TOTAL JOINT REPLACEMENT FOR THE MUSCULOSKELETAL CENTER AND RECOGNIZED AS AN ELITE TARGET STROKE HOSPITAL BY THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION. THE HOSPITAL CONTINUED TO DEVELOP AND ENHANCE CLINICAL PROGRAMS AND INVEST IN FACILITIES DURING 2015. THE HOSPITAL OPENED THE OLD SAYBROOK AMBULATORY CARE CENTER, RELOCATED THE INPATIENT REHABILITATION UNIT FROM THE SAINT RAPHAEL CAMPUS (SRC) TO MILFORD HOSPITAL, PARTNERED WITH LAWRENCE + MEMORIAL HOSPITAL FOR NEONATOLOGY AND PEDIATRIC HOSPITALIST SERVICES, AND ESTABLISHED A SMILOW PARTNERSHIP WITH SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOR ONCOLOGY. AFTER A SUCCESSFUL PILOT, YALE-NEW HAVEN EXPANDED THE TELE-ICU PROGRAM TO AN INTENSIVE CARE UNIT AT SRC, AT GREENWICH HOSPITAL AND THE TWO NEW HAVEN EMERGENCY DEPARTMENTS. THIS ALLOWS A HIGHLY TRAINED INTENSIVE CARE TEAM TO REMOTELY MONITOR AND ADVISE ON CRITICALLY ILL PATIENTS' VITAL SIGNS, TEST RESULTS AND CONDITIONS 24/7. IN ADDITION TO RENOVATING THE SPECIALTY SURGICAL UNIT AND PSYCHIATRY OBSERVATION UNIT, THE HOSPITAL ALSO OPENED NEW MUSCULOSKELETAL-FOCUSED OPERATING ROOMS ON THE SAINT RAPHAEL CAMPUS, UPDATED THE CARDIAC CATHETERIZATION LAB, OPENED THE SPECIALLY DESIGNED RESTORATIVE CARE UNIT FOR OLDER ADULTS, AND CREATED THE PEDIATRIC MRI SUITE. THROUGHOUT 2015, THE HOSPITAL CONTINUED ITS ONGOING COMMITMENT TO BEING AN EMPLOYER OF CHOICE, INCLUDING EMPLOYEE WELLNESS. THE HOSPITAL CREATED THE CRITICAL INCIDENT STRESS MANAGEMENT TEAM, OFFERING SUPPORT TO EMPLOYEES DEALING WITH STRESSFUL WORK-RELATED EVENTS. THE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY AS A PUBLIC HEALTH ADVOCATE AND PROVIDING SUPPORT AND SERVICES WHICH RESPOND TO THE AREA'S HEALTH-CARE NEEDS THROUGH HEALTH EDUCATION, HEALTH PROMOTION AND ACCESS TO CARE.

THE HOSPITAL GOES BEYOND THE TRADITIONAL ROLE OF A HEALTH CARE PROVIDER

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

AND REACHES INTO THE COMMUNITY TO CREATE AND SUPPORT INITIATIVES THAT ENHANCE OUR NEIGHBORHOODS AND THE QUALITY OF LIFE OF OUR NEIGHBORS. THE HOSPITAL CONTINUED TO SUPPORT NUMEROUS PROGRAMS THAT PROMOTE EDUCATION INCLUDING PROJECT SEARCH, A PROGRAM WHICH HELPS ADULTS WITH DISABILITIES PREPARE FOR COMPETITIVE EMPLOYMENT, AS WELL AS THE H.O.P.E. (HAVING AN OPPORTUNITY TO PREPARE FOR EMPLOYMENT) VOLUNTEER MENTORING PROGRAM WHICH MATCHES ADULTS WITH HOSPITAL MENTORS AND PROVIDES CLASSES TO HELP PARTICIPANTS DEVELOP IMPORTANT SKILLS FOR ENTRY TO THE WORKFORCE. THE HOSPITAL ALSO CONTINUED ITS LEGACY OF SERVING THE COMMUNITY'S MOST AT-RISK MEMBERS THROUGHOUT THE YEAR WITH INITIATIVES SUCH AS THE COLLABORATION WITH THE NEW HAVEN COLUMBUS HOUSE HOMELESS SHELTER'S MEDICAL RESPITE CARE PROGRAM, PROVIDING SERVICES TO MEDICALLY FRAGILE PATIENTS AND THE TRANSITIONS CLINIC - A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, PROVIDING A MEDICAL HOME FOR PEOPLE RECENTLY RELEASED FROM PRISON AND WITH CHRONIC DISEASES. THE HOSPITAL CONTINUED TO OFFER AND SUPPORT PROGRAMS THAT HELP CHILDREN AND FAMILIES INCLUDING THE NURTURING FAMILIES NETWORK WHICH PROVIDES HOME VISITS FOR AT-RISK, FIRST-TIME PARENTS AND THE CHILDREN'S ADVOCACY CENTER WHICH OFFERS ACCESSIBLE LEGAL SERVICES TO CHILDREN AND FAMILIES. AS PART OF THE HOSPITAL'S ON-GOING EFFORT TO PROMOTE PREVENTATIVE CARE TO MEMBERS OF THE COMMUNITY, THE HOSPITAL PERFORMED MORE THAN 900 SCREENING MAMMOGRAPHY EXAMS IN PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER AND PROVIDED FREE HEALTH SCREENINGS FOR HEAD AND NECK CANCERS AND PROSTATE CANCER.

FORM 990, PART VI:

PART I, LINE 4 & PART VI, LINE 1B

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY

THE ORGANIZATION SOUGHT TO CONFIRM THE INDEPENDENCE OF EACH VOTING MEMBER OF ITS GOVERNING BODY BY REQUESTING THAT EACH SUCH VOTING MEMBER RESPOND TO A QUESTIONNAIRE CONTAINING THE PERTINENT INSTRUCTIONS AND DEFINITIONS AND DESIGNED TO ELICIT THE INFORMATION NECESSARY TO DETERMINE INDEPENDENCE. BASED ON RESPONSES TO THE QUESTIONNAIRES RECEIVED BY THE ORGANIZATION AND ANNUAL CONFLICTS OF INTEREST DISCLOSURES, THE ORGANIZATION WAS ABLE TO CONFIRM THAT TWENTY-FOUR (24) VOTING MEMBERS ARE INDEPENDENT.

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

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

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

THE ORGANIZATION'S CURRENT OFFICERS AND/OR TRUSTEES SERVE AS OFFICERS AND/OR DIRECTORS OF TAXABLE AFFILIATES WITHIN THE ORGANIZATION'S CORPORATE SYSTEM OR JOINT VENTURES IN WHICH THE ORGANIZATION'S CORPORATE SYSTEM HAS AN OWNERSHIP INTEREST. THE INDIVIDUAL OFFICERS DO NOT HAVE PERSONAL FINANCIAL INTERESTS IN THE TAXABLE AFFILIATE AND SERVE ONLY AS A FUNCTION OF THEIR ROLES WITH THE ORGANIZATION OR WITHIN THE ORGANIZATION'S CORPORATE SYSTEM.

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

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

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

THE YALE NEW HAVEN HEALTH SERVICES CORPORATION SHALL HAVE THE RIGHT TO

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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ELECT THE ORGANIZATION'S BOARD OF TRUSTEES IN ACCORDANCE WITH THE BYLAWS.

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

THE YALE NEW HAVEN HEALTH SERVICES CORPORATION, AS THE ORGANIZATIONS' SOLE MEMBER, HAS THE FOLLOWING RIGHTS, POWERS AND PRIVILEGES:

- A.) TO ACCEPT OR REJECT, AFTER APPROVAL OF THE BOARD OF TRUSTEES, THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION.
- B.) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, ANY PROGRAMS OR EXPENDITURES REQUIRING CERTIFICATE OF NEED APPROVAL BY GOVERNMENTAL BODIES AND PLANS WHICH MATERIALLY AFFECT THE GROWTH AND THE DEVELOPMENT OF THE ORGANIZATION.
- C.) TO APPROVE, UPON RECOMMENDATION BY THE BOARD OF TRUSTEES, SIGNIFICANT AFFILIATION AGREEMENTS BETWEEN THE HOSPITAL AND OTHER INSTITUTIONS, SIGNIFICANT FUND RAISING PROGRAMS PROPOSED TO BE CONDUCTED BY THE ORGANIZATION, THE SALE OR DISPOSITION OF ANY ASSETS OF THE ORGANIZATION NOT IN THE USUAL COURSE OF BUSINESS, AND THE INCURRING OF INDEBTEDNESS FOR BORROWED MONEY EXCEPT IN ACCORDANCE WITH AN APPROVED OPERATING OR CAPITAL BUDGET.

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

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

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

AVAILABLE TO BOARD MEMBERS TO ACCESS THE RETURN.

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

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

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

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

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

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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(2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE OFFICERS, AND

(3) REPORTING SUCH ACTIONS TO THE FULL YNHHS BOARD ON AN ANNUAL BASIS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE EXPRESSLY DETERMINES THE REASONABLENESS OF TOTAL COMPENSATION AND BENEFITS FOR ALL CORPORATE OFFICERS, AND ASSURES THAT ALL OFFICER COMPENSATION DECISIONS ARE MADE AFTER THOROUGH CONSIDERATION OF AND COMPARISON TO THE MARKET PRACTICES OF OTHER SIMILARLY SITUATED NOT-FOR-PROFIT HEALTHCARE EXECUTIVES IN COMPARABLE ORGANIZATIONS.

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

PART VI, LINE 15B

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

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

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

OFFICERS,

(2) APPROVING ALL COMPENSATION AND BENEFITS DECISIONS FOR CORPORATE

OFFICERS, AND

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

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

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

COPIES OF FORM 990, FORM 1023 (IF AVAILABLE) AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED IN THE SYSTEM TAX DEPARTMENT. OTHER CORPORATE GOVERNING DOCUMENTS ARE MAINTAINED BY THE LEGAL AND RISK SERVICES DEPARTMENT. THE CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY ARE AVAILABLE TO ALL EMPLOYEES ON THE CORPORATE

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number

06-0646652

INTERNAL WEBSITE. COPIES OF ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PROFESSIONAL & CONSULTING FEES:

PROGRAM SERVICE EXPENSES	6,867,750.
MANAGEMENT AND GENERAL EXPENSES	1,271,320.
FUNDRAISING EXPENSES	13,950.
TOTAL EXPENSES	8,153,020.

OHCA ASSESSMENT:

PROGRAM SERVICE EXPENSES	680,377.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	680,377.

SYSTEM SUPPORT FEES:

PROGRAM SERVICE EXPENSES	25,593,980.
MANAGEMENT AND GENERAL EXPENSES	4,166,462.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,760,442.

OUTSIDE CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	92,988,351.
MANAGEMENT AND GENERAL EXPENSES	21,928,697.
FUNDRAISING EXPENSES	1,002,725.
TOTAL EXPENSES	115,919,773.

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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YNHSC SHARED PROJECT FEES:

PROGRAM SERVICE EXPENSES	171,492,303.
MANAGEMENT AND GENERAL EXPENSES	40,017,691.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	211,509,994.

EMPLOYEE RECRUITMENT FEES:

PROGRAM SERVICE EXPENSES	384,333.
MANAGEMENT AND GENERAL EXPENSES	89,684.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	474,017.

AMBULANCE SERVICES:

PROGRAM SERVICE EXPENSES	2,552,743.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,552,743.

YALE U PERSONNEL & SUPPORT FEE:

PROGRAM SERVICE EXPENSES	179,563,927.
MANAGEMENT AND GENERAL EXPENSES	41,901,202.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	221,465,129.

DOCUMENT CENTER SERVICES:

PROGRAM SERVICE EXPENSES	167,103.
MANAGEMENT AND GENERAL EXPENSES	38,994.
FUNDRAISING EXPENSES	0.

Name of the organization YALE-NEW HAVEN HOSPITAL	Employer identification number 06-0646652
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TOTAL EXPENSES	206,097.
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TEMPORARY STAFFING:

PROGRAM SERVICE EXPENSES	6,723,379.
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MANAGEMENT AND GENERAL EXPENSES	1,571,550.
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FUNDRAISING EXPENSES	11,360.
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TOTAL EXPENSES	8,306,289.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	599,027,881.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AUXILIARY SERVICES/MISC	641,648.
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PENSION & POST RETIREMENT ADJUSTMENTS	-12,372,000.
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CHANGE IN INTEREST IN PERPETUAL TRUST	-1,282,000.
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TRANSFER TO YNH NETWORK CORP	-12,516,000.
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NET ASSETS RELEASE FOR OPERATIONS	-10,231,000.
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RELEASE FOR WINCHESTER/MCFADDEN	9,547,253.
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INCOME FROM NONCONTROLLING	-1,674,000.
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FUNDING FOR CLINICAL PROGRAMS	-881,070.
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TOTAL TO FORM 990, PART XI, LINE 9	-28,767,169.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
YALE NEW HAVEN HOSPITAL RABBI TRUST - 30-6206686, PO BOX 535007, PITTSBURGH, PA 15253-5007	GRANTORS TRUST-RETIREMENT PLAN	PENNSYLVANIA	13,844,181.	54,778,200.	YALE NEW HAVEN HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GREENWICH HOSPITAL - 06-0646659 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	GREENWICH HEALTH CARE SERVICES, INC	X	
GREENWICH HEALTH CARE SERVICES INC - 22-2593399, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	YALE NEW HAVEN HEALTH SERVICES INC		X
GREENWICH HOSPITAL ENDOWMENT FUND INC - 06-1526642, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	GREENWICH HEALTH CARE SERVICES, INC	X	
BRIDGEPORT HOSPITAL - 06-0646554 267 GRANT STREET BRIDGEPORT, CT 06610	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	YALE NEW HAVEN HEALTH SERVICES INC	X	

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SOUTHERN CONNECTICUT HEALTH SYSTEM PROPERTIES, INC - 06-1297708, 267 GRANT STREET, BRIDGEPORT, CT 06610	TITLE HOLDING	CONNECTICUT	501(C)(2)		BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL AUXILIARY INC - 06-6042500, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11A, I	BRIDGEPORT HOSPITAL	X	
BRIDGEPORT HOSPITAL FOUNDATION, INC - 22-2908698, 267 GRANT STREET, BRIDGEPORT, CT 06610	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 7	BRIDGEPORT HOSPITAL	X	
NORTHEAST MEDICAL GROUP INC - 06-1330992 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	YALE NEW HAVEN HEALTH SERVICES INC	X	
NORTHEAST MEDICAL GROUP, PLLC - 35-2380180 99 HAWLEY LANE STRATFORD, CT 06614	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 11A, I	NORTHEAST MEDICAL GROUP, INC.	X	
YALE NEW HAVEN HEALTH SERVICES CORP - 22-2529464, 789 HOWARD AVE, NEW HAVEN, CT 06519	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		X
YALE-NEW HAVEN CARE CONTINUUM CORP - 45-5235566, 789 HOWARD AVE, NEW HAVEN, CT 06519	NURSING HOME/HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	YALE-NEW HAVEN HOSPITAL	X	
CARITAS INSURANCE - TERMINATED 12/15/14 - 03-0322238, 40 MAIN STREET, BURLINGTON, VT 05401	INSURANCE	VERMONT	501(C)(3)	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	
PERRYRIDGE CORPORATION - 06-1207316 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	GREENWICH HEALTH CARE SERVICES, INC	X	
BRIDGEPORT HOSPITAL FRIENDS OF PEDIATRICS - 06-6048427, 120 COLUMBINE DR, TRUMBULL, CT 06611	SYSTEM SUPPORT SERVICES	CONNECTICUT	501(C)(3)	LINE 11A, I	YALE-NEW HAVEN HOSPITAL	X	
YALE NEW HAVEN MEDICAL CENTER INC - 23-7440891, 20 YORK STREET, NEW HAVEN, CT 06510	REAL ESTATE RENTAL	CONNECTICUT	501(C)(3)	LINE 11C, III-FI	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORELINE SURGERY CENTER, LLC - 90-0110459, 60 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SSC II, LLC - 26-1709382 111 GOOSE LANE GUILFORD, CT 06437	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ORTHOPAEDIC & NEUROSURGERY CENTER, LLC - 27-3411797, 55 HOLLY HILL LANE, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TOTAL HEALTH CONNECTICUT, LLC - 47-4070024, 789 HOWARD AVENUE, NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YNHHS-MSO INC - 06-1467717 789 HOWARD AVE NEW HAVEN, CT 06519	MANAGEMENT SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
YALE NEW HAVEN AMBULATORY SERVICES - 06-1398526, 40 TEMPLE STREET, NEW HAVEN, CT 06510	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER REALTY - 06-1110858 50 YORK STREET NEW HAVEN, CT 06511	REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH HEALTH SERVICES INC - TERMINATED 6/30/15 - 06-1233643, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH FERTILITY & IVF PC - 30-0145464 5 PERRYRIDGE ROAD GREENWICH, CT 06830	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YORK ENTERPRISES INC - 06-1110937 50 YORK STREET NEW HAVEN, CT 06511	TITLE HOLDING	CT	N/A	C CORP	N/A	N/A	N/A	X	
YNHH-PHYSICIANS CORP - 06-1202305 789 HOWARD AVE NEW HAVEN, CT 06519	ADMINISTRATIVE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MEDICAL CENTER PHARMACY - 06-1087673 50 YORK STREET NEW HAVEN, CT 06511	PHARMACY	CT	N/A	C CORP	N/A	N/A	N/A	X	
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW YORK, PC - 06-1540101, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
LUKAN INDEMNITY CO, LTD - TERMINATED 3/31/15 - 98-1072793, VALLIS BLDG 58 PAR LA VILLE RD, HAMILTON, BERMUDA	INSURANCE	BERMUDA	YALE-NEW HAVEN HOSPITAL	C CORP	0.	0.	100.00%		X
GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, PC - 45-3833883, 5 PERRYRIDGE ROAD, GREENWICH, CT 06830	HEALTHCARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
PRIMARYNET OF CONNECTICUT - 06-1463534 789 HOWARD AVE NEW HAVEN, CT 06519	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY FINANCIAL SERVICES, INC - 06-1110797 23 MAIDEN LANE NORTH HAVEN, CT 06473	DEBT COLLECTION	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENTURY MANAGEMENT SERVICES, INC - 06-1303173, 23 MAIDEN LANE, NORTH HAVEN, CT 06473	RECEIVABLE MANAGEMENT	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YALE NEW HAVEN HEALTH SERVICES CORP	J	3,214,000.	COMPARABLE MARKET VALUE
(2) YALE NEW HAVEN HEALTH SERVICES CORP	P	16,056,003.	TRANSACTION REVIEW
(3) YALE NEW HAVEN HEALTH SERVICES CORP	M	200,431,677.	COMPARABLE MARKET VALUE
(4) YALE NEW HAVEN HEALTH SERVICES CORP	S	11,482,754.	CASH
(5) YALE NEW HAVEN HEALTH SERVICES CORP	R	5,325,341.	CASH
(6) NORTHEAST MEDICAL GROUP, INC	L	5,375,121.	TRANSACTION REVIEW

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)YALE NEW HAVEN AMBULATORY SERVICES CORP	L	1,478,073.	TRANSACTION REVIEW
(8)YALE NEW HAVEN CARE CONTINUUM CORP	L	165,374.	COMPARABLE MARKET VALUE
(9)YALE NEW HAVEN CARE CONTINUUM CORP	Q	23,730.	TRANSACTION REVIEW
(10)YALE NEW HAVEN MEDICAL CENTER INC	K	292,496.	COMPARABLE MARKET VALUE
(11)YALE NEW HAVEN MEDICAL CENTER INC	M	13,790.	TRANSACTION REVIEW
(12)CENTURY FINANCIAL SERVICES, INC.	M	2,414,540.	COMPARABLE MARKET VALUE
(13)MEDICAL CENTER REALTY INC	L	221,451.	COMPARABLE MARKET VALUE
(14)MEDICAL CENTER PHARMACY, INC	M	2,652,175.	COMPARABLE MARKET VALUE
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

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YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

**Consolidated Financial Statements
and Supplementary Information**

September 30, 2015 and 2014

(With Independent Auditors' Report Thereon)

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

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KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Board of Trustees
Yale-New Haven Hospital and Subsidiaries:

We have audited the accompanying consolidated financial statements of Yale-New Haven Hospital and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the 2015 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Yale-New Haven Hospital and Subsidiaries as of September 30, 2015, and the consolidated results of their operations and their cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.



Other Matters

The accompanying consolidated financial statements of Yale-New Haven Hospital and Subsidiaries as of and for the year ended September 30, 2014 were audited by other auditors whose report thereon dated December 23, 2014, expressed an unmodified opinion on those consolidated financial statements.

Our audit was performed for the purpose of forming an opinion on the 2015 consolidated financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statement as a whole.

KPMG LLP

December 23, 2015

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

Consolidated Balance Sheets

September 30, 2015 and 2014

(In thousands)

Assets	2015	2014
Current assets:		
Cash and cash equivalents	\$ 103,628	69,250
Short-term investments	980,087	926,024
Accounts receivable for services to patients, less allowance for uncollectible accounts of approximately \$196,203,000 in 2015 and \$171,491,000 in 2014	293,352	264,671
Other receivables	35,074	33,771
Professional liabilities insurance recoveries receivable – current portion	19,852	18,968
Other current assets	75,554	72,597
Amounts on deposit with trustee in debt service fund	4,786	4,394
Total current assets	1,512,333	1,389,675
Assets limited as to use	96,888	124,869
Long-term investments	289,434	263,938
Deferred financing costs, less accumulated amortization	8,909	9,285
Professional liabilities insurance recoveries receivable – noncurrent	57,025	49,433
Goodwill	44,774	44,818
Other assets	169,842	172,823
Property, plant and equipment:		
Land and land improvements	50,200	42,308
Buildings and fixtures	1,158,500	1,151,698
Equipment	473,907	458,802
	1,682,607	1,652,808
Less accumulated depreciation	817,100	754,130
	865,507	898,678
Construction in progress	80,774	27,576
	946,281	926,254
Total assets	\$ 3,125,486	2,981,095

See accompanying notes to consolidated financial statements.

Liabilities and Net Assets	2015	2014
Current liabilities:		
Accounts payable	\$ 150,298	153,601
Accrued expenses	202,062	181,555
Professional liabilities – current portion	19,852	18,968
Other current liabilities	59,087	36,290
Current portion capital lease obligation	2,003	2,963
Current portion of debt	8,083	7,626
Total current liabilities	441,385	401,003
Long-term debt, net of current portion	800,348	802,124
Long-term capital lease obligation, net of current portion	46,850	50,838
Accrued pension and postretirement benefit obligations	228,810	231,477
Professional liabilities – noncurrent	96,778	115,868
Other long-term liabilities	246,389	215,877
Deferred revenue	42,720	44,378
Total liabilities	1,903,280	1,861,565
Net assets:		
Unrestricted	1,102,351	1,017,424
Temporarily restricted	70,941	64,318
Permanently restricted	46,886	35,906
Total Yale-New Haven Hospital and Subsidiaries net assets	1,220,178	1,117,648
Noncontrolling interest	2,028	1,882
Total net assets including noncontrolling interest	1,222,206	1,119,530
Commitments and contingencies		
Total liabilities and net assets	\$ 3,125,486	2,981,095

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES
Consolidated Statements of Operations and Changes in Net Assets
Years ended September 30, 2015 and 2014
(In thousands)

	<u>2015</u>	<u>2014</u>
Operating revenue:		
Net patient service revenue	\$ 2,540,863	2,448,983
Less provision for bad debts, net	(50,382)	(72,829)
Net patient service revenue, less provision for bad debts, net	2,490,481	2,376,154
Other revenue	64,677	60,453
Total operating revenue	<u>2,555,158</u>	<u>2,436,607</u>
Operating expenses:		
Salaries and benefits	1,070,626	1,050,746
Supplies and other	1,214,194	1,096,590
Depreciation	120,235	124,012
Insurance	17,162	8,275
Interest	20,826	24,002
Total operating expenses	<u>2,443,043</u>	<u>2,303,625</u>
Income from operations	<u>112,115</u>	<u>132,982</u>
Nonoperating gains (losses), net:		
Income from investments, donations and other, net	23,623	79,111
Change in fair value of swap, including counterparty payments	(28,248)	(16,357)
Loss on refunding of long-term debt	—	(32,631)
Excess of revenue over expenses, before noncontrolling interest	107,490	163,105
Less income attributable to noncontrolling interest	(1,674)	(2,320)
Excess of revenue over expenses	105,816	160,785
Other changes in unrestricted net assets:		
Other changes in net assets	(516)	135
Transfer to Yale-New Haven Health Services Corporation – Mission Support	(12,516)	(14,042)
Transfer to Yale-New Haven Health Services Corporation	—	(25,000)
Net assets released from restrictions for purchases of fixed assets	4,515	1,502
Pension related changes other than net periodic benefit cost	(12,372)	(44,799)
Increase in unrestricted net assets	<u>\$ 84,927</u>	<u>78,581</u>

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets, Continued

Years ended September 30, 2015 and 2014

(In thousands)

	<u>2015</u>	<u>2014</u>
Temporarily restricted net assets:		
Income from investments	\$ 298	298
Net realized gains on investments	297	583
Change in net unrealized gains and losses on investments	2,354	6,481
Bequests and contributions	17,989	7,457
Net assets released from restrictions for purchases of fixed assets	(3,123)	(1,502)
Net assets released from restrictions for free care	(596)	(613)
Net assets released from restrictions for operations	(9,854)	(3,099)
Net assets released from restrictions for clinical programs	(881)	(5,269)
Other	139	—
Increase in temporarily restricted net assets	<u>6,623</u>	<u>4,336</u>
Permanently restricted net assets:		
Bequests and contributions	13,654	3,492
Change in beneficial interest in perpetual trusts	(1,282)	5,259
Net assets released from restrictions for purchases of fixed assets	(1,392)	—
Increase in permanently restricted net assets	<u>10,980</u>	<u>8,751</u>
Noncontrolling interest:		
Income attributable to noncontrolling interest	1,674	2,320
Distributions to noncontrolling interest	(1,528)	(2,821)
Increase in net assets	<u>146</u>	<u>(501)</u>
Increase in net assets	102,676	91,167
Net assets at beginning of year	<u>1,119,530</u>	<u>1,028,363</u>
Net assets at end of year	\$ <u><u>1,222,206</u></u>	\$ <u><u>1,119,530</u></u>

See accompanying notes to consolidated financial statements.

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

Consolidated Statements of Cash Flows
 Years ended September 30, 2015 and 2014
 (In thousands)

	<u>2015</u>	<u>2014</u>
Operating activities:		
Increase in net assets	\$ 102,676	91,167
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	120,235	124,012
Net realized and change in net unrealized gains and losses on investments	(25,530)	(87,505)
Change in fair value of interest rate swap agreements	18,283	1,803
Amortization of long-term debt premium	(2,002)	(1,192)
Amortization of deferred financing costs	376	329
Provision for bad debts, net	50,382	72,829
Loss on refunding of long-term debt	—	32,631
Change in perpetual trusts	(255)	(5,258)
Transfer to Yale-New Haven Health Services Corporation	12,516	39,042
Bequests, and contributions, net of pledges	(30,557)	(10,949)
Pension related changes other than net periodic benefit cost	12,372	44,799
Changes in operating assets and liabilities:		
Accounts receivable, net	(79,063)	(98,599)
Other receivables	(1,303)	14,023
Other assets	68	(381)
Accounts payable	(3,303)	(1,884)
Accrued expenses	20,507	9,724
Professional insurance recoveries and liabilities	(26,682)	(2,086)
Other current liabilities, accrued pension and postretirement benefit obligations, other long-term liabilities, and deferred revenue	18,329	50,792
Net cash provided by operating activities	<u>187,049</u>	<u>273,297</u>
Investing activities:		
Net acquisitions of property, plant and equipment	(140,262)	(96,716)
Capitalized interest	—	190
Net purchases of investments	(135,862)	(178,622)
Net sales of investments	81,833	—
Debt service fund	(392)	2,782
Assets limited as to use	28,236	(35,516)
Transfer to Yale-New Haven Health Services Corporation	(12,516)	(39,042)
Net cash used in investing activities	<u>(178,963)</u>	<u>(346,924)</u>
Financing activities:		
Proceeds from issuance of long-term debt	—	578,670
Proceeds from notes payable	8,345	—
Payments on capital lease obligations	(4,948)	(2,598)
Payments of long-term debt	(7,626)	(484,157)
Payments of notes payable	(36)	—
Cost of issuance of long-term debt	—	(6,299)
Bequests, and contributions, net of pledges	30,557	10,949
Net cash provided by financing activities	<u>26,292</u>	<u>96,565</u>
Net increase in cash and cash equivalents	34,378	22,938
Cash and cash equivalents at beginning of year	69,250	46,312
Cash and cash equivalents at end of year	\$ <u>103,628</u>	<u>69,250</u>

See accompanying notes to consolidated financial statements.

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

(1) Organization and Significant Accounting Policies

(a) Organization

Yale-New Haven Hospital, Inc. (the Hospital or Y-NHH) is a voluntary association incorporated under the General Statutes of the State of Connecticut.

Y-NHH is the parent of the following and together form Yale-New Haven Hospital & Subsidiaries:

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

Yale-New Haven Ambulatory Services Corporation and Subsidiaries (ASC), a Connecticut nonstock, taxable corporation, is a wholly owned subsidiary of Y-NHH, and is 51% owner of Shoreline Surgery Center, LLC (SSC) and SSC II, LLC.

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

Caritas Insurance Company, Ltd. (Caritas) is a Vermont-domiciled, captive insurance company licensed under Chapter 141 of Title 8 of the Vermont Statutes Annotated. Caritas is a tax-exempt supporting organization having the Hospital as its sole shareholder. Caritas provides excess professional liability coverage and general liability coverage. Prior to the 2012 acquisition of the stock of Caritas by Y-NHH from the Hospital of Saint Raphael (HSR), Caritas was a wholly owned subsidiary of HSR. Caritas was dissolved on December 15, 2014 and the insurance liabilities were transferred to Medical Centre Insurance Company, Ltd (see note 9).

Lukan Indemnity Company, Ltd. (Lukan) is a Bermuda-domiciled captive insurance company that provides primary professional liability coverage. Prior to the 2012 acquisition of the stock of Lukan by Y-NHH from HSR, Lukan was a wholly owned subsidiary of HSR. Lukan was dissolved on March 31, 2015 and the insurance liabilities were transferred to Medical Centre Insurance Company, Ltd (see note 9).

Yale-New Haven Health Services Corporation (YNHHSC) is the sole member of Y-NHH. Y-NHH and subsidiaries operate with a separate Board of Trustees, management staff and medical staff; however, YNHHC must approve the strategic plans, operating and capital budgets, and Board of Trustees appointments of the Hospital.

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

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

Concurrent with the issuance of the Connecticut Health and Educational Facilities Authority (CHEFA) Revenue Bonds, Yale-New Haven Health Obligated Group Issue, Series A, B, C, D and E dated May 20, 2014, six members of the Yale New Haven Health System and Subsidiaries were combined to form an Obligated Group. The Obligated Group comprises YNHHSC, YNHH, Yale-New Haven Care Continuum Corporation, Bridgeport Hospital, the Bridgeport Hospital Foundation and NEMG (the Obligated Group). YNHHSC serves as agent of the Obligated Group. The members of the Obligated Group have adopted certain governance provisions in their certificates of incorporation and by-laws pursuant to which YNHHSC retains the authority to directly take certain actions on behalf of each Obligated Group member without the approval of the Board of Trustees (the Board) of the applicable Obligated Group member, including the incurrence of indebtedness on behalf of each Obligated Group member, the management and control of the liquid assets of each, and the appointment of the president and chief executive officer of each Obligated Group member.

(b) Acquisitions

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

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

(c) Principles of Consolidation

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

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

(d) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated net settlements with third-party payors and professional liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the amounts of revenue and expenses reported during the reporting period. Actual results could differ from those estimates.

During the year ended September 30, 2015 the Hospital recorded a change in estimate of approximately \$17.6 million related to favorable third-party payor settlements and during the year ended September 30, 2014 the Hospital recorded a change in estimate of approximately \$8.9 million related to unfavorable third-party payor settlements.

(e) Temporarily and Permanently Restricted Net Assets

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

Certain restricted funds investments are pooled with certain unrestricted investments to facilitate their management. Investment income is allocated to both restricted and unrestricted funds participating in the investment pool on pro rata basis based on the market value of the fund. The Board of Trustees approves spending for certain pooled funds based on the spending policy. Realized gains and losses from the sale of securities are computed using the average cost method and the first-in, first-out method.

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions receivable to be received after one year are discounted at a discount rate commensurate with the risks involved. Amortization of the discount is recognized as revenue and is classified as either unrestricted or temporarily restricted in accordance with donor-imposed restrictions, if any, on the contributions.

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

Contributions receivable, included in other receivables and other assets in the accompanying consolidated balance sheets at September 30, 2015 and 2014, are expected to be received as follows (in thousands):

	September 30	
	2015	2014
Less than one year	\$ 3,182	3,979
One to five years	947	1,285
	4,129	5,264
Less unamortized discount on contributions receivable (0.1% to 4.2%)	(38)	(52)
	4,091	5,212
Allowance for uncollectible contributions	(123)	(156)
	\$ 3,968	5,056

(f) Donor-Restricted Gifts

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

(g) Cash and Cash Equivalents

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

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

(h) Accounts Receivable

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

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

The amount of the allowances for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage, and other collection indicators. Management periodically assesses the adequacy of this allowance based upon historical collection and write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible patient accounts receivable. After satisfaction of amounts due from insurance, The System follows established guidelines for placing certain patient balances with collection agencies, subject to certain restrictions on collection efforts as determined by the System policy. See note 2 for additional information relative to third-party payor programs.

Net patient accounts receivable has been adjusted to the estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors. Such receivables do not bear interest.

(i) *Loan Receivable*

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

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

(j) *Investments*

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

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

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

Certain alternative investments (nontraditional, not-readily marketable assets) are structured such that the Hospital holds limited partnership interests or pooled units and are accounted for utilizing net asset value per unit for measurement of the units' fair value. Individual investment holdings within the alternative investments may, in turn, include investments in both non-marketable and market-traded securities. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The equity method reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. Future funding commitments for alternative investments aggregated approximately \$2.3 million at September 30, 2015.

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

Under the terms of the investment management agreement with the Trust, withdrawals of the Hospital's investment in the L-TIP can be made annually by the Hospital on July 1. Amounts withdrawn are subject to a schedule that allows larger withdrawals with longer notice periods. As of September 30, 2015, the Hospital can withdraw 100% of its investment in the L-TIP on July 1, 2016. Withdrawals of the Hospital's investment in the I-TIP in any amount can be made quarterly with 30 days advance notice.

The Trust has an agreement with Yale University (the University) investment office (the Investment Management Agreement) which allows the University to manage a portion of the Trust's investments as part of the University's Endowment Pool (the Pool). The Trust transferred approximately \$50.0 million and \$100.0 million to the University in exchange for units in the Pool for years ended September 30, 2015 and 2014, respectively. The Trust's interest in the Pool is reported at fair value based on the net asset value per units held. The Pool invests in domestic equity, foreign equity, absolute return, private equity, real assets, fixed income and cash.

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

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

In March 2006, the Hospital entered into an arrangement with the University whereby the University will manage certain Board-designated assets of the Hospital. These Board-designated assets are commingled in the University's endowment pool. At September 30, 2015 and 2014, the carrying value of assets managed by the University under this arrangement was approximately \$10.6 million and \$10.4 million, respectively. Because of the limitations on their use, the assets are separately classified from assets invested under the Investment Management Agreement.

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

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

(k) Inventories

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

(l) Assets Limited as to Use

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

(m) Perpetual Trusts

The Hospital is the beneficiary of certain perpetual trusts held and administered by others. The present values of the estimated future cash receipts, which are measured based on the fair value of the assets held by the trust, are recognized as assets and contribution revenue at the dates the trusts are established. Beneficial interest in perpetual trusts is recorded as permanently restricted net assets and is adjusted for any changes in the fair value of the trusts. Income distributions received from the trusts are recorded as temporarily restricted contributions when received.

(n) Interest Rate Swap Agreements

The Hospital utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. Interest rate swap agreements are reported at fair value. The Hospital is exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreements. The Hospital is also exposed to the risk that the swap receipts may not offset its variable rate debt service.

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To the extent these variable rate payments do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Hospital.

(o) *Benefits and Insurance*

The Hospital is effectively self-insured for medical, hospitalization, dental and prescription drug benefits provided to employees and has a stop loss arrangement to limit exposure for these self-insured benefits. The Hospital makes annual contributions to the YNHHS Voluntary Employee Beneficiary Association (VEBA) plan to fund medical, dental, hospitalization, group term life insurance and prescription drug benefits. Annually, premiums are set to reflect the estimated cost of benefits. During the years ended September 30, 2015 and 2014, the Hospital made actuarially determined contributions, net of premium adjustments, to the VEBA plan of approximately \$135.3 million and \$138.7 million, respectively.

The Hospital is effectively self-insured for workers' compensation claims. The Hospital has a stop loss arrangement to limit exposure for workers' compensation claims. Estimated amounts are accrued for claims, including claims incurred but not reported (IBNR) and are based on the Hospital specific experience. At September 30, 2015 and 2014, the estimated discounted liabilities for self-insured workers' compensation claims and IBNR aggregated approximately \$23.5 million, discounted at 2.0%, and \$21.3 million, discounted at 2.5%, respectively, and are included in accrued expenses in the accompanying balance sheets.

(p) *Professional Liability Insurance*

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

(q) *Property, Plant and Equipment*

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

Leases are classified as capital leases or operating leases in accordance with the terms of the underlying lease agreements. Lease payments under operating leases are charged directly to rental expense, and are included in supplies and other expenses in the accompanying consolidated statements of operations.

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(r) Goodwill

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

The discounted cash flow approach requires the use of assumptions and judgments including estimates of future cash flows and the selection of discount rates. The market approach relies on comparisons to publicly traded stocks or to sales of similar companies. The Hospital has determined that no goodwill impairment exists at September 30, 2015.

(s) Deferred Revenue

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

(t) Derivative Contracts

In the normal course of business, the Hospital procures fuel and has entered into forward delivery agreements and commodity contracts. Substantially all of the Hospital's contracts to procure fuel are designated as, and qualify as, normal purchases; accordingly, such contracts are not accounted for as derivative contracts.

(u) Excess of Revenue over Expenses

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

Contributions of, or restricted to, property, plant and equipment, transfers of assets to and from affiliates for other than goods and services, and pension related changes other than net periodic benefit cost are excluded from the performance indicator but are included in the change in net assets.

(v) Income Taxes

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

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There are certain transactions that could be deemed “Unrelated Business Income” and would result in a tax liability. Management reviews transactions to estimate potential tax liabilities using a threshold of more likely than not that the position will be sustainable based on the merits of the position. It is management’s estimation that there are no material tax liabilities that need to be recorded.

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

(w) ***Operating Expenses***

The Hospital records amounts received from the University, area hospitals and other local healthcare providers for costs incurred on behalf of those organizations as reductions to expenses. These costs consist mainly of salaries and benefits. For the years ended September 30, 2015 and 2014, the Hospital recorded approximately \$55.0 million and \$60.5 million, respectively, as reductions to expenses.

(x) ***Deferred Financing Costs***

The Hospital capitalizes costs incurred in connection with the issuance of long-term debt and amortizes these costs over the life of the respective obligations using the effective interest method. The accumulated deferred financing cost was approximately \$0.6 million and \$0.2 million at September 30, 2015 and 2014, respectively.

(y) ***Impairment of Assets***

The Hospital reviews property, plant and equipment for impairment at least annually, and more frequently whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If such impairment indicators are present, the Hospital recognizes a loss on the basis of whether these amounts are fully recoverable. No impairment charge was recorded for the years ended September 30, 2015 or 2014.

(z) ***New Accounting Pronouncements***

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820) – *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*, which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Reporting entities will be required to disclose the amount of investments measured at net asset value (or its equivalent) using the practical expedient to reconcile total investments in the fair value hierarchy to total investments measured at fair value. ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015, and interim periods within those fiscal years. The effective date for all other entities is fiscal years beginning after December 15, 2016, and interim periods within those fiscal

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years. Early adoption is permitted. Management has adopted and applied ASU 2015-07 retrospectively to all periods presented.

In April 2015, FASB issued ASU No. 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. ASU No. 2015-03 is intended to simplify the presentation of debt issuance costs, requiring them to be presented as a direct reduction from the carrying value of the related debt liability. This guidance is effective for fiscal years beginning after December 15, 2015 and management is currently evaluating the effect of this guidance on its consolidated financial statements.

(aa) Reclassifications

Certain reclassifications have been made to the year ended September 30, 2014, balances previously reported in the consolidated financial statements in order to conform with the year ended September 30, 2015, presentation.

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

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

Third-party payor receivables included in other receivables were \$2.9 million and \$0.9 million at September 30, 2015 and 2014, respectively. Third-party payor liabilities included in other current liabilities were \$52.3 and \$36.2 million at September 30, 2015 and 2014, respectively. Third-party payor liabilities included in other long-term liabilities were \$44.1 million and \$47.4 million at September 30, 2015 and 2014, respectively.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on Hospital specific data. Such amounts are included in the accompanying consolidated balance sheets. Additionally, certain payors' payment rates for various years have been appealed by Y-NHH. If the appeals are successful, additional income applicable to those years might be realized. In April, 2014, YNHHS began participation in the Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement initiative. Under the Bundled Payments for Care Improvement initiative, YNHHS has entered into payment arrangements that include financial and performance accountability for episodes of care.

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Revenue from Medicare and Medicaid programs accounted for approximately 30% and 11%, respectively, of Y-NHH's net patient service revenue for the year ended September 30, 2015, and approximately 33% and 11%, respectively, of Y-NHH's net patient service revenue for the year ended September 30, 2014. Inpatient discharges relating to Medicare and Medicaid programs accounted for approximately 36% and 28%, respectively for the years ended September 30, 2015, and 2014. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term.

Y-NHH believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing except as disclosed in note 10. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on Y-NHH. Cost reports for the Hospital, which serve as the basis for final settlement with government payors, have been settled by final settlement for various years ranging through 2012 for Medicare and through 2013 for Medicaid. Other years remain open for settlement.

The significant concentrations of accounts receivable for services to patients include 37% from Medicare, 17% from Medicaid, and 46% from nongovernmental payors at September 30, 2015, and 36% from Medicare, 14% from Medicaid, and 50% from nongovernmental payors at September 30, 2014.

Net patient service revenue is comprised of the following for the years ended September 30, 2015 and 2014 (in thousands):

	<u>2015</u>	<u>2014</u>
Gross revenue from patients	\$ 8,833,384	8,501,209
Deductions:		
Contractual allowances	6,165,563	5,922,235
Charity and free care (at charges)	126,956	129,991
Provision for doubtful accounts	<u>50,394</u>	<u>72,829</u>
Net patient service revenue	<u>\$ 2,490,471</u>	<u>2,376,154</u>

Patient service revenue for the years ended September 30, 2015 and 2014, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources based on primary insurance designation, is as follows, in thousands:

	<u>2015</u>	<u>2014</u>
Third party	\$ 2,460,636	2,350,870
Self-pay	<u>80,227</u>	<u>98,113</u>
Total all payors	<u>\$ 2,540,863</u>	<u>2,448,983</u>

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

Y-NHH's allowance for doubtful accounts totaled approximately \$196.2 million and \$171.5 million at September 30, 2015 and 2014, respectively. The allowance for doubtful accounts for self-pay patients was approximately 65.1% and 88.5% of self-pay accounts receivable as of September 30, 2015 and 2014, respectively. Substantially all write-offs are related to self-pay patients.

(3) Uncompensated Care and Community Benefit Expense

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

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

Together, charity care and the provision for bad debts represent uncompensated care. The estimated cost of total uncompensated care is approximately \$114.4 million and \$132.4 million for the years ended September 30, 2015 and 2014, respectively. The estimated cost of uncompensated care is based on the ratio of cost to charges, as determined by claims activity.

The estimated cost of charity care and free care provided was \$82.4 million and \$85.3 million for the years ended September 30, 2015 and 2014, respectively. The estimated cost of charity care is based on the ratio of cost to charges. The allocation between the provision for bad debts and charity care is determined based on management's analysis on the previous 12 months of hospital data. This analysis calculates the actual percentage of accounts written off or designated as bad debt versus charity care while taking into account the total costs incurred by the hospital for each account analyzed.

For the years ended September 30, 2015 and 2014, the provision for bad debts, at charges, was \$50.4 million and \$72.8 million, respectively. For the years ended September 30, 2015 and 2014, the provision for bad debts, was \$32.0 million and \$47.1 million, respectively. The provision for bad debts is multiplied by the ratio of cost to charges for purposes of inclusion in the total uncompensated care amount identified above.

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The Connecticut Disproportionate Share Hospital Program (CDSHP) was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by an assessment on hospital net patient service revenue. During the years ended September 30, 2015 and 2014, the Hospital received \$9.3 million and \$26.6 million, respectively, in CDSHP distributions, of which approximately \$6.7 million and \$17.1 million, respectively was related to charity care. Y-NHH made payments into the CDSHP of \$89.3 million and \$73.5 million for the years ended September 30, 2015 and 2014, respectively, for the assessment.

The State of Connecticut implemented changes to the hospital funding levels for the CDSHP in their fiscal 2016 biennium budget. As a result of these budget changes, the funding for this program was reduced effective July 1, 2015. The reduction in funding was approximately \$6.8 million for the period July 1, 2015 to September 30, 2015 and the funding has been eliminated for state fiscal year 2016 in the amount of \$27.2 million.

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

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

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(4) Investments and Assets Limited as to Use

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

	September 30	
	2015	2014
Money market funds	\$ 50,943	\$ 129,823
U.S. equity securities	70,490	59,186
U.S. equity securities – common collective trusts	—	—
International equity securities ^(a)	64,440	70,671
Fixed income:		
U.S. government	296,416	258,126
U.S. government – common collective trusts	—	—
International government ^(b)	84,944	77,706
Commodities	82	122
Hedge funds:		
Absolute return ^(c)	10,554	10,304
Real estate ^(d)	6,781	9,628
Interest in Yale University endowment pool ^(e)	768,495	685,862
Perpetual trusts ^(f)	18,050	17,797
	\$ 1,371,195	\$ 1,319,225
Total		

(a) Investments with external international equity and bond managers that are domiciled in the United States. Investment managers may invest in American or Global Depository Receipts (ADR, GDR) or in direct foreign securities.

(b) Investments with external commodities futures manager.

(c) Investment with external multi-strategy fund of funds manager investing in publicly traded equity and credit holdings which may be long or short positions.

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

(e) Yale University Endowment Pool maintains a diversified investment portfolio, through the use of external investment managers operating in a variety of investment vehicles, including separate accounts, limited partnerships and commingled funds. The pool combines an orientation to equity investments with an allocation to nontraditional asset classes such as an absolute return, private equity, and real assets.

(d) Investments consist of several domestic and international equity and fixed income mutual funds, REITs, commodities and money market funds. There is also an investment in a hedge fund of funds.

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Y-NHH's ownership percentage of the Trust was approximately 88.6%, or \$1.3 billion, and 90.5% or \$1.2 billion, as of September 30, 2015 and 2014, respectively. Y-NHH's prorata portion of the Trust's investments are included above in the table.

(5) Endowment

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

Y-NHH has interpreted the Connecticut Uniform Prudent Management of Institutional Funds Act (CUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Y-NHH classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment related to Y-NHH's beneficial interest in perpetual trusts made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Y-NHH in a manner consistent with the standard of prudence prescribed by CUPMIFA. In accordance with CUPMIFA, Y-NHH considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund; (2) the purposes of Y-NHH and the donor-restricted endowment fund; (3) general economic conditions; (4) the possible effect of inflation and deflation; (5) the expected total return from income and the appreciation of investments; (6) other resources of Y-NHH; and (7) the investment and spending policies of Y-NHH.

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Changes in endowment net assets for the years ended September 30, 2015, are as follows (in thousands):

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 36,239	35,906	72,145
Investment return:			
Investment income	248	—	248
Net appreciation (realized and unrealized)	<u>2,306</u>	<u>—</u>	<u>2,306</u>
Total investment return	2,554	—	2,554
Contributions	4,976	13,654	18,630
Appropriation of endowment assets for expenditure	(5,223)	(1,392)	(6,615)
Other changes:			
Change in value of beneficial interest trusts	<u>—</u>	<u>(1,282)</u>	<u>(1,282)</u>
Endowment net assets, end of year	\$ <u>38,546</u>	<u>46,886</u>	<u>85,432</u>

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

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

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	<u>September 30</u>	
	<u>2015</u>	<u>2014</u>
	(In thousands)	
The portion of perpetual endowment funds subject to a time restriction under CUPMIFA:		
Without purpose restrictions	\$ 8,666	8,357
With purpose restrictions	<u>29,880</u>	<u>27,882</u>
Total endowment funds classified as temporarily restricted net assets	<u>\$ 38,546</u>	<u>36,239</u>

(a) Return Objectives and Risk Parameters

Y-NHH has adopted investment and spending policies for endowed assets that attempt to provide a predictable stream of funding to programs supported by its endowment. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under these policies, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that over time provide a rate of return that meets the spending policy objectives adjusted for inflation. Actual returns in any given year may vary from this amount.

(b) Strategies Employed for Achieving Objectives

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

(c) Spending Policy and How the Investment Objectives Relate to Spending Policy

Y-NHH has a policy of appropriating for distribution each year based on a combination of the weighted average of the prior year spending adjusted for inflation and the amount that would have been spent using 5.25% of the current market value of the endowment fund. In establishing this policy, Y-NHH considered the long-term expected return on its endowment.

From time to time, the fair value of assets associated with permanently restricted endowment funds may fall below the level determined under Connecticut UPMIFA.

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(6) Temporarily and Permanently Restricted Net Assets

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

	September 30	
	2015	2014
Plant improvement and expansion	\$ 17,712	13,005
Specific hospital operations, teaching, research, free care and training	53,229	51,313
	<u>\$ 70,941</u>	<u>64,318</u>

Permanently restricted net assets of approximately \$46.9 million and \$35.9 million at September 30, 2015 and 2014, respectively, consist of donor restricted endowment principal and beneficial interests in perpetual trusts. The income generated from permanently restricted funds is expendable for purposes designated by donors, including research, free care, health care and other services.

(7) Debt

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

	September 30	
	2015	2014
Intercompany debt with YNHHS: <ul style="list-style-type: none"> Series N, 4.27% effective interest rate (a) Series O, 2.84% effective interest rate (a) Series A, 3.77% effective interest rate (c) Series B, 2.30% effective interest rate (c) Series C, 3.11% effective interest rate (d) Series D, 3.68% effective interest rate (d) Series E, 3.47% effective interest rate (e) Series 2013 taxable bonds – 4.13% effective rate (b) Series 2014 taxable bonds – 4.37% effective rate (f) 	<ul style="list-style-type: none"> \$ 44,815 50,000 102,300 168,275 77,235 108,275 43,728 132,000 50,725 	<ul style="list-style-type: none"> 44,815 50,000 102,300 168,275 83,625 108,275 44,963 132,000 50,725
Note payable, 5.46% effective interest rate (g)	8,309	—
Capital lease obligation at an imputed interest of 6.0%, (Y-NHH) (h)	48,853	50,682
Capital lease obligations at varying rates of imputed interest rate of 6.25% collateralized by leased equipment (York)	—	3,119
	<u>834,515</u>	<u>838,779</u>
Add premium	22,769	24,772
Less current portion	(10,086)	(10,589)
	<u>\$ 847,198</u>	<u>852,962</u>

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- (a) In January 2013, the Hospital issued Series N and Series O revenue bonds totaling approximately \$100.0 million. The Series N revenue bonds were issued as fixed rate bonds with an effective interest rate of 4.27%. The Series O revenue bonds were issued as VRDBs with an effective interest rate of 2.84%. The proceeds, including a premium of approximately \$5.2 million for the Series N revenue bonds, were used to refinance a line of credit. The bond premium is being amortized as interest expense in the statement of operations and changes in net assets.
- (b) In January 2013, the Hospital issued Series 2013 taxable bonds totaling approximately \$132.0 million. The Series 2013 taxable bonds were issued as fixed rate bonds with an effective interest rate of 4.13%. The proceeds were used to finance and refinance the costs of certain projects and activities in furtherance of the Hospital's tax-exempt purpose, including the refinancing of certain existing indebtedness.
- (c) In June 2014, the Obligated Group issued Series A revenue bonds totaling approximately \$102.3 million and Series B revenue bonds totaling approximately \$168.3 million. The Series A revenue bonds were issued as fixed rate bonds with an effective interest rate of 3.77%. The Series B revenue bonds were issued as floating rate notes with an effective interest rate of 2.30%. The proceeds from the Series A revenue bonds, including a premium of approximately \$14.8 million, and the proceeds from the Series B revenue bonds, were used to defease certain existing indebtedness. The bond premium is being amortized as interest expense using the effective interest method in the consolidated statement of operations and changes in net assets.
- (d) In June 2014, the Obligated Group issued Series C revenue bonds totaling approximately \$83.6 million and Series D revenue bonds totaling approximately \$108.3 million. The Series C revenue bonds were issued as VRDBs with an effective interest rate of 3.11%. The proceeds from the Series C issuance were used to refund Y-NHH's Series K revenue bonds. The Series D revenue bonds were issued as VRDBs with an effective interest rate of 3.68%. The proceeds from the Series D issuance were used to refund Y-NHH's Series L revenue bonds.

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

- (e) In June 2014, the Obligated Group issued Series E revenue bonds totaling approximately \$80.9 million. The Series E revenue bonds were issued as fixed rate bonds with an effective interest rate of 3.47%. The proceeds included a premium of approximately \$10.1 million. Of the proceeds, \$50 million were used to finance costs for the installation of machinery and equipment and various renovations and improvements to the Hospitals' infrastructure. The remaining proceeds were used by BH. The premium is being amortized and included in capitalized interest. Upon completion of these projects, the bond premium will be amortized as interest expense in the consolidated statement of operations and changes in net assets.
- (f) In June 2014, the Obligated Group issued Series 2014 taxable bonds totaling approximately \$50.7 million. The Series 2014 taxable bonds were issued as fixed rate bonds with an effective interest rate of 4.37%. The proceeds were used to finance the costs of certain projects and activities in furtherance of the System's tax-exempt purpose.

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The Series C, Series D and Series O VRDBs are required to be supported by letter of credit facilities (LOCs) which have been executed with three financial institutions. These LOCs are scheduled to expire on December 31, 2017, June 23, 2017 and February 14, 2018, respectively.

The Hospital maintains the bank letters of credit to ensure the availability of funds to purchase any bonds tendered by bondholders that the remarketing agents are unable to remarket to new bondholders. Draws related to such tenders under the letters of credit will become Bank Bonds. As Bank Bonds, they can still be remarketed by the remarketing agents. If not remarketed successfully as Bank Bonds, the Hospital will have the opportunity to refinance them, depending upon which bond series, during a period of from 180 to 367 days from initial draw date. If the Bank Bonds are not refunded and remain outstanding exceeding such period from initial draw date, the Hospital will be required to make quarterly payments over five years. There were no draws under the letters of credit as of September 30, 2015.

The terms of the various financing arrangements between CHEFA, the Obligated Group, and the financial institutions providing the LOCs and the Obligated Group provide for financial covenants regarding the Obligated Group's debt service coverage ratio and liquidity ratio.

Sinking fund installment amounts are to be made in accordance with the Series A, B, C, D, E, N and O financing agreements. Required monthly payments on the revenue bonds by the Hospital to a trustee are in amounts sufficient to provide for the payments of principal, interest and sinking fund installments, in accordance with the terms of the agreements and certain other annual costs of CHEFA.

Arbitrage rules apply for Series E tax-exempt debt. The rules require that, in specified circumstances, earnings from the investment of tax-exempt bond proceeds which exceed the yield on the bonds must be remitted to the Federal government.

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

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

	<u>Debt</u>	<u>Capital lease obligations</u>
2016	\$ 8,084	4,879
2017	16,363	4,879
2018	8,493	4,879
2019	9,957	4,880
2020	10,332	5,062
Thereafter	<u>732,433</u>	<u>48,988</u>
	\$ <u>785,662</u>	73,567
Less interest		<u>(24,714)</u>
Total capital lease obligations		\$ <u>48,853</u>

Capitalized interest at September 30, 2015 and 2014, totaled \$30.9 million and \$29.9 million, respectively.

YNHHSC, on behalf of the Obligated Group, has entered into interest rate swap agreements with financial institutions related to the Obligated Group's Series B, Series C and Series D debt.

The swap agreements fix the interest rate at a level viewed as desirable by the Hospital. Such agreements expose the Hospital to credit risk in the event of nonperformance by the counterparties, some of which is collateralized. At September 30, 2015 and 2014, the fair value of all swap agreements based on current interest rates was approximately \$50.6 million and \$32.3 million, respectively, representing a payable to the counterparties (recorded in other long-term liabilities).

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

<u>Swap type</u>	<u>Expiration date</u>	<u>Hospital receives</u>	<u>Hospital pays</u>	<u>Notional amount at September 30</u>	
				<u>2015</u>	<u>2014</u>
Series O – Fixed to Floating	July 1, 2053	67% of LIBOR	2.84%	\$ 50,000	50,000
Series B – Fixed to Floating	July 1, 2049	67% of LIBOR	2.31%	100,965	100,965
Series B – Fixed to Floating	July 1, 2049	LIBOR	2.29%	67,310	67,310
Series C – Fixed to Floating	July 1, 2025	LIBOR	3.11%	51,592	55,861
Series D – Fixed to Floating	July 1, 2036	LIBOR	3.68%	<u>44,505</u>	<u>44,505</u>
				\$ <u>314,372</u>	<u>318,641</u>

For the Series O swap, there was an unfavorable change in fair value of \$0.7 million and \$0.6 million for the years ended September 30, 2015 and 2014, respectively, which was recorded in excess of

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revenue over expenses. No collateral was required under the Series O swap agreement for the years ended September 30, 2015 and 2014.

In June 2014, YNHHS, on behalf of the Obligated Group, entered into LIBOR swap rate locks with two counter parties (the Series B swaps). For the Series B swaps, there was an unfavorable change in fair value of \$13.2 million and \$7.1 million for the years ended September 30, 2015 and 2014, respectively, which was recorded in excess of revenue over expenses. No collateral was required under the Series B swap agreements for the years ended September 30, 2015 and 2014.

For the Series C swap, there was a favorable change in fair value of approximately \$0.5 million and \$1.0 million, respectively, for the years ended September 30, 2015 and 2014, which was recorded in the excess of revenue over expenses. No collateral was required under the Series C swap agreement for the years ended September 30, 2015 and 2014.

For the Series D swap, there was an unfavorable change in fair value of approximately \$4.2 million and \$2.2 million for the years ended September 30, 2015 and 2014, respectively, which was recorded in the excess of revenue over expenses. No collateral was required under the Series L/D swap agreement for the years ended September 30, 2015 and 2014.

For the years ended September 30, 2015 and 2014, the Hospital paid approximately \$20.3 million and \$22.8 million, respectively, for interest related to long-term debt, exclusive of the swap agreements.

- (h) The Hospital entered into a contract to lease space in a building adjacent to the Hospital. The Hospital's rental obligation commenced in December 2009. This capital lease has a term of twenty years from the commencement date with the option to extend the lease for four successive terms of ten years. Rental payments increase by 5% every five years. The Hospital is also subject to additional rent for its share of expenses, as defined in the contract. The Hospital has the option to purchase the property at the end of the fifth, tenth or twentieth year or at the end of each of the first three ten-year extension periods.

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

- (g) In connection with the May 2015 purchase of a parcel of real estate, the Hospital assumed a note payable with an effective interest rate of 5.46%. The note payable has a term of three years and matures in May 2017.

Assets recorded under the capital lease obligations totaled \$57.3 million and \$70.2 million as of September 30, 2015 and 2014, respectively. Accumulated depreciation for the capital lease obligations totaled \$9.7 million and \$19.0 million at September 30, 2015 and 2014, respectively.

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(8) Pensions and Postretirement Benefits

Y-NHH has qualified and nonqualified defined benefit pension plans covering substantially all employees and executives. The benefits provided are based on age, years of service and compensation. Y-NHH's policy is to fund the pension benefits with at least the minimum amounts required by the Employee Retirement Income Security Act of 1974.

Y-NHH also sponsors contributory 403(b) and 401(k) plans covering substantially all employees. YNHNC's contributions for the 403(b) plan are made to a matching 401(a) plan and are determined based on employee contributions and years of service. The Hospital expensed approximately \$40.4 million and \$32.9 million relating to the defined contribution plan for the years ended September 30, 2015 and 2014, respectively. Amounts due to the defined contribution plan amounted to \$23.5 million and \$16.5 million at September 30, 2015 and 2014, respectively, and is included in accrued expenses in the accompanying balance sheets. Y-NHH maintains a Section 457 nonqualified deferred compensation plan. Contributions are made on a pre-tax basis. The balances recorded at September 30, 2015 and 2014, in other assets and other long-term liabilities were \$34.4 million and \$32.5 million, respectively.

Y-NHH also provides certain health care and life insurance benefits upon retirement to substantially all its employees. Y-NHH's policy is to fund these annual costs as they are incurred from the general assets of Y-NHH. The estimated cost of these postretirement benefits is actuarially determined and accrued over the employees' service periods.

Included in unrestricted net assets at September 30, 2015 and 2014, are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service credit of \$20.4 million and \$22.4 million, respectively, and unrecognized actuarial losses of \$172.4 million and \$162.0 million, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2016, are \$2.0 million and \$6.9 million, respectively.

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The following table sets forth the change in benefit obligation, change in plan assets, and the reconciliation of underfunded status of Y-NHH's defined benefit plans as of September 30, 2015 and 2014 (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefit Plans	
	2015	2014	2015	2014
Change in benefit obligation:				
Benefit obligation at prior measurement date	\$ 502,711	445,908	78,136	67,904
Service cost	20,895	22,532	3,789	3,617
Interest cost	20,652	20,896	3,393	3,270
Plan amendments	—	—	—	(577)
Actuarial loss (gain)	(15,213)	37,881	(14,067)	5,413
Benefits paid	(27,013)	(24,506)	(1,670)	(1,491)
Benefit obligation at current measurement date	502,032	502,711	69,581	78,136
Change in plan assets:				
Fair value of assets at prior measurement date	347,238	313,730	—	—
Actual return on plan assets	(19,519)	19,950	—	—
Employer contributions	39,963	38,064	1,670	1,491
Benefits paid	(27,013)	(24,506)	(1,670)	(1,491)
Fair value of assets at current measurement date	340,669	347,238	—	—
Accrued benefit cost	\$ 161,363	155,473	69,581	78,136

(a) Benefit Obligation and Assumptions

The actuarial loss in 2015 primarily relates to changes in the discount rate and mortality table used to measure the benefit obligation and the actuarial gain in 2014 primarily relates to changes in the discount rate.

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

	2015	2014
Projected benefit obligation	\$ (502,032)	(502,711)
Accumulated benefit obligation	(443,165)	(428,547)
Fair value of plan assets	340,669	347,238

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At September 30, 2015 and 2014, the underfunded status of the qualified defined benefit pension plan was approximately \$111.1 million and \$107.6 million, respectively, and that of the nonqualified defined benefit pension plan was approximately \$50.2 million and \$47.9 million, respectively. Additionally, there are assets limited as to use of approximately \$78.8 million and \$77.9 million, which are available to satisfy the obligations of the nonqualified defined benefit pension plan at September 30, 2015 and 2014, respectively.

The net periodic benefit cost for the years ended September 30, 2015 and 2014, is as follows (in thousands):

	Defined Benefit Pension Plans		Postretirement Benefit Plans	
	2015	2014	2015	2014
Service cost	\$ 20,895	22,532	3,789	3,617
Interest cost	20,652	20,896	3,392	3,270
Expected return on plan assets	(27,952)	(25,377)	—	—
Amortization of prior service cost	(1,951)	(2,035)	(37)	86
Recognized net actuarial loss	7,806	5,294	—	—
Net periodic benefit cost	\$ 19,450	21,310	7,144	6,973

Weighted average assumptions and dates used to determine benefit obligations at September 30, 2015 and 2014 are as follows:

	Defined Benefit Pension Plans		Postretirement Benefit Plans	
	2015	2014	2015	2014
Discount rate for determining benefit obligations at year-end, qualified plan	4.30%	4.20%	4.50%	4.40%
Discount rate for determining benefit obligations at year-end, nonqualified plan	4.50%	4.40	—	—
Rate of compensation increase	4.0%–5.0%	5.00	—	—

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Weighted average assumptions used to determine net periodic benefit cost for the years ended September 30, 2015 and 2014, are as follows:

	Defined Benefit Pension Plans		Postretirement Benefit Plans	
	2015	2014	2015	2014
Discount rate for determining net periodic benefit cost at year-end, qualified plan	4.20%	4.80%	4.40%	4.90%
Discount rate for determining net periodic benefit cost at year end, nonqualified plan	4.40	4.90	—	—
Expected rate of return on plan assets	7.75	7.75	—	—
Rate of compensation increase	5.00	5.00	—	—

For measurement purposes relating to the postretirement benefits plan, a 4.0% and 5.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for fiscal 2015 and fiscal 2014, respectively.

Assumed health care cost trend rate assumptions have a significant effect on the amounts reported. A 1% change in the assumed healthcare cost trend rate would have the following effects (in thousands):

		1% Increase	1% Decrease
Effect on total of service and interest cost components	\$	50	(59)
Effect on postretirement benefit obligation		335	(381)

The asset allocation of Y-NHH's qualified pension plan at September 30, 2015 and 2014, was as follows:

Asset category	Target allocation	Percentage of plan assets	
	2016	2015	2014
Equity securities	42%	47%	39%
Debt securities	17	17	18
All other assets	41	36	43
Total	100%	100%	100%

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Pension assets carried at fair value, as of September 30, 2015 and 2014, are classified in the following tables (see Footnote 14 for description) (in thousands):

	Investments measured at NAV	Investments classified in the fair value hierarchy Level 1	Total
Money market funds	\$ —	\$ 5,136	\$ 5,136
Money market funds	—	—	—
U.S. equity securities	37,450	40,885	78,335
International equity securities	35,119	44,182	79,301
Fixed income:			
U.S. government	28,183	—	28,183
Corporate debt	—	—	—
International government	10,776	19,975	30,751
Commodities	7,951	—	7,951
Private equity	6,238	—	6,238
Real estate	—	—	—
Hedge funds:			
Long/short equity	—	—	—
Multi strategy/other	87,681	—	87,681
Real estate	17,093	—	17,093
Beneficial interest in remainder trusts	—	—	—
	<u>\$ 230,491</u>	<u>\$ 110,178</u>	<u>\$ 340,669</u>

	Investments measured at NAV	Investments classified in the fair value hierarchy Level 1	Total
Money market funds	\$ —	\$ 14,528	\$ 14,528
U.S. equity securities	10,673	49,322	59,995
International equity securities	11,554	62,254	73,808
Fixed income:			
U.S. government	42,800	—	42,800
International government	9,489	20,607	30,096
Commodities	23,509	—	23,509
Private equity	3,417	—	3,417
Hedge funds:			
Long/short equity	341	—	341
Multi strategy/other	79,300	—	79,300
Real estate	19,444	—	19,444
	<u>\$ 200,527</u>	<u>\$ 146,711</u>	<u>\$ 347,238</u>

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There are no pension investments that are measured at fair value based on Level 3 inputs at September 30, 2015 or 2014.

(b) Description of Investment Policies and Strategies

Y-NHH's investment strategy for its pension assets balances the liquidity needs of the pension plan with the long-term return goals necessary to satisfy future pension obligations. The target asset allocation seeks to capture the equity premium granted by the capital markets over the long-term, while ensuring security of principal to meet near-term expenses and obligations through the fixed income allocation. The allocation of the investment pool to various sectors of the markets is designed to reduce volatility in the portfolio. Y-NHH's pension portfolio return assumption of 7.75% is based on the targeted weighted average return of comparative market indices for the asset classes represented in the portfolio and discounted for pension expenses. The actual return on assets of the pension plan was (5.2%) and 7.4% for the years ended September 30, 2015 and 2014, respectively.

(c) Cash Flows

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

	<u>Defined benefit pension plans</u>	<u>Postretirement benefits plan</u>
Estimated benefit payments related to years ending September 30:		
2016	\$ 26,471	2,131
2017	27,698	2,399
2018	29,624	2,606
2019	30,946	2,835
2020	33,473	3,073
2021 to 2025	190,454	20,305

Y-NHH expects to contribute approximately \$34.0 million for pension benefits and \$2.1 million for postretirement benefits payments in fiscal 2016.

(9) Professional Liability Insurance

In 1978, the Hospital and a number of other academic medical centers formed the Medical Centre Insurance Company, Ltd (the Captive) to insure for professional and comprehensive general liability risks. In 1997, the Captive formed MCIC Vermont, Inc. to write direct insurance for the professional and general liability risks of the shareholders. Since 1997, the Captive has acted as a reinsurer for varying levels of per claim limit exposure. MCIC Vermont, Inc. has reinsurance coverage from outside reinsurers for amounts above the per claim limits. Premiums are based on claims made coverage and are actuarially determined based on actual experience of the Hospital, the Captive and MCIC Vermont, Inc.

In fiscal 1998, the Hospital entered into a purchase and sales management agreement with YNHHS that transferred the Hospital's participation in the Captive to YNHHS for its book value as calculated by the

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Captive. Under the terms of the agreement, the Hospital retains certain elements of control and assumes limited risk associated with the ongoing operation of the Captive. The Hospital pays insurance premiums to YNHHS.

Additionally, because the purchase and sales management agreement entered into with YNHHS in 1998 meet criteria for deposit accounting, the Hospital recorded an actuarially determined liability for IBNR professional and general liabilities with an offsetting deposit (asset) of an equal amount (approximately \$11.8 million).

The estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated approximately \$116.6 million and \$105.2 million at September 30, 2015 and 2014, respectively for the Hospital. The undiscounted estimate for incidents that have been incurred but not reported aggregated approximately \$43.5 million and \$40.6 million for the Hospital at September 30, 2015 and 2014, respectively, and is included in professional insurance liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$39.9 million and \$36.8 million, respectively, based on a discount rate of 2.0% and 2.5% for the years ended September 30, 2015 and 2014, respectively.

The Hospital has recorded related insurance recoveries receivable of approximately \$76.9 million and \$68.4 million at September 30, 2015 and 2014, respectively, in consideration of the expected insurance recoveries for the total discounted claims-made insurance. The current portion of professional liabilities and the related insurance receivable represents an estimate of expected settlements and insurance recoveries over the next 12 months.

Lukan, the Hospital sponsored professional liability program, continues to manage all incidents and claims reported to Lukan prior to the 2012 acquisition of the Saint Raphael Healthcare System Inc. (SRHS), as well as extending professional liability coverage for post acquisition risks to certain affiliated community clinicians.

Prior to the acquisition of SRHS, Caritas provided excess professional liability and general liability insurance to SRHS and their employed clinicians. Caritas continued to manage all incidents and claims reported prior to the acquisition of SRHS and are included in the amounts above.

Caritas and Lukan have recorded the undiscounted estimate for claims-made professional liabilities and the estimate for incidents that have been incurred but not reported aggregated of approximately \$29.6 million at September 30, 2014, and are included in professional liabilities in the accompanying consolidated statements of financial position.

In October 2014, the Hospital disposed of its interest in Caritas and Lukan (the Captives) through a novation agreement with Medical Centre Insurance Company, Ltd (MCIC) for a total price of approximately \$40.2 million. The novation agreement assigns and transfers all of the Captives' past, present and future rights, risks, liabilities and obligations, and transfers substantially all of the assets of the Captives to MCIC. The Hospital dissolved the Captives in the fiscal year ended September 30, 2015.

The estimates for professional insurance liabilities are based upon complex actuarial calculations which utilize factors such as historical claims experience for Y-NHH and related industry factors, trending models, estimates for the payment patterns of future claims and present value discount factors. As a result,

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there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated.

(10) Commitments and Contingencies

(a) Leases

YNHH leases certain office, clinical and parking spaces under noncancelable operating leases that range in terms ending in 2016 through 2039. Future minimum lease payments under these leases are as follows (in thousands):

2016	\$	23,387
2017		21,591
2018		19,611
2019		18,917
2020		10,424
Thereafter		110,729
	\$	<u>204,659</u>

Y-NHH incurred net rent expense under these leases of approximately \$23.5 million for the year ended September 30, 2015, and \$18.7 million for the year ended 2014.

(b) Cancer Hospital

The Hospital has a shared facilities and services agreement with the University in connection with the Cancer Hospital which is recorded as deferred revenue. Deferred revenue, from this agreement, at September 30, 2015 and 2014, was \$42.7 million and \$44.0 million, respectively.

(c) Inpatient Rehabilitation Unit Agreement

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

(d) Litigation

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital. Such lawsuits and claims are either specifically covered by insurance as explained in note 9 or are deemed to be immaterial. While the outcomes of the lawsuits and claims cannot be determined at this time, management believes that any loss which may arise from these actions will not have a material adverse effect on the consolidated financial position or changes in net assets of the Hospital.

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The Hospital has received requests for information from certain governmental agencies relating to, among other things, patient billings. These requests cover several prior years relating to compliance with certain laws and regulations. Management is cooperating with those governmental agencies in their information requests and ongoing investigations. The ultimate results of those investigations, including the impact on the Hospital, cannot be determined at this time.

(11) Functional Expenses

The Hospital provides general acute health care services to residents within its geographic area. Net expenses related to providing these services are as follows (in thousands):

	<u>Year ended September 30</u>	
	<u>2015</u>	<u>2014</u>
Health care services	\$ 1,980,819	1,796,828
General and administrative	462,224	506,797
	<u>\$ 2,443,043</u>	<u>2,303,625</u>

(12) Related-Party Transactions

The Hospital provided facility space and certain services to related parties as follows (in thousands):

	<u>Year ended September 30</u>	
	<u>2015</u>	<u>2014</u>
Recovery of expenses:		
YNHHSC:		
Facility rental	\$ 3,214	3,066
Shared services	—	2
	<u>\$ 3,214</u>	<u>3,068</u>
Bridgeport Hospital:		
Resident fees	\$ 2,897	2,477
Other	1,157	999
	<u>\$ 4,054</u>	<u>3,476</u>

YNHHSC is the sole member Bridgeport Hospital.

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

	<u>Year ended September 30</u>	
	<u>2015</u>	<u>2014</u>
Operating expenses:		
Professional and general liability insurance	\$ 20,470	26,887
Information systems	69,769	62,472
System business office	65,421	31,189
Other business services	74,620	99,886
	<u>\$ 230,280</u>	<u>220,434</u>

Amounts receivable from and payable to related organizations included in other receivables, accounts payable and other long-term liabilities, respectively, in the consolidated balance sheets are as follows (in thousands):

	<u>Year ended September 30</u>	
	<u>2015</u>	<u>2014</u>
Other receivables:		
YNHHSO	\$ 6,889	5,875
	<u>\$ 6,889</u>	<u>5,875</u>
Accounts payable:		
YNHHSO	\$ 19,236	41,038
Bridgeport Hospital	484	890
Northeast Medical Group, Inc.	7,985	2,610
Greenwich Hospital	428	85
Other long-term liabilities:		
YNHHSO	54,380	52,486
	<u>\$ 82,513</u>	<u>97,109</u>

The Hospital maintains certain investments for YNHHSO employees that participate in YNHHSO's sponsored benefit plans. The costs associated with the YNHHSO employees that participate in benefit plans are recovered by the Hospital.

The Hospital funds certain capital assets purchased by YNHHSO. Included in prepaid expenses and other assets were approximately \$12.1 million and \$71.8 million, respectively, at September 30, 2015, and approximately \$30.3 million and \$72.2 million, respectively, at September 30, 2014.

Additionally, for the year ended 2014, the Hospital funded YNHHSO approximately \$2.1 million, as part of its participation in the New Clinical Program Development Corporation (NCPDC). There was no funding for the year ended September 30, 2015. The NCPDC was established for the purpose of funding

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and supporting clinical research and clinical programs. The NCPDC Board approves the funding of initiatives.

Included in the consolidated statement of changes in net assets are amounts funded by the Hospital for physician related strategic mission support for NEMG of approximately \$12.5 million and \$14.0 million for the years ended September 30, 2015 and 2014, respectively.

(13) Other Revenue

Other revenue consisted of the following (in thousands):

	<u>Year ended September 30</u>	
	<u>2015</u>	<u>2014</u>
Cafeteria and vending	\$ 11,433	10,605
Contributions	3,406	5,495
Parking income	7,768	6,485
Net assets released from restrictions for operations	9,854	3,099
Net assets released from restrictions for free care	596	613
Net assets released from restrictions for medical research and clinical programs	881	5,269
Grants	18,175	13,574
Rental income	1,196	1,704
Electronic health records incentive payment	981	3,037
Other	10,387	10,572
	<u>\$ 64,677</u>	<u>60,453</u>

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. In subsequent years, providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments. Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015.

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments. Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the required period of time were met and that the grant revenue will be received. Medicare EHR incentive payment revenue was approximately \$1.0 million and \$2.0 million, respectively, for the years ended September 30, 2015 and 2014, and Medicaid EHR incentive payment revenue was approximately \$1.0 million for the year ended

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

September 30, 2014. The Hospital did not receive any Medicaid EHR incentive payments for the year ended September 30, 2015. EHR incentive payment revenue is included in other revenue in the accompanying consolidated statement of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

(14) Nonoperating Gains (Losses)

Nonoperating gains and losses, net consisted of the following (in thousands):

	Year ended September 30	
	2015	2014
Income from investments, donations and other, net	\$ 4,219	3,162
Discontinued operations	(725)	—
Income attributable to noncontrolling interest	(1,674)	(2,320)
Change in unrealized gains and losses on investments	20,129	75,949
Change in fair value of swaps, including counterparty payments	(28,248)	(16,357)
Loss on refunding of long-term debt	—	(32,631)
	<u>\$ (6,299)</u>	<u>27,803</u>

Contributions received consisted of the following (in thousands):

	Year ended September 30	
	2015	2014
Unrestricted	\$ 870	840
Temporarily restricted	17,989	12,827
Permanently restricted	13,655	3,492
Total contributions	<u>32,514</u>	<u>17,159</u>
Less fundraising expenses	(4,049)	(4,704)
Contributions, net	<u>\$ 28,465</u>	<u>12,455</u>

During 2015, the Attorney General approved the transfer of certain philanthropic funds to Y-NHH from the Hospital of Saint Raphael and its Foundation related to Y-NHH's acquisition of the Hospital of Saint Raphael in FY 2012. The funds approved for transfer are included as contributions to temporarily restricted net assets and permanently restricted net assets totaling \$8.8 million and \$11.5 million, respectively, for the year ended September 30, 2015.

(15) Fair Value Measurements

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Hospital also considers nonperformance risk in the overall assessment of fair value.

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

ASC 820-10, *Fair Value Measurements and Disclosures*, establishes a valuation hierarchy for fair value disclosure purposes. This hierarchy is based on the transparency of the inputs utilized for the valuation. The levels are defined as follows:

- **Net Asset Value:** Determined by the respective external investment managers, including general partners, if market values are not readily ascertainable.
- **Level 1:** Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities. This established hierarchy assigns the highest priority to Level 1 assets.
- **Level 2:** Observable inputs that are based on data not quoted in active markets, but corroborated by market data.
- **Level 3:** Unobservable inputs that are used when little or no market data is available. The Level 3 inputs are assigned the lowest priority.

Financial assets carried at fair value as of September 30, 2015, are classified in the following table by level within the fair value hierarchy as described above (in thousands):

	Investments measured at NAV	Investments classified in the fair value hierarchy Level 1	Level 2	Total
Cash and cash equivalents	\$ —	\$ 103,628	\$ —	\$ 103,628
Money market funds	—	50,943	—	50,943
U.S. equity securities	13,131	57,359	—	70,490
International equity securities	18,420	46,020	—	64,440
Fixed income:				
U.S. government	247,394	49,022	—	296,416
International government	36,757	48,187	—	84,944
Commodities	82	—	—	82
Real estate	6,781	—	—	6,781
Hedge funds:				
Absolute return	10,554	—	—	10,554
Perpetual trusts	18,050	—	—	18,050
Interest in Yale University endowment pool	768,495	—	—	768,495
Total investments as of September 30, 2015	\$ 1,119,664	\$ 355,159	\$ —	\$ 1,474,823
Liabilities:				
Interest rate swap	\$ —	\$ —	\$ (50,599)	\$ (50,599)

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

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

	Investments measured at NAV	value hierarchy Level 1	Level 2	Total
Cash and cash equivalents	\$ —	\$ 69,250	\$ —	\$ 69,250
Money market funds	—	129,823	—	129,823
U.S. equity securities	11,274	47,912	—	59,186
International equity securities	11,397	59,274	—	70,671
Fixed income:				
U.S. government	137,425	120,701	—	258,126
Corporate debt	—	—	—	—
International government	30,873	46,833	—	77,706
Commodities	122	—	—	122
Real estate	9,628	—	—	9,628
Hedge funds:				
Absolute return	10,304	—	—	10,304
Beneficial interest in remainder trusts	17,797	—	—	17,797
Interest in Yale University endowment pool	685,862	—	—	685,862
Total investments as of September 30, 2015	\$ 914,682	\$ 473,793	\$ —	\$ 1,388,475
Liabilities:				
Interest rate swap	\$ —	\$ —	\$ (32,316)	\$ (32,316)

The fair value of debt was approximately \$829.7 million and \$808.5 million at September 30, 2015 and 2014, respectively. The fair value of the capital leases was approximately \$51.7 million and \$54.5 million at September 30, 2015 and 2014, respectively. The fair value of long-term debt is classified as Level 2 in the fair value hierarchy as it uses a combination of quoted market prices and valuation based on current market rates.

There are no assets or liabilities that are measured at fair value based on Level 3 inputs at September 30, 2015 or 2014.

The interest rate swaps listed above are classified in the accompanying balance sheets as other long-term liabilities at September 30, 2015 and 2014.

YALE NEW HAVEN HOSPITAL AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2015 and 2014

The following is a summary of total investments as of September 30, 2015, with restrictions to redeem the investments at the measurement date, any unfunded capital commitments and investment strategies of the investees (in thousands):

<u>Description of investment</u>	<u>Carrying value</u>	<u>Unfunded commitment</u>	<u>Redemption frequency</u>	<u>Notice period</u>	<u>Funds availability</u>
Real estate	\$ 6.781	2,295	N/A	N/A	N/A
Commodities	82	—	N/A	N/A	N/A

(16) Subsequent Events

Subsequent events have been evaluated through December 23, 2015, which is the date the consolidated financial statements were issued. No events, except as noted above, have occurred that require disclosure or adjustment of the consolidated financial statements.

SUPPLEMENTARY INFORMATION

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

Consolidating Balance Sheet

September 30, 2015

(In thousands)

Assets	Hospital	York	ASC	YNIHCCC	Eliminations	Total
Current assets:						
Cash and cash equivalents	\$ 101,130	1,256	1,196	46	—	103,628
Short-term investments	980,087	—	—	—	—	980,087
Accounts receivable for services to patients, net	286,728	3,234	1,369	2,021	—	293,352
Other receivables	33,463	893	5,442	—	(4,724)	35,074
Professional liabilities insurance recoveries	19,852	—	—	—	—	19,852
receivable – current portion	74,322	57	1,175	—	—	75,554
Other current assets	4,786	—	—	—	—	4,786
Amounts on deposit with trustee in debt service fund	1,500,368	5,440	9,182	2,067	(4,724)	1,512,333
Total current assets	96,888	—	—	—	—	96,888
Assets limited as to use	289,434	—	—	—	—	289,434
Long-term investments	8,909	—	—	—	—	8,909
Deferred financing costs, less accumulated amortization	57,025	—	—	—	—	57,025
Professional liabilities insurance recoveries	44,774	—	—	—	—	44,774
receivable – noncurrent portion	186,745	1,078	9,663	726	(28,370)	169,842
Goodwill	46,283	2,337	—	1,580	—	50,200
Other assets	1,149,033	1,962	4,641	2,864	—	1,158,500
Property, plant and equipment:	469,579	64	3,874	390	—	473,907
Land and land improvements	1,664,895	4,363	8,515	4,834	—	1,682,607
Buildings and fixtures	808,887	1,411	6,100	702	—	817,100
Equipment	856,008	2,952	2,415	4,132	—	865,507
Less accumulated depreciation	80,774	—	—	—	—	80,774
Construction in progress	936,782	2,952	2,415	4,132	—	946,281
Total assets	\$ 3,120,925	9,470	21,260	6,925	(33,094)	3,125,486

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES

Consolidating Balance Sheet

September 30, 2015

(In thousands)

Liabilities and Net Assets (Deficiency)	Hospital	York	ASC	YNHCCC	Eliminations	Total
Current liabilities:						
Accounts payable	145,177	2,557	565	6,932	(4,933)	150,298
Accrued expenses	200,995	250	817	—	—	202,062
Professional liabilities – current portion	19,852	—	—	—	—	19,852
Other current liabilities	58,668	—	—	419	—	59,087
Current portion of capital lease obligation	2,003	—	—	—	—	2,003
Current portion of long term debt	8,083	—	—	—	—	8,083
Total current liabilities	434,778	2,807	1,382	7,351	(4,933)	441,385
Long-term debt, net of current portion	800,348	—	—	—	—	800,348
Long-term capital lease obligation, net of current portion	46,850	—	—	—	—	46,850
Accrued pension and postretirement benefit obligations	228,810	—	—	—	—	228,810
Professional liabilities - noncurrent	96,778	—	—	—	—	96,778
Other long-term liabilities	245,649	218	8,732	4,390	(12,600)	246,389
Deferred revenue	42,720	—	—	—	—	42,720
Total liabilities	1,895,933	3,025	10,114	11,741	(17,533)	1,903,280
Net assets (deficiency):						
Unrestricted	1,107,165	6,445	9,118	(4,816)	(15,561)	1,102,351
Temporarily restricted	70,941	—	—	—	—	70,941
Permanently restricted	46,886	—	—	—	—	46,886
Total Yale-New Haven Hospital & Subsidiaries net assets (deficiency)	1,224,992	6,445	9,118	(4,816)	(15,561)	1,220,178
Noncontrolling interest	—	—	2,028	—	—	2,028
Total net assets (deficiency) including noncontrolling interest	1,224,992	6,445	11,146	(4,816)	(15,561)	1,222,206
Total liabilities and net assets (deficiency)	\$ 3,120,925	9,470	21,260	6,925	(33,094)	3,125,486

See accompanying independent auditors' report.

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES
 Consolidating Statement of Operations and Changes in Net Assets
 September 30, 2015
 (In thousands)

	Hospital	Lukan	Carrisa	York	ASC	YNHCCC	Eliminations	Total
Operating revenue:								
Net patient service revenue	\$ 2,507,294	—	—	4,669	16,380	12,740	(220)	2,540,863
Less provision for bad debts	(49,304)	—	—	—	(176)	(902)	—	(50,382)
Net patient service revenue, less provision for bad debts	2,457,990	—	—	4,669	16,204	11,838	(220)	2,490,481
Other revenue	68,887	—	—	5,522	731	41	(10,504)	64,677
Total operating revenue	2,526,877	—	—	10,191	16,935	11,879	(10,724)	2,555,158
Operating expenses:								
Salaries and benefits	1,053,740	—	—	1,293	5,842	9,751	—	1,070,626
Supplies and other expenses	1,202,819	—	—	4,780	6,509	3,673	(3,587)	1,214,194
Depreciation	119,157	—	—	433	393	252	—	130,235
Insurance	16,952	—	—	13	133	64	—	17,162
Interest	20,696	—	—	130	—	—	—	20,826
Total operating expenses	2,413,364	—	—	6,649	12,877	13,740	(3,587)	2,443,043
Income (loss) from operations	113,513	—	—	3,542	4,058	(1,861)	(7,137)	112,115
Nonoperating gains (losses), net:								
Income from investments, donations and other, net	24,086	—	—	(463)	(2,060)	—	2,069	23,623
Change in fair value of swap, including counterparty payments	(28,248)	—	—	—	—	—	—	(28,248)
Excess of revenue over expenses, before noncontrolling interest	109,351	—	—	3,079	1,989	(1,861)	(5,068)	107,490
Less income attributable to noncontrolling interest	—	—	—	—	(1,674)	—	—	(1,674)
Excess of revenue over expenses	109,351	—	—	3,079	315	(1,861)	(5,068)	105,816
Unrestricted net assets:								
Other changes in net assets	(516)	(10,218)	(5,065)	—	—	—	15,283	(516)
Transfer to Yale-New Haven Health Services Corporation – Mission Support	(12,516)	—	—	—	—	—	—	(12,516)
Net assets released from restrictions for purchases of fixed asset	4,515	—	—	—	—	—	—	4,515
Pension related changes other than net periodic benefit cost	(12,372)	—	—	—	—	—	—	(12,372)
Increase (decrease) in unrestricted net assets	88,462	(10,218)	(5,065)	3,079	315	(1,861)	10,215	84,927

YALE-NEW HAVEN HOSPITAL AND SUBSIDIARIES
Consolidating Statement of Operations and Changes in Net Assets, Continued
September 30, 2015
(In thousands)

	Hospital	Luhlan	Caritas	York	ASC	YNIHCCC	Eliminations	Total
Temporarily restricted net assets:								
Income from investments	\$ 298	—	—	—	—	—	—	298
Net realized gains on investments	297	—	—	—	—	—	—	297
Change in net unrealized gains and losses on investments	2,354	—	—	—	—	—	—	2,354
Bequests and contributions	17,989	—	—	—	—	—	—	17,989
Net assets released from restrictions for purchases of fixed assets	(3,123)	—	—	—	—	—	—	(3,123)
Net assets released from restrictions for free care	(596)	—	—	—	—	—	—	(596)
Net assets released from restrictions for operations	(9,854)	—	—	—	—	—	—	(9,854)
Net assets released from restrictions for clinical programs	(881)	—	—	—	—	—	—	(881)
Other	139	—	—	—	—	—	—	139
Increase in temporarily restricted net assets	6,623	—	—	—	—	—	—	6,623
Permanently restricted net assets:								
Bequests, contributions, and grants	13,654	—	—	—	—	—	—	13,654
Change in beneficial interest in perpetual trusts	(1,282)	—	—	—	—	—	—	(1,282)
Net assets released from restrictions for capital	(1,392)	—	—	—	—	—	—	(1,392)
Increase in permanently restricted net assets	10,980	—	—	—	—	—	—	10,980
Noncontrolling interest:								
Income attributable to noncontrolling interest	(1,674)	—	—	—	1,674	—	1,674	1,674
Distributions to noncontrolling interest	—	—	—	—	(1,528)	—	—	(1,528)
(Decrease) increase in net assets	(1,674)	—	—	—	146	—	1,674	146
Net assets (deficiency) at beginning of year	104,391	(10,218)	(5,065)	3,079	461	(1,861)	11,889	102,676
Net assets (deficiency) at end of year	1,120,602	10,218	5,065	3,366	10,685	(2,955)	(27,451)	1,119,530
	\$ 1,224,993	—	—	6,445	11,146	(4,816)	(15,562)	1,227,206

See accompanying independent auditors' report.